

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PROJECT OPEN HAND Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 730 POLK STREET City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94109 F Name and address of principal officer: PAUL HEPFER SAME AS C ABOVE	D Employer identification number 94-3023551 E Telephone number (415) 447-2300 G Gross receipts \$ 15,463,318. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ HTTPS://WWW.OPENHAND.ORG/		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1986 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: PROJECT OPEN HAND'S MISSION IS TO IMPROVE HEALTH OUTCOMES AND QUALITY OF LIFE BY PROVIDING		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	155
6	Total number of volunteers (estimate if necessary)	6	6583
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
8	Contributions and grants (Part VIII, line 1h)	11,292,159.	13,935,492.
9	Program service revenue (Part VIII, line 2g)	359,498.	631,007.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	246,573.	34,866.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	331,400.	328,177.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,229,630.	14,929,542.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,522,482.	1,668,292.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,531,795.	8,255,908.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,111,704.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,893,471.	4,073,720.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,947,748.	13,997,920.
19	Revenue less expenses. Subtract line 18 from line 12	281,882.	931,622.
20	Total assets (Part X, line 16)	6,689,535.	9,362,248.
21	Total liabilities (Part X, line 26)	1,384,998.	3,105,872.
22	Net assets or fund balances. Subtract line 21 from line 20	5,304,537.	6,256,376.

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 PAUL HEPFER, CEO Type or print name and title	Date 			
Paid Preparer Use Only	Print/Type preparer's name TRACY TEALE	Preparer's signature TRACY TEALE	Date 05/10/21	Check if self-employed <input type="checkbox"/>	PTIN P01290862
	Firm's name ▶ RINA ACCOUNTANCY LLP	Firm's EIN ▶ 84-1980623			
	Firm's address ▶ 150 POST STREET, STE 200 SAN FRANCISCO, CA 94108		Phone no. (415) 777-4488		

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: PROJECT OPEN HAND'S MISSION IS TO IMPROVE HEALTH OUTCOMES AND QUALITY OF LIFE BY PROVIDING NUTRITIOUS MEALS TO THE SICK AND VULNERABLE, CARING FOR AND EDUCATING OUR COMMUNITY.

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

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

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 \$ 5,456,404. including grants of \$ 943,950.) (Revenue \$ 631,007.) SENIORS (60+ YEARS) AND ADULTS WITH DISABILITIES (18-59 YEARS) REGULARLY ENJOY A WARM, NUTRITIOUS MEAL AT CONGREGATE SITES AND COMMUNITY CENTERS LOCATED ACROSS SAN FRANCISCO DAILY 365 DAYS A YEAR THROUGH OUR COMMUNITY NUTRITION PROGRAM. SENIORS AND ADULTS WITH DISABILITIES WHO VISIT OUR SITES EXPERIENCE DECREASED RISKS OF ISOLATION AND LONELINESS AND ENJOY THE POSITIVE EFFECTS OF SOCIAL INTEGRATION AND IMPROVED QUALITY OF LIFE.

AS THE LARGEST CONGREGATE MEAL PROVIDER FOR THESE POPULATIONS IN SAN FRANCISCO, PROJECT OPEN HAND HAD TO QUICKLY MAKE CHANGES AND ADJUSTMENTS TO RESPOND TO THE COVID-19 PANDEMIC TO ENSURE CLIENTS WERE STILL RECEIVING NECESSARILY NUTRITIONAL RESOURCES WHILE ALSO BEING SAFE

4b (Code:) (Expenses \$ 2,686,910. including grants of \$ 371,445.) (Revenue \$) WELLNESS PROGRAM - THE WELLNESS PROGRAM OFFERS A MEDICALLY-TAILORED NUTRITION INTERVENTION TO SUPPORT OUR SICK AND VULNERABLE NEIGHBORS FACING CRITICAL ILLNESSES. SERVICES INCLUDE NUTRIENT-RICH MEALS, FRESH GROCERIES, AND NUTRITION COUNSELING AND EDUCATION WITH OUR TEAM OF REGISTERED DIETITIANS. CLIENTS CAN SHOP FOR FRESH, HEALTHY GROCERIES AT OUR TWO GROCERY CENTERS LOCATED IN SAN FRANCISCO AND ALAMEDA COUNTY. HOME-DELIVERED MEALS ARE AVAILABLE TO CLIENTS WITH MOBILITY ISSUES. DURING MARCH OF 2020, THE WELLNESS PROGRAM ALSO BEGAN DELIVERING GROCERIES TO CLIENTS TO HELP SUPPORT CLIENTS SHELTERING IN PLACE DUE TO THE COVID-19 PANDEMIC.

4c (Code:) (Expenses \$ 4,159,803. including grants of \$ 352,897.) (Revenue \$) PROJECT OPEN HAND HAS BEEN ADVOCATING FOR THE EXPANSION OF MEDICALLY TAILORED MEAL SERVICES TO THOSE LIVING WITH CHRONIC DISEASE AT THE LOCAL, STATE AND NATIONAL LEVEL AND ARE PART OF THE CALIFORNIA FOOD IS MEDICINE COALITION.

