Form	990)
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Τ

	e Treasury Service	Go to www.irs.gov/Form990 for	r instructions and the latest information.	Inspe
2	023 calenda	ar year, or tax year beginning	and ending	
	C Name of	organization	D Employer identifica	tion number

B	Check if applicat	C Name of organization		D Employer identific	cation number
X	Addr	ALL WITHIN MY HANDS			
	Nam Chan	Doing business as		81-425866	58
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final retur	53 JORDAN STREET		310-954-2	1050
	termi ated	ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,435,274.
	Amer	SAN RAFAEL, CA 94901		H(a) Is this a group re	turn
	Appl tion	F name and address of principal officer: IONI DICIOCCIO		for subordinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1.	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions
	Webs			H(c) Group exemption	n number
		f organization: 🚺 Corporation 📄 Trust 🦳 Association 📄 Other	L Year	of formation: 2016 N	State of legal domicile: CA
Pa	art I	Summary			
Ø	1	Briefly describe the organization's mission or most significant activities: THE	ORGANI	ZATION IS DE	DICATED TO
Activities & Governance		CREATING SUSTAINABLE COMMUNITIES BY SUPPO	RTING	WORKFORCE E	DUCATION,
ern (2	Check this box if the organization discontinued its operations or dispos	sed of more	I _ I	
Š	3				12
ن مر	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0
ivit	6	Total number of volunteers (estimate if necessary)			18
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
		Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b Prior Year	Current Year
		Contributions and events (Dout)/III line 1b)		5,582,395.	5,952,069.
ne	8	Contributions and grants (Part VIII, line 1h)		0.	<u> </u>
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		36,980.	483,205.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-203,440.	<u> </u>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,415,935.	6,435,274.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,336,250.	4,764,900.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	40	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
see	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	l b	Total fundraising expenses (Part IX, column (D), line 25) 10, 10	65.		
ñ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		57,342.	61,420.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,393,592.	4,826,320.
	19	Revenue less expenses. Subtract line 18 from line 12		3,022,343.	1,608,954.
OL			Ве	ginning of Current Year	End of Year
Assets Ralanc	20	Total assets (Part X, line 16)		10,107,129.	11,666,083.
tAs	21	Total liabilities (Part X, line 26)		50,000.	0.
Rei	22	Net assets or fund balances. Subtract line 21 from line 20		10,057,129.	11,666,083.
Pa	art II	Signature Block			

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

Sign	Signature of officer	Date
Here	TONY DICIOCCIO, SECRETARY/TREASURER	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	
Paid	ELEANOR A. LIVINGSTON, CPELEANOR A. LIVINGSTO 09.	/19/24 self-employed P00226461
Preparer	Firm's name WINDES, INC.	Firm's EIN 95-3001179
Use Only	Firm's address 2050 MAIN ST., STE. 1300	
	IRVINE, CA 92614	Phone no. 949 - 852 - 9433
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No
LHA For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23	Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		4258668	Page 2
Par	rt III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: ALL WITHIN MY HANDS FOUNDATION IS DEDICATED TO CREATING SUSTA	ATNARLE	
	COMMUNITIES BY SUPPORTING WORKFORCE EDUCATION, THE FIGHT AGA		
	HUNGER, AND OTHER CRITICAL LOCAL SERVICES.		
	· · ·		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	s X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	tal expenses, a	ind
4.	revenue, if any, for each program service reported. (Code:) (Expenses \$2,382,450. including grants of \$2,382,450.) (Revenue \$] (Revenue \$]		
4a	(Code:) (Expenses \$ 2,382,450. including grants of \$ 2,382,450.) (Revenue \$ THIS ORGANIZATION PROVIDED GRANTS TO I.R.C. SECTION 501(C)(3))
	ORGANIZATIONS THAT PROVIDE HUNGER RELIEF TO PEOPLE WITHIN TH		
	COMMUNITIES.		
4b	(Code:) (Expenses \$1,905,960. including grants of \$1,905,960.) (Revenue \$))
	THIS ORGANIZATION PROVIDED GRANTS TO I.R.C. SECTION 501(C)(3)	
	ORGANIZATIONS TO SUPPORT WORKFORCE EDUCATION.		
4c	(Code:) (Expenses \$ 476, 490. including grants of \$ 476, 490.) (Revenue \$)
	THIS ORGANIZATION PROVIDED GRANTS TO I.R.C. SECTION 501(C)(3)	
	ORGANIZATIONS TO SUPPORT CRITICAL LOCAL SERVICES.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 4,764,900.	/	
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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)?			1
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	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? If "Yes," complete			77
_	Schedule D, Part III	8		<u>x</u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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,	44-		x
L	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>		<u> </u>
D		11b		x
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
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			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
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?			
	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		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X QQA	(00000)
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the 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? <i>If</i>			
ŭ	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		<u> </u>
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part I</i>	- 31		- 23
32		20		x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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			- v
05	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5		
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			- v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	0000	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	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			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u>A</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? ${ m N/A}$	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?N/A	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?N/A	13a		L
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			
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 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

