Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

<u>A</u>	For th	e 2020 calendar year, or tax year beginning	ending U	<u> </u>					
В	Check if applicab	C Name of organization		D Employer identific	cation number				
	Addre								
	Name chang	Doing business as		94-30235	51				
	Initial return		Room/suite	E Telephone numbe					
	Final return termir	730 POLK STREET		(415)447					
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 16,951,199					
Ļ	Amen	BAN FRANCISCO, CA 34103		H(a) Is this a group re	eturn				
	Application pendi	F Name and address of principal officer: FAOD TIEFTER		for subordinates					
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No				
		empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions				
		te: ► HTTPS: //WWW.OPENHAND.ORG/		H(c) Group exemptio					
		organization: X Corporation Trust Association Other	L Year	of formation: 1986 N	N State of legal domicile: CA				
P	art I	Summary							
ø	1	Briefly describe the organization's mission or most significant activities:							
& Governance		TO IMPROVE HEALTH OUTCOMES AND QUALITY OF							
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	1 1					
Š				3	12				
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b) .			12				
ies		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			138				
Activities		Total number of volunteers (estimate if necessary)			6583				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			2,131.				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.				
e				Prior Year	Current Year				
	1	Contributions and grants (Part VIII, line 1h)		13,935,492.	13,429,089.				
Revenue	1	Program service revenue (Part VIII, line 2g)		631,007.	2,644,743.				
Re.		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		34,866.	25,515.				
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		328,177.	508,510.				
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		14,929,542.	16,607,857.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,668,292.	1,941,727.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,255,908.	8,557,284.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Ä	_b	Total fundraising expenses (Part IX, column (D), line 25) 1,273,93		4,073,720.	3,894,931.				
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,997,920.					
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		931,622.	2,213,915.				
<u></u>		Revenue less expenses. Subtract line 18 from line 12							
Net Assets or Find Ralances		T	Be	eginning of Current Year 9,362,249.	End of Year 11,419,900.				
SSe	20	Total assets (Part X, line 16)		3,105,873.	2,940,630.				
let /	21	Total liabilities (Part X, line 26)		6,256,376.	8,479,270.				
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		0,230,370.	0,410,210.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etatem	ante and to the heet of m	v knowledge and helief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh		·	y Knowledge and Deller, it is				
uu	, 001100	t, and complete. Declaration of proparor (other than officer) is based on all information of wife	ion proparci	Thas any knowledge:					
Si.	ın	Signature of officer	,	I Date					
Sign Here		PAUL HEPFER, CEO	_	05/	16/2022				
110	10	Type or print name and title							
_		Print/Type preparer's name Preparer's signature	П	Date Check	PTIN				
Pai	d	TRACY TEALE TRACY TEALE		05/16/22 if self-employed	P01290862				
	parer	Firm's name RINA ACCOUNTANCY LLP		Firm's EIN	84-1980623				
	Only	Firm's address 150 POST STREET, STE 200							
	-	SAN FRANCISCO, CA 94108		Phone no. (4	15)777-4488				
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No				
_									

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3, 3, 3, 1, 3,
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,456,232. including grants of \$ 1,357,226.) (Revenue \$ 2,644,743.)
	PROJECT OPEN HAND'S COMMUNITY NUTRITION PROGRAM (CNP) IS THE LARGEST
	CONGREGATE MEAL PROVIDER IN SAN FRANCISCO. OLDER ADULTS (60+ YEARS) AND
	ADULTS WITH DISABILITIES (18-59 YEARS) CAN ATTEND VARIOUS SITE
	LOCATIONS THROUGHOUT THE CITY WHERE THEY CAN ENJOY A WARM,
	NUTRITIONALLY SUPPORTIVE MEAL IN A CONGREGATE SETTING AND HELPS
	DECREASE RISKS OF ISOLATION AND LONELINESS. SERVICES ARE OFFERED 365
	DAYS A YEAR AND INCLUDE BREAKFAST AND LUNCH OPTIONS DEPENDING ON THE
	LOCATION.
	SINCE THE HEIGHT OF THE PANDEMIC, CNP HAS MODIFIED SERVICES THAT HAVE
	INCLUDED MEAL DELIVERY AND A TAKEOUT MODEL OF FROZEN MEAL PACKS. SOME
	SITE LOCATIONS HAVE RESUMED SEATED DINING AND WE CONTINUE TO EXPAND
41-	2 025 514 244 442
4b	(Code:) (Expenses \$2,935,514 • including grants of \$344,442 •) (Revenue \$) THE WELLNESS PROGRAM OFFERS A MEDICALLY TAILORED MEAL INTERVENTION THAT
	PAIRS MEDICALLY TAILORED MEALS AND GROCERIES ALONGSIDE NUTRITION
	EDUCATION AND SUPPORTIVE SERVICES PROVIDED BY CLIENT SERVICES STAFF AND
	REGISTERED DIETITIANS TRAINED TO PROVIDE TRAUMA-INFORMED NUTRITION
	SERVICES. CLIENTS ARE REFERRED TO WELLNESS SERVICES THROUGH A LICENSED
	MEDICAL PROVIDER AND RECEIVE UP TO TWO-THIRDS OF THEIR DAILY
	NUTRITIONAL NEEDS ACCOMPANIED BY ROBUST NUTRITION AND WELLNESS RELATED
	CURRICULA, ONE-ON-ONE NUTRITION COUNSELING SESSIONS AND FOOD
	DEMONSTRATIONS. CLIENTS HAVE THE OPTION TO PICK UP THEIR MEALS AND
	GROCERIES FROM POH'S GROCERY CENTERS IN SAN FRANCICSO AND OAKLAND OR AT
	ONE OF OUR SATELLITE LOCATIONS WHERE WE OFFER MOBILE SERVICES. FOR
	CLIENTS UNABLE TO TRAVEL TO ONE OF OUR LOCATIONS DUE TO MOBILITY ISSUES
4c	(Code:) (Expenses \$4 , 019 , 998 • including grants of \$240 , 059 •) (Revenue \$)
	PROJECT OPEN HAND IS A LOCAL, STATE AND NATIONAL LEADER AND ADVOCATE
	FOR MEDICALLY TAILORED INTERVENTIONS FOR THOSE LIVING WITH CHRONIC
	DISEASE.
	WITH OVERSIGHT FROM THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
	(DHCS), PROJECT OPEN HAND HAS LEAD A STATEWIDE PILOT ACROSS THE STATE
	SINCE 2017 IN PARTNERSHIP WITH THE CALIFORNIA FOOD IS MEDICINE
	COALITION. THE MEDI-CAL MEDICALLY TAILORED MEALS (MTM) PILOT PROGRAM IS
	<u> </u>
	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 NUTRITION OF THREE MEALS PER DAY, FOR 12 WEEKS AND FOUR
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 12,411,744.
	Form 990 (2020)