SINCE 2017, PROJECT OPEN HAND HAS LEAD A FIRST-OF-ITS-KIND MEDICAL NUTRITION PILOT PROGRAM ACROSS THE STATE OF CALIFORNIA WITH OVERSIGHT FROM THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (DHCS). THE MEDI-CAL MEDICALLY TAILORED MEALS (MTM) PILOT PROGRAM IS A MEDICAL NUTRITION INTERVENTION FOR MEDI-CAL BENEFICIARIES WITH A DIAGNOSIS OF CONGESTIVE HEART FAILURE. AIMED AT IMPROVING HEALTH OUTCOMES AND REDUCING HEALTHCARE COSTS, THE MEDI-CAL BENEFIT INCLUDES COMPLETE

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

4e Total program service expenses 12,303,117.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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
DARIN RAFFAELLI - 4154472456
730 POLK STREET, SAN FRANCISCO, CA 94109

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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 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) MIKE HENRY CHAIR	2.00	X					0.	0.	0.	
(2) RUTH YANKOUBE VICE-CHAIR	2.00	X					0.	0.	0.	
(3) PATRICIA KING SECRETARY	2.00	X					0.	0.	0.	
(4) JOHN COLTON FINANCE COMMITTEE CHAIR	2.00	X					0.	0.	0.	
(5) ANDREW CHANG BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(6) VISHWA CHANDRA BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(7) PRESTON MARING BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(8) GINNY MCSWINE BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(9) ADITYA WAKANKAR BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(10) JENNIFER WIEMAN PETRAGLIA BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(11) ANDREA WILKINSON BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(12) HELENE YORK BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(13) PAUL HEPFER CHIEF EXECUTIVE OFFICER	40.00			X			267,538.	0.	0.	
(14) JONATHAN JUMP VP OF OPERATIONS	40.00				X		163,755.	0.	0.	
(15) AMEURPINO SANTIAGO VP DEVELOPMENT & CONSUMER AFFAIRS	40.00					X	142,372.	0.	0.	
(16) ZHENG DONG DIRECTOR, CONTROLLER OF FINANCE	40.00					X	112,854.	0.	0.	
(17) ANA AYALA VP OF PROGRAMS	40.00					X	124,422.	0.	0.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	402,980.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,641,457.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,891,055.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			13,935,492.			
Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code					
		624200	631,007.	631,007.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			631,007.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		28,147.			28,147.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	829,634.			
			(ii) Personal				
	b Less: rental expenses ...	6b	335,836.				
	c Rental income or (loss)	6c	493,798.				
	d Net rental income or (loss)			493,798.		493,798.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	26,694.	4,005.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	23,980.	0.			
c Gain or (loss)	7c	2,714.	4,005.				
d Net gain or (loss)			6,719.		6,719.		
8 a Gross income from fundraising events (not including \$ 402,980. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
b Less: direct expenses	8b	173,960.					
c Net income or (loss) from fundraising events			-173,960.		-173,960.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISC INCOME	Business Code					
		624210	8,339.			8,339.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			8,339.				
12 Total revenue. See instructions			14,929,542.	631,007.	0.	363,043.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,668,292.	1,668,292.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	398,204.	306,266.	64,575.	27,363.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,909,807.	5,175,699.	188,832.	545,276.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	66,034.	56,655.	3,208.	6,171.
9 Other employee benefits	1,417,537.	1,262,753.	54,171.	100,613.
10 Payroll taxes	464,326.	404,353.	18,193.	41,780.
11 Fees for services (nonemployees):				
a Management	565,656.	410,343.	65,788.	89,525.
b Legal	4,675.	3,633.	310.	732.
c Accounting	176,676.	137,308.	11,717.	27,651.
d Lobbying	10,500.	10,500.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,729,241.	1,729,241.		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	335,836.	280,055.	39,180.	16,601.
17 Travel	12,958.	10,903.	611.	1,444.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,529.	8,091.	513.	2,925.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	434,489.	337,674.	68,001.	28,814.
23 Insurance	91,625.	71,209.	14,340.	6,076.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	104,652.	82,456.	15,590.	6,606.
b SUPPLIES & SMALL EQUIPM	103,913.	89,882.	8,833.	5,198.
c PUBLIC INFORMATION	99,889.			99,889.
d VEHICLE	84,557.	84,557.		
e All other expenses	307,524.	173,247.	29,237.	105,040.
25 Total functional expenses. Add lines 1 through 24e	13,997,920.	12,303,117.	583,099.	1,111,704.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	819,173.	1	2,328,556.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	30,000.	3	
	4 Accounts receivable, net	906,309.	4	2,020,184.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	84,956.	8	155,632.
	9 Prepaid expenses and deferred charges	163,544.	9	46,496.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,443,333.		
	b Less: accumulated depreciation	10b 6,803,970.	10c	3,639,363.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,112,821.	12	1,172,017.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,689,535.	16	9,362,248.	
Liabilities	17 Accounts payable and accrued expenses	1,004,321.	17	1,767,015.
	18 Grants payable		18	
	19 Deferred revenue	380,677.	19	150,890.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	1,187,967.
	26 Total liabilities. Add lines 17 through 25	1,384,998.	26	3,105,872.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,916,213.	27	5,847,947.
	28 Net assets with donor restrictions	388,324.	28	408,429.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,304,537.	32	6,256,376.
33 Total liabilities and net assets/fund balances	6,689,535.	33	9,362,248.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,929,542.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,997,920.
3	Revenue less expenses. Subtract line 2 from line 1	3	931,622.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,304,537.
5	Net unrealized gains (losses) on investments	5	20,218.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,256,377.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on 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?	X	
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 on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2019)

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 fails 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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,537,155.	10,161,510.	10,407,846.	11,306,609.	13,935,492.	55,348,612.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	9,537,155.	10,161,510.	10,407,846.	11,306,609.	13,935,492.	55,348,612.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						55,348,612.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	9,537,155.	10,161,510.	10,407,846.	11,306,609.	13,935,492.	55,348,612.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	662,907.	760,814.	810,158.	851,727.	893,057.	3,978,663.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	131,073.	670.	55,057.		8,339.	195,139.
11 Total support. Add lines 7 through 10						59,522,414.
12 Gross receipts from related activities, etc. (see instructions)					12	2,890,717.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	92.99 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
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	▶ <input checked="" type="checkbox"/>	
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	▶ <input type="checkbox"/>	
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	▶ <input type="checkbox"/>	
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	▶ <input type="checkbox"/>	
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	▶ <input type="checkbox"/>	

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.			
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? 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.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2015 AMOUNT: \$ 6,273.