X

			Yes	+
	Enter the number of voting members of the governing body at the end of the tax year 1a1	4		
	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.			
	Enter the number of voting members included on line 1a, above, who are independent 1b 12	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ļ
	officer, director, trustee, or key employee?	2	X	
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		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
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		
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		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b		
	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		
ect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
0a	Did the organization have local chapters, branches, or affiliates?	10a		
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
		12c	х	
	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14		
	-	14		
	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?	45-		
	The organization's CEO, Executive Director, or top management official	15a		
	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	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		
	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		
	ion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed CA			
	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)	availa	al
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	GRF, LLP - 310-954-1050			
				Ĩ
	1880 CENTURY PARK EAST, #1600, LOS ANGELES, CA 90067			-

Form 990 (2	2023)
Part VII	Cor

Part VII	Compensation of Offi	cers, Directors,	Trustees, Ke	ey Employees,	Highest C	Compensated
	Employees, and Inde	pendent Contrac	ctors			

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average		Position (do not check more					Reportable	Reportable	Estimated
	hours per					s both r/trus		compensation	compensation	amount of
	(list any							from the	from related organizations	other compensation
	hours for	Individual trustee or director				Ð		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ll trus	nal tri		loyee	om pe		1099-NEC)		and related
	below	ividua	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1)	line)	Ind	lns	0ffi	Key	en Hig	For			
(1) LARS ULRICH	5.00	37		37						
CO-PRESIDENT		Х		Х				0.	0.	0.
(2) JAMES HETFIELD	5.00	77		37						
CO-PRESIDENT		Х		Х				0.	0.	0.
(3) TONY DICIOCCIO	5.00	77		77						
SECRETARY/TREASURER	F 00	Х		Х				0.	0.	0.
(4) KIRK HAMMETT	5.00	77								
DIRECTOR	4 00	Х						0.	0.	0.
(5) ERIC WASSERMAN DIRECTOR	4.00	x						0.	0.	
(6) VICKIE STRATE	10.00	Δ						0.	0.	0.
DIRECTOR	10.00	x						0.	0.	0.
(7) ROBERT TRUJILLO	5.00	Δ						0.	0.	<u> </u>
DIRECTOR	5.00	х						0.	0.	0.
(8) MARC REITER	5.00	Δ						0.	0.	0.
DIRECTOR	5.00	х						0.	0.	0.
(9) PAUL DONAHUE	5.00	23						Ŭ.		<u>.</u>
DIRECTOR	5.00	х						0.	0.	0.
(10) DR. EDWARD H. FRANK	10.00									
EXECUTIVE DIRECTOR EMERITUS		х						0.	0.	0.
(11) PETER DELGROSSO	10.00									
EXECUTIVE DIRECTOR		х						0.	0.	0.
(12) RENEE RICHARDSON	10.00									
DIRECTOR OF PHILANTHROPY		х						0.	0.	0.
		1								
332007 12-21-23				-	-		_			Form 990 (2023)

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332007 12-21-23

Form 990 (2023)