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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)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
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? If "Yes," complete Schedule C, Part II	4		Х
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? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		7.7	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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Part IV | Checklist of Required Schedules (continued)

			V	NI.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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? If "Yes," complete Schedule L, Part I	25a	<u> </u>	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? If "Yes," complete			
	Schedule L, Part I	25b	<u> </u>	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? If "Yes," complete Schedule L, Part II	26	<u> </u>	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			X
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	\vdash	X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200	\vdash	
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	<u> </u>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	177
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	├	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	X
07	If "Yes," complete Schedule R, Part V, line 2	36		
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</i> "Yes," <i>complete Schedule R, Part VI</i>	27	1	x
20		37	\vdash	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
Pa	Note: All Form 990 filers are required to complete Schedule O	30		
	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		. 55	1
b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
03300	4 12-23-20	Form	990	(2020)

Form 990 (2020) PROJECT OPEN HAND Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 138 b 1 1 1 1 1 1 1 1 1					Yes	No				
b If a least one is reported on line 2a, did the organization file all required footeral employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, *has it field a Form 990-T for this year? If *No*10 line 3b, provide an explanation on Schedule O 3b A At any time during the calendary year, did the organization have interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account); or other financial accounts of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5b If Yes, *ine the hanse of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5c Was the organization aparty to a prohibeted tax whether transaction? 5c If Yes* 10 line Sa or 5b, did the organization that it was or is a party to a prohibeted tax whether transaction? 5c If Yes* 10 line Sa or 5b, did the organization the Form 8896-T2. 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c V If Yes, *If did the organization include with every solicitation an express stafement that such contributions or gifts were not tax deductible? 6c V Organizations that may receive deductible contributions under section 170(c). 6c V If Yes, *If did the organization include with every solicitation an express stafement that such contributions or gifts were not tax deductible? 6c V Organizations that may receive deductible contributions and aparty for goods and services provided to the payoff of Versa. 6c V Organizations that may receive deductible contributions and express stafement that such contributions or gifts were not tax deductible and payor that year. 6	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a 138							
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 5b If 1'Yes,' has it filed a Form 990T for this year? I'vi? to file 3b, your provide an explanation on Schedule 0 5c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c If 1'Yes' to the the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5c Was the organization a party to a prohibet tax whether transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file fore mas 886T. 6c If Yes's to line Sar of St, did the organization the Form 886T. 6c If Yes's to line Sar of St, did the organization in Gerom 886T. 6c If Yes's to line Sar of St, did the organization in Gerom 886T. 6c If Yes's to line Sar of St, did the organization in clude with every solicitation an exposes statement that such contributions or gifts were not tax deductible? 6c If Yes's to line organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? 6c If Yes's to life the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? 6c If Yes's to life the organization more on the true and the such such that provides an expose or gift were not tax deductible? 6c If Yes's to life the organization more on the year of the value of the goods or services provided? 6d If Yes's the life the organization more on the year of the value of the goods or services provided? 7c If If Yes's the life the organization more of the value of the goods or services provided? 7d If Yes's the organization seeling and the year of the organization file a form 1084C? 7d If Yes's the organizatio	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2 b		X				
b If "Yes," has it filled a Form 990.T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b ID day at xeable party notify the organization that It was or is a party to a prohibited at shelter transaction? 6a Does the organization and party to a prohibited stax shelter transaction? 6b X 6b IF "Yes" to line Sa or Sb, did the organization file Form 8888-17 6c Does the organization shelt around gross receiption that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Does the organization shelt around gross receiption that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Did the organization shelt around the every solicitation an express statement that such contributions or grifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did If "Yes," idld the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible on the value of the goods or services provided? 7 The St If If I was required to the payor? 7 The St I was required to the payor? 7 The St I was required to the payor of the p		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form \$886177. 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did Press (in the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Did If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 If Yes, 'did the organization notify the dorn or the value of the ogodo's reservices provided to the payor? 8 If Yes, 'si' indicate the number of Forms 8282 filed during the year 9 If Yes, 'si' indicate the number of Forms 8282 filed during the year 9 If Yes, 'si' indicate the number of Forms 8282 filed during the year 9 If the organization received a contribution of organization from the year 9 If the organization received a contribution of organization from the year 9 Sponsoring organization maintaining donor advised funds. 9 Sponsoring organization maintaining donor advised funds. 9 Sponsoring organization maintaining donor advised funds. 9 Did the sponsoring organization make a distribution of qualified intellectual property, did the o	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X										
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X				
		If "Yes," complete Form 4720, Schedule O.								