2016 AMOUNT: \$ 670.

2017 AMOUNT: \$ 55,057.

2019 AMOUNT: \$ 8,339.

FUNDRAISING REVENUE

2015 AMOUNT: \$ 124,800.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

PROJECT OPEN HAND

Employer identification number

94-3023551

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

PROJECT OPEN HAND

94-3023551

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GILEAD SCIENCES, INC. 333 LAKESIDE DR FOSTER CITY, CA 94404-1147	\$ 525,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE PERMIRA FOUNDATION 80 PALL MALL LONDON, UNITED KINGDOM SW1Y 5ES	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GILEAD SCIENCES, INC. 333 LAKESIDE DR FOSTER CITY, CA 94404-1147	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	AIDS WALK SAN FRANCISCO C/O ACRIA 981 MISSION ST LOS ALTOS, CA 94022	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FRANK A. CAMPINI FOUNDATION 220 SANSOME ST STE 1090 SAN FRANCISCO, CA 94104-2321	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MERCK 2000 GALLOPING HILL ROAD K5-3008G SAN FRANCISCO, CA 94110-3618	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>ANTHEM FOUNDATION</u> <u>120 MONUMENT CIR</u> <u>MILL VALLEY, CA 94941-1862</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<u>HEISING-SIMONS FOUNDATION</u> <u>400 MAIN ST STE 200</u> <u>SAN FRANCISCO, CA 94133-5402</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<u>ESTATE OF BEVERLY CRAMER</u> <u>451 FAIR OAKS ST</u> <u>SAN FRANCISCO, CA 94105</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<u>KAREN KUSTEL & ROBERT KUSTEL</u> <u>409 MAGEE AVE</u> <u>SAN FRANCISCO, CA 94105-1236</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<u>NEIL MACPHAIL</u> <u>999 GREEN ST APT 2401</u> <u>KENILWORTH, NJ 07033-1310</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<u>JAMES HORMEL</u> <u>101 MISSION ST STE 1750</u> <u>SAN FRANCISCO, CA 94103</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	JEWISH COMMUNITY FEDERATION (DAF) 121 STEUART ST SAN FRANCISCO, CA 94105	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	DELTA DENTAL COMMUNITY CARE FOUNDATION 560 MISSION ST STE 1300 INDIANAPOLIS, IN 46204-4906	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	THE HARRY AND JEANETTE WEINBERG FOUNDATION 7 PARK CENTER CT OWINGS MILLS, MD 21117-4200	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	PREMIER NUTRITION, INC. 5905 CHRISTIE AVE EMERYVILLE, CA 94608	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	BROADWAY CARES/EQUITY FIGHTS AIDS 165 W 46TH ST STE 1300 NEW YORK, NY 10036-2508	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	STUPSKI FOUNDATION 90 NEW MONTGOMERY ST FL 11 SAN FRANCISCO, CA 94105-4514	\$ 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025	\$ 36,473.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	TERRI HEARSH 1415 ACTON ST BERKELEY, CA 94702-1238	\$ 32,308.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	RICHARD GRAND FOUNDATION (FF) 405 DAVIS CT STE 2504 SAN FRANCISCO, CA 94111-1130	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	FREMONT BANK FOUNDATION 39150 FREMONT BLVD SANTA ROSA, CA 95403	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	REDWOOD CREDIT UNION 3033 CLEVELAND AVE STE 100 SAN FRANCISCO, CA 94111-2464	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	CRESCENT PORTER HALE FOUNDATION 1660 BUSH ST STE 300 SAN FRANCISCO, CA 94109-5308	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	MAC AIDS FUND (MAC COSMETICS) 130 PRINCE ST 2ND FL NEW YORK, NY 10012-3216	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	WALTER & ELISE HAAS FUND 1 LOMBARD ST STE 305 FREMONT, CA 94538	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	AMERICAN ONLINE GIVING FOUNDATION (BENEVITY) 1521 GEORGETOWN RD STE 104 HUDSON, OH 44236-4066	\$ 28,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	AMERICAN ONLINE GIVING FOUNDATION (BENEVITY) 1521 GEORGETOWN RD STE 104 HUDSON, OH 44236-4066	\$ 25,128.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	GEORGE H. SANDY FOUNDATION 350 CALIFORNIA ST STE 1800 (H-1803) SAN FRANCISCO, CA 94105-1819	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	THE SAN FRANCISCO FOUNDATION 1 EMBARCADERO CTR STE 1400 SAN FRANCISCO, CA 94111-3703	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	THE SAN FRANCISCO FOUNDATION <hr/> 1 EMBARCADERO CTR STE 1400 <hr/> SAN FRANCISCO, CA 94111	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	BLUE SHIELD OF CALIFORNIA FOUNDATION <hr/> 50 BEALE ST 14TH FL <hr/> CINCINNATI, OH 45277-0053	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	CRANKSTART FOUNDATION <hr/> 4 EMBARCADERO CTR STE 3150 <hr/> SAN FRANCISCO, CA 94105	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	FIDELITY CHARITABLE GIFT FUND (DAF) <hr/> PO BOX 770001 <hr/> SAN FRANCISCO, CA 94111	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	JEWISH COMMUNITY FEDERATION AND ENDOWMENT FUND <hr/> 121 STEUART ST <hr/> SAN FRANCISCO, CA 94132-2345	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	GROSVENOR AMERICAS <hr/> ONE CALIFORNIA ST STE 2500 <hr/> SAN FRANCISCO, CA 94111-3703	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	ESTATE OF DAVID OLIVERIO 357 GONZALEZ DR CINCINNATI, OH 45277-0053	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	FIDELITY CHARITABLE GIFT FUND (DAF) PO BOX 770001 SAN FRANCISCO, CA 94104-1431	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	ROBERT EMERY & DANA EMERY 3450 SACRAMENTO ST #330 SAN FRANCISCO, CA 94118	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	NATIONAL DISABILITY INSTITUTE 1667 K STREET, NW - SUITE 480 WASHINGTON, DC 20006	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	ROBERT EMERY & DANA EMERY 3450 SACRAMENTO ST #330 SAN FRANCISCO, CA 94118	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	AMERICAN ONLINE GIVING FOUNDATION (BENEVITY) 1521 GEORGETOWN RD STE 104 HUDSON, OH 44236-4066	\$ 23,304.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	CAPITAL ONE PO BOX 85508 RICHMOND, VA 23285-5508	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	CAPITAL ONE PO BOX 85508 FOSTER CITY, CA 94404-1147	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	GILEAD SCIENCES, INC. 333 LAKESIDE DR RICHMOND, VA 23285-5508	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	FIFTH GENERATION, INC. (TITO'S HANDMADE VODKA) 1406 SMITH RD BLDG C AUSTIN, TX 78721	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	JANE PEATTIE & RICHARD PEATTIE 40 PLEASANT ST LOS GATOS, CA 95030-6113	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	WILDA NORTHROP & LOWELL NORTHROP III 312 CENTRAL AVE PACIFIC GROVE, CA 93950-2912	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	NELLIE PRESCOTT TRUST C/O MFG UNION BANK, N.A. TRUST & ESTATE SERVICES LOS ANGELES, CA 90071	\$ 17,720.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	JOHN CALLAN JR. 155 27TH AVE SAN FRANCISCO, CA 94121-1033	\$ 17,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	MIDDLE PASSAGE FOUNDATION 1880 CENTURY PARK E STE 1600 LOS ANGELES, CA 90067-1661	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	NELLIE PRESCOTT TRUST C/O MFG UNION BANK, N.A. TRUST & ESTATE SERVICES SAN FRANCISCO, CA 94105-1236	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	WELLS FARGO FOUNDATION MAC A0119-257 333 MARKET ST 25TH FL SAN FRANCISCO, CA 94105-2126	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	WELLS FARGO FOUNDATION MAC A0119-257 333 MARKET ST 25TH FL LOS ANGELES, CA 90071	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PROJECT OPEN HAND