Form 990 (2023) ALL WITH									81-425	8668	Page 8
Part VII Section A. Officers, Directors, Trus		oloye	ees,			hes	t Co		, ,		
(A) Name and title	(B) Average	(do			C) ition more t		ne	(D) Reportable	(E) Reportable	Esti	(F) mated
	hours per week				son is rector			compensation from	compensation from related		ount of ther
	(list any	rector						the	organizations	comp	ensation
	hours for related	ee or di	stee			nsated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		m the nization
	organizations	al trust	onal tru		loyee	com pe 3e		1099-NEC)	,	and	related
	below line)	Individual trustee or director	In stitutional trustee	Officer	key employee	Highest compensated employee	Former			organ	izations
		-	-	0	×	е⊤	<u></u>				
1b Subtotal								0.	0	-	0.
c Total from continuation sheets to Part VI								0.	0	•	0.
d Total (add lines 1b and 1c)								0.	0	•	0.
2 Total number of individuals (including but n compensation from the organization	ot limited to the	ose	liste	d ab	ove)) who	o re	ceived more than \$100,	000 of reportable		0
compensation non the organization										۱ ۱	/es No
3 Did the organization list any former officer,	-		-	•	-		Ŭ	• •	•		v
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su										3	<u>X</u>
and related organizations greater than \$150										4	X
5 Did any person listed on line 1a receive or a										_	v
rendered to the organization? <i>If "Yes," corr</i> Section B. Independent Contractors	plete Schedule	<u>ə J fo</u>	or su	ich <u>r</u>	persc	<u>on</u> .				5	X
1 Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	ctor	s th	nat received more than \$	100,000 of compen	sation fron	n
the organization. Report compensation for	the calendar ye	ear e	ndin	ig w	ith o	r wit	hin.		ear.	(0)	
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C) Compens	
							-				
							+				
2 Total number of independent contractors (ii	ncludina but no	ot lin	niter	to	those	e list	ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz	0				0			,e .esonoù mi			

332008 12-21-23

га	rt V		Statement of Reve	enue						
			Check if Schedule O co	ntains a i	respons	e or note to any				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ς Ω Ω	1 :	а	Federated campaigns		1a					
ant			Membership dues		1b		-			
n G			Fundraising events		1c		-			
ifts,			Related organizations		1d		-			
i, G nila			Government grants (contribu		1e		-			
Sir	1		All other contributions, gifts, gra				-			
ther			similar amounts not included at		1f 5	,952,069				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in line		1g \$					
Cor		h	Total. Add lines 1a-1f				5,952,069.			
						Business Cod	e			
ė	2 8	а								
e ric	1	b				_				
Se		с				_				
am eve		d				_				
Program Service Revenue		е				_				
Ъ	1	f	All other program service re-	venue						
			Total. Add lines 2a-2f							
	3		Investment income (includin	ng divider	nds, inte	erest, and	400.005			400 005
							483,205.			483,205.
	4		Income from investment of t		•					
	5		Royalties							
	_) Real	(ii) Personal	_			
	6			6a			_			
				6b			_			
	•		()	6c						
			Net rental income or (loss)	(i) S4	ecuritie	s (ii) Other				
	1	а	Gross amount from sales of		ecunite		-			
		h	assets other than inventory 7 Less: cost or other basis	7a			-			
θ		U		7b						
Revenue		~		7c			-			
leve			Net gain or (loss)							
<u> </u>	8	a	Gross income from fundraising	events (n	int [
Othe	•	-	including \$							
•			contributions reported on lir							
			Part IV, line 18	,		Ва				
	1	b	Less: direct expenses			3b				
			Net income or (loss) from fu							
			Gross income from gaming							
			Part IV, line 19			Ða				
	1	b	Less: direct expenses			9b				
		с	Net income or (loss) from ga	aming act	tivities					
	10 a	а	Gross sales of inventory, les	ss returns	6					
			and allowances		1	0a				
		b	Less: cost of goods sold		1	0b				
		с	Net income or (loss) from sa	ales of inv	/entory					
Ś						Business Cod	e			
Miscellaneous Revenue	11 :	а				-	_			
lan		b				-	_			
Sev		c								
Mis	•		All other revenue							
			Total. Add lines 11a-11d					0.	0.	483,205.
	12	21-2	Total revenue. See instructions	5			0,400,414.	<u> </u>	U •	Form 990 (2023

ALL WITHIN MY HANDS

Form 990 (2023)

2023.04020 ALL WITHIN MY HANDS

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Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon		this Part IX	(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,764,900.	4,764,900.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	10 150		10 150	
С	Accounting	12,150.		12,150.	
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.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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	LICENSES AND STATE REGI	31,212.		31,212.	
b	TRANSACTION FEES	10,165.			10,165.
с	POSTAGE AND OTHER FEES	7,893.		7,893.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,826,320.	4,764,900.	51,255.	10,165.
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)				000

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Form **990** (2023)

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ALL WITHIN MY HANDS Part IX Statement of Functional Expenses