Form **990** (2020)

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							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12										
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?	2		Х							
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?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	0 , 0										
6	Did the organization have members or stockholders?	6		X							
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?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
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	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
b	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?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
b	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	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
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?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b	X								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	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?	16b									
Sec	tion 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	/) avail	able							
	for public inspection. Indicate how you made these available. Check all that apply.										
	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, an	d fina	ncial								
	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										

11070516 769114 0609604

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.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and title	(B) Average hours per	age Position (do not check more than one box, unless per persons to both an officer and persons to but an		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) PAUL HEPFER	40.00			37				267 520	0	4 272
CHIEF EXECUTIVE OFFICER	40.00	_	<u> </u>	Х	_			267,538.	0.	4,272.
(2) JONATHAN RONALD JUMP	40.00	-			х			162 755	0.	12 046
VP OF OPERATIONS (3) AMEURPINO SANTIAGO	40.00	┢	-		Δ			163,755.	0.	13,046.
(3) AMEURPINO SANTIAGO VP DEVELOPMENT & CONSUMER AFFAIRS	40.00	$\left\{ \right.$				Х		142,372.	0.	272.
(4) ANA AYALA	40.00	H								
VP OF PROGRAMS		1				х		124,422.	0.	12,359.
(5) ZHENG DONG	40.00							,		<u> </u>
VP OF FINANCE AND IT		1		Х				112,854.	0.	8,282.
(6) PATRICIA KING	2.00									
SECRETARY		X		Х				0.	0.	0.
(7) JOHN COLTON	2.00									
FINANCE COMMITTEE CHAIR		Х						0.	0.	0.
(8) RUTH YANKOUPE	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(9) JENNIFER PETRAGLIA	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MIKE HENRY	2.00]							_	_
CHAIR		Х		Х				0.	0.	0.
(11) ANDREW CHANG	1.00	ļ								
BOARD OF DIRECTOR	1 00	Х	_	_				0.	0.	0.
(12) VISHWA CHANDRA	1.00	١,,								0
BOARD OF DIRECTOR	1 00	Х	_					0.	0.	0.
(13) PRESTON MARING	1.00	ļ.,								0
BOARD OF DIRECTOR	1 00	Х	_		_			0.	0.	0.
(14) GINNY MCSWINE	1.00	X						0.	0.	0
BOARD OF DIRECTOR	1 00	1	-		_			0.	0.	0.
(15) ADITYA WAKANKAR BOARD OF DIRECTOR	1.00	X						0.	0.	0.
(16) ANDREA WILKINSON	1.00	╀	\vdash	\vdash	\vdash	\vdash	\vdash	0.	0.	•
BOARD OF DIRECTOR	1.00	X						0.	0.	0.
(17) HELENE YORK	1.00	1	\vdash	\vdash	\vdash		\vdash	0.		
BOARD OF DIRECTOR	1.00	X						0.	0.	0.
02007 10 02 00	1						_	•		Earm 990 (2020)

Form **990** (2020)

Part VII Section A. Officers, Directors, Trus (A)	(B)	<u>, ,</u>			<u>2</u> C)	J		(D)	(E)			(F)	
Name and title	Average	D 1						` ′	` ,				
Name and title	hours per		not c	heck ss pe	more	than		Reportable compensation	Reportable compensatio				
	week			nd a d				from	from related		l	other	JI
	(list any	tor						the	organization		l	pensa	tion
	hours for	direc				- - - - -			(W-2/1099-MIS		l	om the	
	related	tee or	ıstee			en sat		(W-2/1099-MISC)	,	•	org	anizati	ion
	organizations	Itrus	nal tri		oyee	dw a					an	d relate	ed
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	anizatio	ons
	line)	트	lus	0#i	Key	Hig	윤						
(18) THERESA CHANGE	1.00	X						0.		0.			Λ
BOARD OF DIRECTOR		^	├		\vdash	\vdash		0.		0.			0.
		┨											
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		┢				+	\vdash						
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1b Subtotal			<u> </u>		<u> </u>			810,941.		0.	3	8,2	31.
c Total from continuation sheets to Part V								0.		0.	Ť	- , _	0.
d Total (add lines 1b and 1c)								810,941.		0.	3	8,2	
Total number of individuals (including but including									000 of reportable			- , _	
compensation from the organization	iot iii iii iiod to ti	1000	, 11010	Ju u	000	O) **	10 1	coolved more than proc	,,ooo or reportable	O			5
compensation from the organization												Yes	No
3 Did the organization list any former officer	director trust	ee. I	kev (emp	love	e. o	r hic	nhest compensated emr	olovee on				
line 1a? If "Yes," complete Schedule J for s			•	•	•	-	•	y	-		3		Х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," con	•					•					5		Х
Section B. Independent Contractors	•												
Complete this table for your five highest co	ompensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation 1	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir	n the organization's tax	year.				
(A)	-							(B)			(0	;)	
Name and business	address	N	INC	Ξ				Description of s	ervices	C	compe	nsatio	n
							_						
							_						
2 Total number of independent contractors (not li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation from the organ	ization >				(0						990 (c	
											_	AF 36 10	