94-3023551

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	GEORGE H. SANDY FOUNDATION UNION BANK, N.A. ATTN.: SANDY FOUNDATION 350 CALIFORNIA ST STE 1800 HUDSON, OH 44236	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	GILEAD SCIENCES, INC. 333 LAKESIDE DR SANTA ROSA, CA 95403	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	REDWOOD CREDIT UNION 3033 CLEVELAND AVE STE 100 FOSTER CITY, CA 94404-1147	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	JEWISH COMMUNITY FEDERATION (DAF) 121 STEUART ST SAN FRANCISCO, CA 94105-2126	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	AMERICAN ENDOWMENT FOUNDATION 5700 DARROW RD STE 118 PALM SPRINGS, CA 92264-9524	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	ESTATE OF DONALD J. SCHERL 1408 SIERRA DE RONDA SAN FRANCISCO, CA 94104-1431	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	FACEBOOK FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025	\$ 14,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	RENAISSANCE CHARITABLE FOUNDATION INC. (DAF) 8910 PURDUE RD STE 550 INDIANAPOLIS, IN 46268-6117	\$ 13,811.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	AMERICAN ONLINE GIVING FOUNDATION (BENEVITY) 1521 GEORGETOWN RD STE 104 HUDSON, OH 44236-4066	\$ 12,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	EVELYN & WALTER HAAS, JR. FUND 114 SANSOME ST STE 600 SAN FRANCISCO, CA 94104-3814	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	RICHMOND/ERMET AID FOUNDATION 942 DIVISADERO ST STE 201 SAN FRANCISCO, CA 94115-5312	\$ 12,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	ROGER READING 5811 PADUA DR HUNTINGTON BEACH, CA 92649-4921	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	AMERICAN ONLINE GIVING FOUNDATION (BENEVITY) 1521 GEORGETOWN RD STE 104 HUDSON, OH 44236-4066	\$ 11,314.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	ESTATE OF GERALD SELTZER 19 ORCHID DR LARKSPUR, CA 94939	\$ 10,011.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST, INC. (DAF) 1177 AVE OF THE AMERICAS 41ST FL PLEASANTON, CA 94588-3229	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	FTHREE FOUNDATION C/O HIRSCH & ASSOCIATES 1714 STOCKTON ST STE 400 WARWICK, RI 02889-9509	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	SYNCHRONY FINANCIAL 777 LONG RIDGE RD INDIANAPOLIS, IN 46268-6117	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	SAFeway FOUNDATION (ALBERTSON'S) 5918 STONERIDGE MALL RD SAN FRANCISCO, CA 94105-1236	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	MCKINSEY & COMPANY, INC. 555 CALIFORNIA ST STE 4800 SAN FRANCISCO, CA 94111-2534	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	HORIZONS FOUNDATION 550 MONTGOMERY ST STE 700 SANTA ROSA, CA 95403	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	HORIZONS FOUNDATION 550 MONTGOMERY ST STE 700 SAN FRANCISCO, CA 94102-6310	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	LAMB & BARNOSKY, LLP (FOR ANONYMOUS DONOR) ANONYMOUS DONOR, CLIENT C/O LAMB & BARNOSKY, LLP 534 BROADHOLLOW RD STE 2 WARWICK, RI 02889-9509	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	MAXINE AND JACK ZARROW FAMILY FOUNDATION (FF) 401 S BOSTON AVE STE 900 PORTOLA VALLEY, CA 94028-8629	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	REDWOOD CREDIT UNION REDWOOD CREDIT UNION 3033 CLEVELAND AVE STE 100 SAN FRANCISCO, CA 94105-3677	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	SILICON VALLEY COMMUNITY FOUNDATION 2440 W EL CAMINO REAL STE 300 NEW YORK, NY 10036-2714	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	SCHWAB CHARITABLE FUND (DAF) 211 MAIN ST MOUNTAIN VIEW, CA 94040-1498	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	JOHN & MARCIA GOLDMAN FOUNDATION 101 SECOND ST STE 1625 SAN FRANCISCO, CA 94133	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	JOHN & MARCIA GOLDMAN FOUNDATION 101 SECOND ST STE 1625 WARWICK, RI 02889-9509	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	WALTER & ELISE HAAS FUND 1 LOMBARD ST STE 305 CINCINNATI, OH 45277-0053	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	THE SAN FRANCISCO FOUNDATION 1 EMBARCADERO CTR STE 1400 SAN FRANCISCO, CA 94105	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	VANGUARD CHARITABLE PO BOX 9509 SAN FRANCISCO, CA 94111-2534	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	RENAISSANCE CHARITABLE FOUNDATION INC. (DAF) 8910 PURDUE RD STE 550 SAN FRANCISCO, CA 94111-1130	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	JEWISH COMMUNITY FEDERATION (DAF) 121 STEUART ST NOVATO, CA 94949-8263	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	KAISER PERMANENTE COMMUNITY BENEFIT (SF) 601 VAN NESS AVE STE 2002 TULSA, OK 74103	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	VANGUARD CHARITABLE PO BOX 9509 SAN FRANCISCO, CA 94133-2098	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	ORLIN TRAPP & ONNOLEE TRAPP 501 PORTOLA RD BOX 8143 SAN FRANCISCO, CA 94114-1870	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	<u>VANGUARD CHARITABLE</u> <u>PO BOX 9509</u> <u>SAN FRANCISCO, CA 94111-3703</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<u>FIDELITY CHARITABLE GIFT FUND (DAF)</u> <u>PO BOX 770001</u> <u>MELVILLE, NY 11747</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<u>MARIN COMMUNITY FOUNDATION (MCF) (DAF)</u> <u>5 HAMILTON LNDG STE 200</u> <u>LAKESIDE, MT 59922-0680</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<u>MICHAEL OSBORN & MARY OSBORN</u> <u>186 FRANCISCO ST APT 2</u> <u>STAMFORD, CT 06902-1247</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<u>ESTATE OF ANDREW MARSHALL III</u> <u>187A CORBETT AVE</u> <u>SAN FRANCISCO, CA 94105-3677</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<u>ESTATE OF MAURICE (MAURY) FARRINGTON</u> <u>PO BOX 680</u> <u>SAN FRANCISCO, CA 94104-1713</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	FIDELITY CHARITABLE GIFT FUND (DAF) PO BOX 770001 CINCINNATI, OH 45277-0053	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	ALAN CASSERLY & ELIZABETH CARTWRIGHT 1950 MONTEREY BLVD SAN FRANCISCO, CA 94127-1932	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889-9509	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	JEWISH COMMUNITY FEDERATION (DAF) 121 STEUART ST SAN FRANCISCO, CA 94105-1236	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	NATIONAL PHILANTHROPIC TRUST (DAF) 165 TOWNSHIP LINE RD STE 150 JENKINTOWN, PA 19046-3533	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	COMMUNITY FOUNDATION SANTA CRUZ (DAF) 7807 SOQUEL DR APTOS, CA 95003	\$ 9,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	WHOLE FOODS MARKET (SAN FRANCISCO) 1765 CALIFORNIA ST SAN FRANCISCO, CA 94109-4509	\$ 9,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	AMERICAN ONLINE GIVING FOUNDATION (BENEVITY) 1521 GEORGETOWN RD STE 104 HUDSON, OH 44236-4066	\$ 8,675.