Form 990 (2	2023)	ALL	WITHIN	MY	HANDS	
Part X	Balance Shee	t				

		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		369,076.	1	410,980.
	2	Savings and temporary cash investments	7,741,178.	2	11,254,676.	
	3	Pledges and grants receivable, net		300,000.	3	0.
	4	Accounts receivable, net		1,695,042.	4	427.
	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			5	
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets		1,833.	14	0.
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		10,107,129.	16	11,666,083.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		50,000.	18	0.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
s	22	Loans and other payables to any current or form	er officer, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
abil		controlled entity or family member of any of thes	e persons		22	
Ľ	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		50,000.	26	0.
		Organizations that follow FASB ASC 958, chee	ck here 🛛 🔀			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		10,057,129.	27	11,666,083.
Ba	28	Net assets with donor restrictions			28	
pu		Organizations that do not follow FASB ASC 95	58, check here			
Γ		and complete lines 29 through 33.				
s of	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	come, or other funds		31	
Net	32	Total net assets or fund balances		10,057,129.	32	11,666,083.
	33	Total liabilities and net assets/fund balances		10,107,129.	33	11,666,083.
						Form 990 (2023)

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Form	ALL WITHIN MY HANDS	81-	-4258668	Pag	_{ge} 12
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	6,435		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,820		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,608		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,05	7,1	<u>29.</u>
5	Net unrealized gains (losses) on investments	5			
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	11,660	5,0	83.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e 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	l 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	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X 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,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Nan	ne of t	he organization							identification number	
D -			WITHIN MY						1-4258668	
Ра	irt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	neck only	one box.)				
1			ch, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ol described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	1 990).)					
3		A hospital or a cooperative								
4		A medical research organization	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for		lege or university owned	or operat	ed by a go	overnmental ur	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	• •							
6		A federal, state, or local gov	-							
7	X	An organization that norma		ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	public described in	
		section 170(b)(1)(A)(vi). (C								
8		A community trust describe								
9		An agricultural research org								
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
		university:								
10		An organization that norma	•					-	•	
		activities related to its exem		-					-	
		income and unrelated busin		(less section 511 tax) ind	m busines	sses acqui	red by the org	anization a	inter June 30, 1975.	
11		See section 509(a)(2). (Con An organization organized a		volu to tost for public sat	aty Soo	coction 5(Q(a)(4)			
12	H	An organization organized a	•		•			ry out the	nurnoses of one or	
12		more publicly supported or	•		•			•		
		lines 12a through 12d that								
а		Type I. A supporting orga	• •			-		-	aivina	
		the supported organization	-	-	• • • •	-				
		organization. You must o								
b		Type II. A supporting org	•		ion with it	s supporte	ed organizatior	n(s), by hav	vina	
		control or management o								
		organization(s). You mus						, , , , , , , , , , , , , , , , , , , ,		
с] Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	y integrate	d with,	
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppor	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness	
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .			
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	I, Type III		
		functionally integrated, or	Type III non-function	nally integrated supportin	ng organiz	ation.				
f		er the number of supported o	•							
g		vide the following information		<u> </u>	(iv) In the ora:	anization listed				
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No				
Tota	al									
-		Paperwork Reduction Act	Notice, see the Inst	ructions for Form 990 o	or 990-EZ	. 332021	12-21-23	Sche	dule A (Form 990) 2023	

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							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2799792.	3641072.	1569448.	5582395.	5952069.	<u>19544776.</u>	
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							
	Total. Add lines 1 through 3	2799792.	3641072.	1569448.	5582395.	5952069.	19544776.	
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)						7049680.	
	Public support. Subtract line 5 from line 4.						12495096.	
Sec	ction B. Total Support				I	I		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	2799792.	3641072.	1569448.	5582395.	5952069.	19544776.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots	97,081.	22,441.	821.	36,980.	483,205.	640,528.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						20185304.	
	Gross receipts from related activities,		,			12		
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5/	01(c)(3)		
_	organization, check this box and stop							
	ction C. Computation of Publi						<u> </u>	
	Public support percentage for 2023 (I					14	61.90 %	
	Public support percentage from 2022					15	78.45 %	
16a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies		-					
b	33 1/3% support test - 2022. If the o				line 15 is 33 1/3%	or more, check th		
<i>.</i> –	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact			-	-	VI how the organiz	ation	
	meets the facts-and-circumstances te	-			-			
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets th							
40	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization	on dia not check a	box on line 13, 16a	a, 160, 17a, or 17b	o, check this box a			
	Schedule A (Form 990) 2023							