Form 990 (2020) PROJECT
Part VIII Statement of Revenue

			Check if Schedule O	cont	ains a	response	or note to any lir	ne in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
σω	_					1. 1					000110110 0 12 0 1 1
ant			Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
Ł\$,			Fundraising events			1c	356,827.				
ig ig		d	Related organizations			1d					
ıs,		е	Government grants (contr	ibut	ions)	1e	6,811,172.				
후일		f	All other contributions, gifts,	gran	ts, and						
la g			similar amounts not included	abo	ve	1f	6,261,090.				
늘		g	Noncash contributions included in	lines	1a-1f	1g \$					
S E		h	Total. Add lines 1a-1f					13,429,089.			
\neg							Business Code				
o l	2	а	PROGRAM SERVICE FEE	S			624200	2,644,743.	2,644,743.		
Ş		b						, , ,	, , ,		
Ser		c									
E B											
gra		d									
Program Service Revenue		e	All alls and an arrangement of the second of								
- 1			All other program service					2 644 742			
-		g	Total. Add lines 2a-2f					2,644,743.			
	3		Investment income (include	_				15 050			15 050
			other similar amounts)					17,278.			17,278.
	4		Income from investment of			-					
	5		Royalties	<u></u>							
					<u> </u>	i) Real	(ii) Personal				
	6	а	Gross rents	6a	_	849,721.					
		b	Less: rental expenses	6b		298,890.					
		С	Rental income or (loss)	6с		550,831.					
		d	Net rental income or (loss)				550,831.			550,831.
	7	а	Gross amount from sales of		(i) S	ecurities	(ii) Other				
			assets other than inventory	7a			8,237.				
		b	Less: cost or other basis								
ne			and sales expenses	7b			0.				
Revenue		С	Gain or (loss)				8,237.				
Şe			Net gain or (loss)					8,237.			8,237.
ther			Gross income from fundraisi					, , , ,			
윰	0	u	including \$								
Ŭ			contributions reported on			-					
			•		,		0.				
			Part IV, line 18								
			Less: direct expenses				44,452.	44 450			44.450
			Net income or (loss) from				D	-44,452.			-44,452.
	9	а	Gross income from gamin	-							
			Part IV, line 19								
			Less: direct expenses								
		С	Net income or (loss) from	gam	ning ac	tivities					
	10	а	Gross sales of inventory,	ess	return	s					
			and allowances	ces 10a							
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from	sale	s of in	ventory					
က္							Business Code				
Miscellaneous Revenue	11	а	MISC INCOME				624210	2,131.		2,131.	
ane		b									
is sel		С									
Nis H		d	All other revenue								
			Total. Add lines 11a-11d					2,131.			
	12		Total revenue. See instruction					16,607,857.	2,644,743.	2,131.	531,894.

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Form **990** (2020)

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).

Secti	ion 501(c)(3) and 501(c)(4) organizations must com	•			X
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX	(C) I	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	1 041 505	1 041 505		
	individuals. See Part IV, line 22	1,941,727.	1,941,727.		
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,	256 222	0.54 400	55 056	04 504
	trustees, and key employees	356,893.	274,493.	57,876.	24,524.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	6 404 040		255 225	64.6 00.5
7	Other salaries and wages	6,401,319.	5,528,537.	255,895.	616,887.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	69,978.	59,466.	3,453.	7,059. 166,153.
9	Other employee benefits	1,246,966.		81,281.	166,153.
10	Payroll taxes	482,128.	409,698.	23,793.	48,637.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	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 0.)	2,114,308.	2,027,723.	62,024.	24,561.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties			46.000	45.505
16	Occupancy	298,889.	235,076.	46,308.	17,505.
17	Travel	1,460.	1,439.	15.	6.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	700.	700.		
20	Interest				
21	Payments to affiliates	166 106	245 000	06 604	24 225
22	Depreciation, depletion, and amortization	466,126.	345,200.	86,621.	34,305.
23	Insurance	111,318.	82,439.	20,686.	8,193.
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 0.)				
а	MISC	473,230.	369,219.	39,239.	64,772.
a b	DONOR RELATED	164,588.	21,845.	5,482.	137,261.
D	PUBLIC INFORMATION	141,723.	20,578.	5,164.	115,981.
d	REPAIRS & MAINTENANCE	122,589.	94,072.	20,427.	8,090.
		===,	,	= - / - = / -	2,2200
25	Total functional expenses. Add lines 1 through 24e	14,393,942.	12,411,744.	708,264.	1,273,934.
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 if following SOP 98-2 (ASC 958-720)				
	n 12-23-20				Form 990 (2020)

Form **990** (2020)