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	SALESFORCE.COM SALESFORCE TOWER 415 MISSION ST 3RD FL SAN FRANCISCO, CA 94105	\$ 8,570.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	AMERICAN ONLINE GIVING FOUNDATION (BENEVITY) 1521 GEORGETOWN RD STE 104 HUDSON, OH 44236-4066	\$ 8,538.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	JEFF GRAY & SHARON DICKSON 483 CHANNING AVE PALO ALTO, CA 94301	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	PAUL ASENTE & RON JENKS 2538 BREWSTER AVE REDWOOD CITY, CA 94062-2114	\$ 7,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	RENAISSANCE CHARITABLE FOUNDATION INC. (DAF) 8910 PURDUE RD STE 550 INDIANAPOLIS, IN 46268-6117	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	CHARLES (CHUCK) ROBERTS 881 27TH ST SAN FRANCISCO, CA 94131-1731	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	KEYBANK FOUNDATION 127 PUBLIC SQUARE CLEVELAND, OH 44114	\$ 7,248.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	TRITON CONTAINER INTERNATIONAL, INC. 55 GREEN ST STE 500 SAN FRANCISCO, CA 94111-1412	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	DANIEL DODD 2099 MARKET ST SAN FRANCISCO, CA 94114-1315	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	JEAN MARCUCCI 1701 JACKSON APT 701 SAN FRANCISCO, CA 94109	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	PAUL ASENTE & RON JENKS 2538 BREWSTER AVE REDWOOD CITY, CA 94062-2114	\$ 6,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	AMERICAN ONLINE GIVING FOUNDATION (BENEVITY) 1521 GEORGETOWN RD STE 104 HUDSON, OH 44236-4066	\$ 6,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	CHARLOTTE HATCH & JAMES HATCH 4521 20TH ST SAN FRANCISCO, CA 94114-2719	\$ 6,233.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	ESTATE OF SYLVESTER JAMES (CONCORD MUSIC GROUP / UNIVERSAL MUSIC INVESTME 2220 COLORADO AVE SANTA MONICA, CA 90404	\$ 6,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	GINA WELLMAKER 75 RYEGATE PL SAN RAMON, CA 94583-2932	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	SUZANNE WATERMAN PO BOX 151358 SAN RAFAEL, CA 94915-1358	\$ 5,837.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	AMERICAN ONLINE GIVING FOUNDATION (BENEVITY) 1521 GEORGETOWN RD STE 104 HUDSON, OH 44236-4066	\$ 5,770.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025	\$ 5,695.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	PETER TANNEN 577 14TH ST SAN FRANCISCO, CA 94103-1017	\$ 5,585.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	ANONYMOUS DONOR (PROJECT OPEN HAND) 730 POLK STREET SAN FRANCISCO, CA 94109	\$ 5,403.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	AMERICAN ONLINE GIVING FOUNDATION (BENEVITY) 1521 GEORGETOWN RD STE 104 HUDSON, OH 44236-4066	\$ 5,039.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	CODY GILLETTE KIRKHAM 1713 N OAK ST CALISTOGA, CA 94515-1118	\$ 5,013.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST, INC. (DAF) 1177 AVE OF THE AMERICAS 41ST FL NEW YORK, NY 10036-2714	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	THE CALIFORNIA WELLNESS FOUNDATION CITY NATIONAL PLAZA 515 S FLOWER ST STE 1100 COLUMBUS, OH 43205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	SAFeway FOUNDATION (ALBERTSON'S) 5918 STONERIDGE MALL RD LOS ANGELES, CA 90071-2213	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	RAYMOND JAMES 575 MARKET ST STE 3900 SAN FRANCISCO, CA 94105-1236	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	VALUEACT CAPITAL MANAGEMENT, L.P. 435 PACIFIC AVE 4TH FL SAN FRANCISCO, CA 94109-0427	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	MORRISON & FOERSTER FOUNDATION 425 MARKET ST 32ND FL SAN FRANCISCO, CA 94114	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	FREMONT BANK FOUNDATION 39150 FREMONT BLVD SAN FRANCISCO, CA 94115-1546	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	MUFG UNION BANK FOUNDATION 350 CALIFORNIA ST 11TH FL SAN FRANCISCO, CA 94105-2482	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	JUNIOR LEAGUE OF SAN FRANCISCO 2226 FILLMORE ST RENTON, WA 98056-0010	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	SCHWAB CHARITABLE FUND (DAF) 211 MAIN ST SANTA CRUZ, CA 95060-5875	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	SCHWAB CHARITABLE FUND (DAF) 211 MAIN ST SAN FRANCISCO, CA 94114	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	SCHWAB CHARITABLE FUND (DAF) 211 MAIN ST BERKELEY, CA 94708	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	SCHWAB CHARITABLE FUND (DAF) 211 MAIN ST SAN FRANCISCO, CA 94117-1417	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	SCHWAB CHARITABLE FUND (DAF) 211 MAIN ST SAN FRANCISCO, CA 94114-3744	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	SUTTER HEALTH CPMC (CALIFORNIA PACIFIC MEDICAL CENTER) 1625 VAN NESS AVE. 4TH FL SAN FRANCISCO, CA 94133-5402	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	INNER SUNSET COMMUNITY ADVOCATES, INC. 1329 SEVENTH AVE SAN FRANCISCO, CA 94107-2084	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	THE COLUMBUS FOUNDATION (DAF) 1234 E. BROAD ST SAN MATEO, CA 94401	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	UBS FINANCIAL SERVICES INC. 1 N WACKER DR 25TH & 26TH FL CHICAGO, IL 60606-2807	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	UBS FINANCIAL SERVICES INC. 1 N WACKER DR 25TH & 26TH FL SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	