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Form 990 (2020)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,328,556.	1	2,345,804.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,020,184.	4	1,642,448.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial (contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described		F		6	
sts	7	Notes and loans receivable, net			4	7	110 -0-
Assets	8	Inventories for sale or use			155,633.	8	148,587.
⋖	9	Prepaid expenses and deferred charges			46,496.	9	117,429.
	10a	Land, buildings, and equipment: cost or other		10 064 506			
		basis. Complete Part VI of Schedule D	10a	10,961,506.			
	b	Less: accumulated depreciation		+	3,639,363.	10c	3,733,565.
	11	Investments - publicly traded securities			1 1 1 1 1 1 1 1 1	11	2 420 065
	12	Investments - other securities. See Part IV, line 1	1,172,017.	12	3,432,067.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		0 262 240	15	11 410 000	
	16	Total assets. Add lines 1 through 15 (must equa		1	9,362,249.	16	11,419,900.
	17	Accounts payable and accrued expenses			1,767,016.	17	1,699,851.
	18	Grants payable	150 000	18	40 052		
	19	Deferred revenue			150,890.	19	40,953.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or form					
biii		trustee, key employee, creator or founder, subst				00	
Lia		controlled entity or family member of any of thes		Г		22	
	23	Secured mortgages and notes payable to unrela				23 24	
	24 25	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines					
					1,187,967.	25	1,199,826.
	26	of Schedule D Total liabilities. Add lines 17 through 25			3,105,873.	26	2,940,630.
	20	Organizations that follow FASB ASC 958, che	ck her	e X	0,200,0101	20	
ses		and complete lines 27, 28, 32, and 33.	OI 1101				
anc	27	Net assets without donor restrictions			5,847,947.	27	7,597,773.
Bal	28	Net assets with donor restrictions			408,429.	28	881,497.
pu		Organizations that do not follow FASB ASC 9			•		,
Ē		and complete lines 29 through 33.	,				
s or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			6,256,376.	32	8,479,270.
_	33	Total liabilities and net assets/fund balances			9,362,249.	33	11,419,900.
	•				-		Form 990 (2020)

Pa	rt 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		,60					
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 39					
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5			8,9	79.			
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	8	,47	9,2	70.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,						
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit						
	Act and OMB Circular A-133?			За	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X				

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative		•			ii).	
4		A medical research organiz						the hospital's name
•		city, and state:	anon operated in co.	njarrottori with a ricopital	GOOGIIDOG			ino neophare name,
5		An organization operated for	or the benefit of a co	llogo or university owner	d or opera	tod by a g	overnmental unit describ	ood in
3				nege of drilversity owner	u or opera	ted by a g	overnmentar unit descrit	oeu III
_		section 170(b)(1)(A)(iv). (C				70(1)(4)(A)	()	
6	v	A federal, state, or local gov						
7	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	Ш	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	e or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from (contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	•				. , , ,	
а		Type I. A supporting orga				•	, ,	aivina .
		the supported organization	· ·	· ·				
		organization. You must o						.appa3
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s) by ha	vina
~		control or management o	•					•
		organization(s). You mus			arrie perse	ons that co	ontrol of manage the sup	ported
_		Type III functionally inte			in connoc	tion with	and functionally intograt	ad with
·		its supported organization	-					ea with,
d		Type III non-functionally		•				zotion(s)
u								
		that is not functionally int	-		•		•	iveriess
		requirement (see instruct	•					
е		Check this box if the orga					a Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.		
f		r the number of supported of						
g		ride the following information Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga		(v) Amount of monetary	(vi) Amount of other
	,	organization	(11) 2.11	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)
				above (see instructions))	169	NO		, , , , , , , , , , , , , , , , , , ,
Fota	al							

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.)

Sec	ction A. Public Support	7.	•	,			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	,	, ,	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	10,161,510.	10,407,846.	11,306,609.	13,935,492.	13,432,089.	59,243,546.
2	Tax revenues levied for the organ-						
	ization'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	10,161,510.	10,407,846.	11,306,609.	13,935,492.	13,432,089.	59,243,546.
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)						
	Public support. Subtract line 5 from line 4.						59,243,546.
	ction B. Total Support				_	 	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	10,161,510.	10,407,846.	11,306,609.	13,935,492.	13,432,089.	59,243,546.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	760 014	810,158.	851,727.	893,057.	886,352.	4 202 100
	and income from similar sources	700,014.	010,130.	031,727.	093,037.	000,332.	4,202,108.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	670.	55,057.		8,339.	2,137.	66,203.
11	Total support. Add lines 7 through 10	0700	33,037.		0,333.	2,137.	63,511,857.
12	Gross receipts from related activities,	etc (see instructi	one)			12 4	,853,667.
	First 5 years. If the Form 990 is for the						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	organization, check this box and stor				-		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2020 (line 6, column (f), c	divided by line 11,	column (f))		14	93.28 %
	Public support percentage from 2019					15	92.99 %
	33 1/3% support test - 2020. If the					nore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2019. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	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 to	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circ						>
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2020

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.)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-							
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
Ū	are not an unrelated trade or bus-							
	iness under section 513							
4								
7	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
3	furnished by a governmental unit to							
	the organization without charge							
6								
	Total. Add lines 1 through 5							
78	Amounts included on lines 1, 2, and							
ı	3 received from disqualified persons							
ľ	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							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support		1	1		1		
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	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 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,	
							>	
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2020 (ine 8, column (f), o	divided by line 13,	column (f))		15	%	
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%	
Se	ction D. Computation of Inves	stment Incom	e Percentage					
17	Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%	
	Investment income percentage from 2					18	%	
	a 33 1/3% support tests - 2020. If the							
	more than 33 1/3%, check this box a							
k	33 1/3% support tests - 2019. If the						and	
_								
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	40		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
n 0	90 or 90	00-E7	2020

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sec	tion C. Type II Supporting Organizations		l	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	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).	1		
Sec	tion D. All Type III Supporting Organizations			
	aon B. 7th Type in Supporting Organizations		Yes	No
4	Did the expenientian provide to each of its supported expenientians, by the last day of the fifth month of the		res	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?	1		
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			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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.	2		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
1 a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 bolow. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ne)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а	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.	2a		
h	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	La		
D	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			
		2b		
2	these activities but for the organization's involvement.	ZU		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	Dia the organization exercises a substantial degree of all content ever the policies, programs, and activities of Each			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations					
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.							
Sect	ion 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						
Sect	ion 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):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	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 0.015 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 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 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	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see				
	instructions).							

Schedule A (Form 990 or 990-EZ) 2020

Par	t v Type III Non-Functionally integrated 509	(a)(S) Supporting Orga	anizations _{(continu}	<u>ıed) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which to	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
<u> i </u>	Carryover from 2015 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

	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.)									
SCHE	DUL	Ξ A,	PART	II,	LINE	10,	EXPLANATION	FOR	OTHER	INCOME:
OTHE	R II	NCOM	€							
2016	AMO	TNUC	: \$	670	•					
2017	AMO	TNUC	: \$	55,	057.					
2019	AMO	TNUC	: \$	8,3	39.					
2020	AMO	TNUC	: \$	2,1	37.					
FUND:	RAI	SING	REVE	NUE						

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,

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

2020

Name of the organization Employer identification

PROJECT OPEN HAND

Employer identification number

94-3023551

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 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						
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) any one contributo	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.						
contributor, during literary, or education	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributions is checked, enter h purpose. Don't col	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 \ \rightarrow \frac{1}{2} 1						
but it must answer "No" on	part isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PF)						

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

PROJECT OPEN HAND

94-3023551

PROJE	CT OPEN HAND		94-3023551
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GILEAD SCIENCES. INC 333 LAKESDE DR FOSTER CITY, CA 94404	- - \$\$0,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

PROJECT OPEN HAND

94-3023551

	Noncash Property (see instructions). Use duplicate copies of F	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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** PROJECT OPEN HAND 94-3023551 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. `fŕom 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 Open to Public Inspection

Name of the organization

PROJECT OPEN HAND

Employer identification number 94 - 3023551

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		23.1.
		(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		ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
_	\$		
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	-	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statement	ents that describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures or Of	her Similar Assets
I al	Complete if the organization answered "Yes" on Form		alei Olilliai Assets.
12	If the organization elected, as permitted under FASB ASC 95		nd halance sheet works
Ia	of art, historical treasures, or other similar assets held for put	, ,	
	service, provide in Part XIII the text of the footnote to its finar	· · · · · · · · · · · · · · · · · · ·	•
h	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	constitution, education, or research in farth	crance or public service,
	(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 tre		
_	the following amounts required to be reported under FASB A		g, ₋ , eg
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2020

	(*	OPEN HAND					<u> </u>	94-30			age 2
Pai	t III Organizations Maintaining C									ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following tha	at make s	significan	t use of its			
	collection items (check all that apply):										
а	Public exhibition	c			change progra						
b	Scholarly research	e	• 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	hey further t	the organizati	ion's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	asures, or oth	er similar	assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	on answered	"Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	included	I	_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						. 1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabil	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete i	if the organization ar	nswered	"Yes" on Fo	1						
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment		_								
С		%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for tl	he organ	ization			
	by:								Γ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	V, line 11a. 9	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	ccumulat	ed	(d) Book	value	
		basis (investr	ment)	basis	(other)	dep	oreciation	n			
1a	Land			90	0,000.				900		
	Buildings			7,01	9,061.	7,2	227,9	41.	-208	3,8	80.
	Leasehold improvements				3,688.					3,6	
	Equipment				21,774.				2,921		
	Other				76,983.					, 9	
	. Add lines 1a through 1e. (Column (d) must e		X, colur					. •	3,733		

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 PROJECT OPE	N HAND	94-3023551	Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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	3,388,397.	COST	
(B) INVESTMENS- WELLS FARGO	43,670.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	2 422 067		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,432,067.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line 1 (b) Book value	1c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market	value
	(b) book value	(c) Method of Valuation. Cost of end-of-year market	value
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u> (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 1	1d. See Form 990, Part X, line 15.	
(a)	Description	(b) Book v	alue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)	>	
	F 000 D+ IV II 4	4	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line I	(b) Book v	value.
		(b) Book v	alue
(1) Federal income taxes (2) PPP LOAN PAYABLE		1,199	826
\- /		1,133	,020
<u>(3)</u> (4)			
(5)			
(6)			
(7)			
(8)			
(0)			

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...

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2020

1,199,826.