THE SAN FRANCISCO FOUNDATION 1 EMBARCADERO CTR STE 1400 SAN FRANCISCO, CA 941081305	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	THE SAN FRANCISCO FOUNDATION 1 EMBARCADERO CTR STE 1400 SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	THE SAN FRANCISCO FOUNDATION 1 EMBARCADERO CTR STE 1400 SAN FRANCISCO, CA 94115-2222	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	THE SAN FRANCISCO FOUNDATION 1 EMBARCADERO CTR STE 1400 CHICAGO, IL 60606-2807	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	THE SAN FRANCISCO FOUNDATION 1 EMBARCADERO CTR STE 1400 HUNTINGTON BEACH, CA 92649-4921	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	GENENTECH 1 DNA WAY SAN FRANCISCO, CA 94121	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	AMGEN FOUNDATION 1 AMGEN CENTER DR PLEASANTON, CA 94588-3229	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	JEWISH COMMUNITY FEDERATION (DAF) 121 STEUART ST SAN FRANCISCO, CA 94124-2669	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	DR. & MRS. MELVIN CHEITLIN 1661 PINE ST APT 1145 SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	MICHAEL (MIKE) HENRY & TYLER WUTHMANN 4591 18TH ST SAN FRANCISCO, CA 94111-3703	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	ANNE ROHER & MARTIN ROHER 2100 PACIFIC AVE APT 6B THOUSAND OAKS, CA 91320-1730	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	CHARLES SEE FOUNDATION / MARY SEE FOUNDATION / SEE FOUNDATION PO BOX 3308 SAN FRANCISCO, CA 94108-2209	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	SCOTT MACKIE & ALISON PLATT 849 ALMAR AVE STE C SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	ANICIA SANTOS 3870 25TH ST SAN FRANCISCO, CA 94118-2115	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	PRESTON MARING 1345 BAY VIEW PL SAN JOSE, CA 95124-5130	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	MARK RYLE & STEVE REIDY 1445 FULTON ST SAN FRANCISCO, CA 94158	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	EMILY GLICK & SAM GLICK 1190 NOE ST HUDSON, OH 44236	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	NEIL MACPHAIL 999 GREEN ST APT 2401 SAN FRANCISCO, CA 94110	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	THOMAS RENU & ALYKHAN MOTANI 650 DELANCEY ST APT 311 SAN FRANCISCO, CA 94131	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	MARILYN WOLPER 1 BALDWIN AVE FREMONT, CA 94538	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	BUDDHA'S UNIVERSAL CHURCH 720 WASHINGTON ST SAN FRANCISCO, CA 94111	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	ROGER READING 5811 PADUA DR SAN FRANCISCO, CA 94109	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	CARL KAUFMAN & MARTHA ANGOVE 320 SEA CLIFF AVE SOUTH SAN FRANCISCO, CA 94080-4918	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	JAMES COVEY 295 KALMANOVITZ ST CINCINNATI, OH 45277-0053	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	THE EPISCOPAL DIOCESE OF CALIFORNIA (GRACE CATHEDRAL) 1055 TAYLOR ST SAN FRANCISCO, CA 94104-1402	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	THIDWICK BOOKS 1136 CLEMENT ST SAN FRANCISCO, CA 94114-2617	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	MICHELLE WINNER 4871 TRENT DR SAN FRANCISCO, CA 94111-3703	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	ANDREA WILKINSON 690 LONG BRIDGE ST, APT 426 SAN FRANCISCO, CA 94119-3809	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	AMERICAN ENDOWMENT FOUNDATION 5700 DARROW RD STE 118 BURT LAKE, MI 49717-0472	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	JONATHAN JUMP & HAL MARZ 588 S VAN NESS AVE APT 7 NOVATO, CA 94949-8263	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	KRISTOFER KONIETZKO & PETER BORKON 178 LAIDLEY ST SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	GRYPHON INVESTORS VOLUNTEER GROUP ONE MARITIME PLAZA, SUITE 2300 CINCINNATI, OH 45277-0053	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	FIDELITY CHARITABLE GIFT FUND (DAF) PO BOX 770001 CINCINNATI, OH 45277-0053	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	DAVID GILTINAN 3865 19TH ST APT A CINCINNATI, OH 45277-0053	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	THE FREMONT GROUP FOUNDATION PO BOX 193809 PALO ALTO, CA 94306-2602	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	ALBERT POLK PO BOX 472 SAN RAFAEL, CA 94901-2350	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	MARIN COMMUNITY FOUNDATION (MCF) (DAF) 5 HAMILTON LNDG STE 200 SAN JOSE, CA 95108-1102	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	FIDELITY CHARITABLE GIFT FUND (DAF) PO BOX 770001 SAN FRANCISCO, CA 94133-4611	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	FIDELITY CHARITABLE GIFT FUND (DAF) PO BOX 770001 INDIANAPOLIS, IN 46268-6117	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	FIDELITY CHARITABLE GIFT FUND (DAF) PO BOX 770001 SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	TONG KOBILKA & BRIAN KOBILKA 840 CHIMALUS DR MILL VALLEY, CA 94942-2388	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	PETER SIGGINS & VERONIQUE SIGGINS <hr/> 170 SEA VIEW DR <hr/> SAN FRANCISCO, CA 94111-3703	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	SYNDIE MEYER & DANIEL PAPPONE <hr/> PO BOX 1102 <hr/> SAN FRANCISCO, CA 94111-3703	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	RENAISSANCE CHARITABLE FOUNDATION INC. (DAF) <hr/> 8910 PURDUE RD STE 550 <hr/> SAN FRANCISCO, CA 94102	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	ELAINE HEDGE <hr/> PO BOX 2388 <hr/> SAN FRANCISCO, CA 94122	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	VISHWA CHANDRA & ANUBHUTI SHARMA <hr/> 321 PAGE ST <hr/> SAN FRANCISCO, CA 94111-3703	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization PROJECT OPEN HAND	Employer identification number 94-3023551
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **PROJECT OPEN HAND** Employer identification number **94-3023551**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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 FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2019

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 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 _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		900,000.		900,000.
b Buildings		6,675,543.	6,803,970.	-128,427.
c Leasehold improvements		43,688.		43,688.
d Equipment		2,747,119.		2,747,119.
e Other		76,983.		76,983.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,639,363.

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) WELLS FARGO	1,172,017.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,172,017.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL PROTECTION PROGRAM LOAN	
(3) PAYABLE	1,187,967.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,187,967.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	15,459,556.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	20,218.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	20,218.
3	Subtract line 2e from line 1	3	15,439,338.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-509,796.
c	Add lines 4a and 4b	4c	-509,796.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,929,542.

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

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

1	Total expenses and losses per audited financial statements	1	14,507,713.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	509,796.
e	Add lines 2a through 2d	2e	509,796.
3	Subtract line 2e from line 1	3	13,997,917.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,997,917.

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.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE NETTED AGAINST REVENUE	-173,960.
RENTAL EXPENSES NETTED AGAINST REVENUE	-335,836.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-509,796.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE NETTED AGAINST REVENUE	173,960.
RENTAL EXPENSES NETTED AGAINST REVENUE	335,836.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	509,796.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		HAND TO HAND LUNCHEON (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	402,980.			402,980.
	2 Less: Contributions	402,980.			402,980.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	56,932.			56,932.
	8 Entertainment	3,500.			3,500.
	9 Other direct expenses	113,528.			113,528.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				173,960.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-173,960.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

PROJECT OPEN HAND

Employer identification number

94-3023551

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD AND ASSISTANCE FOR SENIORS, PEOPLE LIVING WITH HIV/AIDS AND HOMEBOUND AND CRITICALLY ILL PEOPLE	9000	0.	1,668,292.	FMV	HOME DELIVERED MEALS, GROCERY SERVICES, AND NUTRITION EDUCATION.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FUNDS ARE ACCOUNTED FOR AS RECEIVED AND DETAIL IS MAINTAINED AS TO DONOR/GRANTOR, RESTRICTIONS (IF ANY), REPORTING REQUIREMENTS (IF ANY), ETC.