2 Amoua Net ub Donac Recod Othere Add I	revenue, gains, and other support per audited financial statemen	t IV, line 12a.		Π.	16 060 101
a Net ub Donac Recod Othere Add I		ts		1	16,960,184.
b Donac Recod Othere Add I	unts included on line 1 but not on Form 990, Part VIII, line 12:	11	0 070		
c Record Other	unrealized gains (losses) on investments		8,979.	-	
d Other e Add I	ated services and use of facilities			1	
e Add I	overies of prior year grants			1	
	r (Describe in Part XIII.) lines 2a through 2d			2e	8,979.
3 Subtr				3	16,951,205
	ract line 2e from line 1 unts included on Form 990, Part VIII, line 12, but not on line 1:			-	10/331/2030
	stment expenses not included on Form 990, Part VIII, line 7b	4a			
	r (Describe in Part XIII.)		-343,347.	1	
	lines 4a and 4b			4c	-343,347.
	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li			5	16,607,858.
	Reconciliation of Expenses per Audited Financi			Retu	
	Complete if the organization answered "Yes" on Form 990, Part				
1 Total	expenses and losses per audited financial statements			1	14,737,289.
2 Amou	unts included on line 1 but not on Form 990, Part IX, line 25:				
a Dona	ated services and use of facilities	2a		1	
b Prior	year adjustments	2b		1	
c Other	r losses	2c		1	
d Other	r (Describe in Part XIII.)	2d	343,347.		
	lines 2a through 2d			2e	343,347.
3 Subtr	ract line 2e from line 1			3	14,393,942.
	unts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	stment expenses not included on Form 990, Part VIII, line 7b			4	
	r (Describe in Part XIII.)				
	lines 4a and 4b			4c	0.
	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.)		5	14,393,942.
	Supplemental Information. e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a				
lines 2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	vide any additional info	rmation.		
PART X	KI, LINE 4B - OTHER ADJUSTMENTS:				
SPECIA	AL EVENT EXPENSE NETTED AGAINST R	EVENUE			-44,452.
RENTAL	L EXPENSES NETTED AGAINST REVENUE				-298,895.
	TO SCHEDULE D, PART XI, LINE 4B				
TOTAL	ZTT TIME OF OWNER ADTHOUGHOUSE				
	KII, LINE 2D - OTHER ADJUSTMENTS:				
PART X	AL EVENT EXPENSE NETTED AGAINST R	EVENUE			44,452
PART X					44,452. 298,895.

11070516 769114 0609604

Schedule D (Form 990) 2020	PROJECT OPEN	HAND	94-3023551	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Infor	rmation (continued)			

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number PROJECT OPEN HAND 94-3023551 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

032081 11-25-20

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Schedule G (Form 990 or 990-EZ) 2020

Pa	ırt I		-			
		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	ots greater than \$5,000.
			1 ' '			(d) Total events
			HAND TO HAND		NONE	(add col. (a) through
			LUNCHEON	(RUTH BRINKE		col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	351,027.	5,800.		356,827.
ш						
	2	Less: Contributions	351,027.	5,800.		356,827.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	733.			733.
	8	Entertainment	18,227.			18,227.
	9	Other direct expenses	6 256	19,116.		25,492.
	10		· ·	23,72200	•	44,452.
	11					-44,452.
Pa						
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Dings	(b) Pull tabs/instant	(a) Oth an eramina	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
Ж	1	Gross revenue				
ses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	Ť		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
					_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u> </u>	
•						
	En:	ter the state(s) in which the organization condu	-	-1-10		V N-
a	1- 4		ctivities in each of these	states?		Yes No
		the organization licensed to conduct gaming a				
		No," explain:				
		A1 0 1 1				
b	If "	No," explain:			vear?	Yes No
10a	If "	No," explain: ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
10a	If "	No," explain:	evoked, suspended, or to	erminated during the tax	year?	Yes No
10a	If "	No," explain: ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No

032082 11-25-20 Schedule G (Form 990 or 990-EZ) 2020

Sch	nedule G (Form 990 or 990-EZ) 2020 PROJECT OPEN HAND 94-	3023	551	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	13a		%
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\bigs\sum_{			
(If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$			01 101
Pä	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, II	nes 9,	9b, 10b,

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	PROJECT OPEN	HAND	94-3023551	Page 4
Part IV	Supplemental Infor	rmation (continued)			

SCHEDULE I (Form 990)

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

Governments, and Individuals in the United States

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

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization PROJECT C	PEN HAND						Employer identification number $94-3023551$
Part I General Information on Grants a							
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	e grantees' eligibilit	y for the grants or ass	sistance, and the selec	
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to	_				anization answered "\	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than		T .	<u> </u>		(f) Method of	(a) Description of	(h) D
(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	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) a 3 Enter total number of other organization			he line 1 table				>

(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	6854	0.	. 1,941,727.	COST	HOME DELIVERED MEALS, GROCERY SERVICES, AND NUTRITION EDUCATION.
Part IV Supplemental Information. Provide the information re	equired in Part I, lir	l ne 2; Part III, column	I n (b); and any other a	I additional information.	1
PART I, LINE 2:					
FUNDS ARE ACCOUNTED FOR AS RECEIV	ED AND DE	TAIL IS MA	AINTAINED A	AS TO	
DONOR/GRANTOR, RESTRICTIONS (IF A	NY), REPO	RTING REQU	JIREMENTS (IF ANY), ETC.	