**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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

PROJECT OPEN HAND

Employer identification number

94-3023551

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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 **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the 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.

- | | |
|--|---|
| <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 checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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 aren't 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) PAUL HEPFER CHIEF EXECUTIVE OFFICER	(i)	244,038.	23,500.	0.	0.	0.	267,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JONATHAN JUMP VP OF OPERATIONS	(i)	163,755.	0.	0.	0.	0.	163,755.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

PROJECT OPEN HAND

Employer identification number

94-3023551

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NUTRITIOUS MEALS TO THE SICK AND VULNERABLE, CARING FOR AND EDUCATING
OUR COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND SHELTERING IN PLACE AS HIGH RISK POPULATIONS. SERVICES WERE
UNINTERRUPTED BUT CHANGED TO A MODEL THAT FOCUSED PRIMARILY ON
ADDRESSING FOOD INSECURITY FOR HIGHLY VULNERABLE POPULATIONS. INCREASED
DEMAND WAS MET THROUGH A SAFE FOOD TAKEAWAY MODEL.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

NUTRITION OF THREE MEALS PER DAY, FOR 12 WEEKS AND FOUR MEDICAL
NUTRITION THERAPY SESSIONS DURING THE INTERVENTION, AT NO COST TO THE
PATIENT.

WE HAVE FURTHER EXPANDED OUR PARTNERSHIPS WITH HEALTH PLANS THOUGHOUT
CALIFORNIA AND MANAGED CARE PLANS IN SAN FRANCISCO AND ALAMEDA COUNTY
TO PROVIDE HEALTH INTERVENTIONS THAT OFFER MEDICALLY TAILORED MEALS AND
MEDICAL NUTRITION THERAPY AND/OR NUTRITION EDUCATION.

FORM 990, PART VI, SECTION B, LINE 11B:

PROFESSIONAL TAX PREPARERS FORWARD THE FORM 990 TO THE CONTROLLER AND CEO.
AFTER REVIEWING THE RETURN, THE CONTROLLER FORWARDS IT TO THE AUDIT
COMMITTEE AND THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING.

ALSO, BOARD MEMBERS ARE ENCOURAGED TO REVIEW THE FORM 990 AND TO FORWARD
THEIR QUESTIONS TO THE CEO AND CONTROLLER. THE CONTROLLER OR PROFESSIONAL

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization PROJECT OPEN HAND	Employer identification number 94-3023551
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TAX PREPARERS ADDRESS THE QUESTIONS FROM THE AUDIT COMMITTEE AND THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

POH'S CONFLICT OF INTEREST POLICY IS WRITTEN IN THE BYLAWS AND THE EMPLOYEE HANDBOOK. THE BOARD AND THE HUMAN RESOURCES DEPARTMENT REGULARLY MONITOR AND ENFORCE THE CONFLICT OF INTEREST POLICY WHEN POTENTIAL CONFLICTS OF INTEREST SITUATIONS ARISE.

THE POLICIES HANDLE CONFLICTS OF INTEREST BOTH DIRECTLY AND INDIRECTLY IN THE BOARD GOVERNANCE DOCUMENTS AND IN THE EMPLOYEE HANDBOOK. HANDBOOK POLICIES COVER ALL STAFF, BUT ESPECIALLY THOSE IN LEADERSHIP AND THOSE HANDLING ANY FINANCIAL TRANSACTIONS.

UNDER THE WHISTLEBLOWER POLICY, CONCERNS CAN BE BROUGHT FORWARD BY ANY PERSON TO THE HUMAN RESOURCES DIRECTOR OR MANAGER, CONTROLLER, OR CEO AND CHAIR, CO-CHAIR, OR SECRETARY OF THE BOARD. EXTERNALLY, TO THE AUDITORS OR ANY OF THE REGULATING AUTHORITIES.

CONFLICTS ARE REVIEWED IN CONNECTION WITH HUMAN RESOURCES, FINANCE, AND THE EXECUTIVE DIRECTOR, IN GENERAL THE CONFLICTS WOULD BE RESOLVED AT THIS LEVEL. IF NOT, THE BOARD OR EXTERNAL PARTNERS WILL BE BROUGHT IN, IF NECESSARY.

THE ORGANIZATION DOES NOT ALLOW FOR FAMILY MEMBERS TO SUPERVISE ONE ANOTHER. IN OTHER CASES, PERSONS WITH CONFLICTS OF INTEREST WOULD BE REMOVED FROM THE DECISION MAKING PROCESS/ FUNCTION FOUND IN CONFLICT OR IF THAT IS NOT POSSIBLE, OBJECTIVE PARTIES WOULD BE ADDED TO THE DECISION MAKING PROCESS.

Name of the organization PROJECT OPEN HAND	Employer identification number 94-3023551
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FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD BASED ON THE COMPENSATION COMMITTEE RECOMMENDATIONS. COMPENSATION FOR THE CHIEF FINANCIAL OFFICER IS DETERMINED BY THE EXECUTIVE DIRECTOR AND APPROVED BY THE BOARD. COMPENSATION FOR OTHER DIRECTORS AND KEY EMPLOYEES IS DETERMINED AND APPROVED BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

AUDITED FINANCIAL STATEMENTS ARE POSTED ON POH'S WEBSITE AS SOON AS THEY ARE AVAILABLE. OTHER DOCUMENTS ARE AVAILABLE BY REQUEST FOR THE SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D).

FORM 990, PART IX, LINE 11G, OTHER FEES:

COLLABORATIVE PARTNERS:

PROGRAM SERVICE EXPENSES	1,729,241.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,729,241.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,729,241.

FORM 990, PART XII, LINE 2C

NO CHANGE TO THE PROCESS SINCE PRIOR YEARS'.