SCHEDULE J (Form 990)

Compensation Information

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

PROJECT OPEN HAND

Employer identification number 94-3023551

Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	, , , , , , , , , , , , , , , , , , , ,			
	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		<u> </u>
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any parson listed on Form 000 Part VII. Coation A. line to with respect to the filing			
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:			
9		4a		х
h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	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:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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			37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

PROJECT OPEN HAND

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) PAUL HEPFER	(i)	244,038.	23,500.	0.	3,742.	530.	271,810.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JONATHAN RONALD JUMP	(i)	163,755.	0.	0.	2,458.	10,588.	176,801.	0.
VP OF OPERATIONS	(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)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Schedule J (Form 990) 2020	PROJECT	OPEN HAND		94-3023551	Page 3
Part III Supplemental Informat					
Provide the information, explanation	on, or descriptions	equired for Part I, lines 1a, 1b, 3, 4a,	4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for P	art II. Also complete this part for any additional inform	nation.
					<u> </u>

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 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 1, DESCRIPTION OF ORGANIZATION MISSION: MEALS ARE MEDICALLY TAILORED TO ADDRESS THE NEEDS OF OLDER ADULTS, PEOPLE LIVING WITH CHRONIC DISEASE AND VULNERABLE COMMUNITIES EXPERIENCING FOOD AND NUTRITION INSECURITY. OUR MEDICALLY TAILORED MEAL INTERVENTION INCLUDES MEALS THAT ARE CATERED TO ADDRESSS SPECIFIC DIETARY NEEDS PAIRED WITH EDUCATION PROVIDED ONE ON ONE OR IN A CLASSROOM SETTING BY REGISTERED DIETITIANS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THIS AS THE PANDEMIC TRANSITIONS INTO AN ENDEMIC STATE ENSURING SAFETY PRECAUTIONS FOR CONSUMERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: OR UNDUE HARDSHIP, WE OFFERED HOMEDELIVERED MEALS AND GROCERIES. OUR CLIENT SERVICES TEAM AND/OR RDS DETERMINE THE MOST APPROPRIATE SERVICE FOR THE CLIENT--DAILY HOT MEAL DELIVERY, A WEEKLY FROZEN SEVEN PACK OF MEALS, AND/OR A WEEKLY BOX OF MEDICALLY TAILORED GROCERIES -- BASED ON THE CLIENT'S ABILITY TO SAFELY STORE AND PREPARE FROZEN MEALS AND GROCERIES.

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

MEDICAL NUTRITION THERAPY SESSIONS DURING THE INTERVENTION, AT NO COST

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization PROJECT OPEN HAND

Employer identification number 94-3023551

TO THE PATIENT.

IN JULY OF 2021, THIS MODEL OF INTERVENTION WAS ADAPTED AND EXPANDED IN

A NEW CONTRACT WITH DHCS, MTM BRIDGE, TO INCLUDE OTHER CHRONIC DISEASE

POPULATIONS THAT BENEFIT FROM MEDICALLY TAILORED MEAL INTERVENTIONS.

THIS FUNDING ENSURES CALIFORNIANS HAVE ACCESS TO MEDICALLY SUPPORTIVE

FOOD AND CONNECTION AS LOCAL COMMUNITY SUPPORTS CONTRACTS ARE

IMPLEMENTED ACROSS THE STATE.

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

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.

Name of the organization PROJECT OPEN HAND

Employer identification number 94-3023551

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.

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).

Name of the organization PROJECT OPEN HAND	Employer identification number 94-3023551
FORM 990, PART IX, LINE 11G, OTHER FEES:	
COLLABORATIVE PARTNERS:	
PROGRAM SERVICE EXPENSES	1,453,055.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,453,055.
OTHER:	
PROGRAM SERVICE EXPENSES	574,668.
MANAGEMENT AND GENERAL EXPENSES	62,024.
FUNDRAISING EXPENSES	24,561.
TOTAL EXPENSES	661,253.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,114,308.
FORM 990, PART XII, LINE 2C	
NO CHANGE TO THE PROCESS SINCE PRIOR YEARS'.	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

illing of th	ils form, visit www.irs.gov/e-nie-providers/e-nie-ror-chan	iles-ariu-r	ion-proms.					
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).					
All corpo	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts			
must use	Form 7004 to request an extension of time to file incom	e tax retu	rns.					
Type or	None of account our minutes or althoughton as instructions.							
Type or print	Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)				
	PROJECT OPEN HAND			94-3023551				
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 730 POLK STREET							
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94109							
Enter the	he Return Code for the return that this application is for (file a separate application for each return)							
Application		Return	Application			Return		
Is For		Code	Is For			Code		
Form 990 or Form 990-EZ 01 Form 990-T (corporation)				07				
Form 990-BL 02 Form 1041-A				08				
Form 4720 (individual) 03 Form 4720 (other than individual)				09				
	Form 990-PF 04 Form 5227			10				
Form 990-T (sec. 401(a) or 408(a) trust) 05		Form 6069			11			
Form 990	O-T (trust other than above) DARIN RAFFAELL:	06 T	Form 8870			12		
• The be	books are in the care of > 730 POLK STREET		AN FRANCISCO CA 9	4109				
	$730 \text{ Foliate of Political Poli$		Fax No.	1105				
•	organization does not have an office or place of business	s in the I Ir						
	is for a Group Return, enter the organization's four digit					check this		
box 🕨		and atta	ach a list with the names and TINs of					
	MAY 16 2022							
		, an	nd ending JUN 30, 2021					
2 If th								
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less					
	nonrefundable credits. See instructions.	,	,	За	\$	0.		
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and					
est	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.		
c Ba	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	th this form, if required, by			_		
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instruction	ons.	3c	\$	0.		
Caution: instruction	If you are going to make an electronic funds withdrawal ns.	(direct de	ebit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879-EO fo	or payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)