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Schedule A (Form 990) 202
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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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organiz	ation,
	check this box and stop here						
Sec	tion C. Computation of Publ	c Support Per	centage				
15	Public support percentage for 2023 (ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						e 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the						
00	line 18 is not more than 33 1/3%, che						n
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see in		• A (Ferm 000) 0000
33202	3 12-21-23		1 7	,		Schedul	e A (Form 990) 2023

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ALL WITHIN MY HANDS

1

2

3a

3b

Yes No

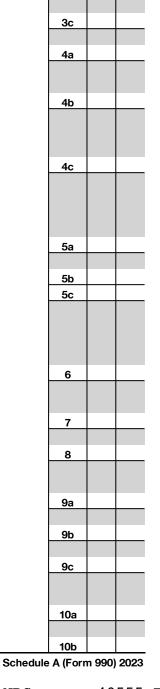
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

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Schedule A	(Form 990) 2023	ALL	WITHIN	MY	HANDS
Part IV	Supporting Organi	zations	(continued)		

1

2

Yes No

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			

	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	
	_

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

Section D. All T	ype III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>		i col uunny inc year	1000 1100 000

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction	n <u>s).</u>
---	--	---	--	--------------

19

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a ______ 2b _____ 3a _____ 3b _____

Schedule A (Form 990) 2023

Yes No

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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	ly integrate	ed Type III supportina oraa	anization (see

Schedule A (Form 990) 2023

1

ALL WITHIN MY HANDS Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 81-4258668 Page 6

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.

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Schedule A (Form 990) 2023

instructions).

10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 1 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023 Schedule A (Form 990) 2023

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ALL WITHIN MY HANDS

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1

2

3

4

5 6

7

8 9 **Current Year**

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Sect	tion D - Distributions
1	Amounts paid to supported organizations to accomplish exempt purposes
2	Amounts paid to perform activity that directly furthers exempt purposes of supported

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2023 from Section C, line 6

organizations, in excess of income from activity

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

3

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Part VI					
	Part IV, Section A, line 1; Part IV, Sec	lines 1, 2, 3b, 3c, 4b, 4 tion D, lines 2 and 3; Pa	.c, 5a, 6, 9a, 9b, 9c, 11a, art IV, Section E, lines 1c	11b, and 11c; Part IV, Sec , 2a, 2b, 3a, and 3b; Part V	II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, , line 1; Part V, Section B, line 1e; Part V or any additional information.

Schedule A (Form 990) 2023

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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

81-4258668

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					

ALL WITHIN MY HANDS

	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

X 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$794,658.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	, , , , , , , , , , , , , , , , ,	\$948,849.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>2,902,969.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$312,110.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

24 2023.04020 ALL WITHIN MY HANDS Name of organization

Page 3
Employer identification number

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	—	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_	
	Description of noncash property given (b) Description of noncash property given	(b) FWV (or estimate) Description of noncesh property given (See instructions.) (b) (c) Description of noncesh property given (c) (b) (c) (c) FMV (or estimate) (See instructions.) (c) (b) (c) (c) FMV (or estimate) (b) (c) (c) FMV (or estimate) (c) (c) (c) FMV (or estimate) (c) FMV (or estimate)

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2023.04020 ALL WITHIN MY HANDS

ame of organi				Employer identification n			
LL WITH	IIN MY HANDS			81-4258668			
Part III Exe fro con	clusively religious, charitable, etc., contributio m any one contributor. Complete columns (a) i npleting Part III, enter the total of exclusively religious, cr e duplicate copies of Part III if additional s	through (e) and the following line en aritable, etc., contributions of \$1,000 or	try. For organizations	at total more than \$1,000 for t			
a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
		(e) Transfer of gi	ft				
	Transferee's name, address, an	d ZIP + 4	Relationship of trar	nsferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
<u> </u>							
	(e) Transfer of gift						
	Transferee's name, address, an	Relationship of trar	nsferor to transferee				
a) No. from Part I	(b) Purpose of gift (c) Use		(d) Desc	escription of how gift is held			
		(e) Transfer of gi	ft				
	Transferee's name, address, an	d ZIP + 4	Relationship of trar	nsferor to transferee			

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

Schedule B (Form 990) (2023)

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Page 4

Employer identification number

edule B	(Form	990)	(2023)	

Sch

SC	HEDULE D	Supplementa	al Financial S	tatements		OMB No. 1545-0047
	n 990)	Complete if the orga	nization answered "Ye	s" on Form 990,		2023
Depart	ment of the Treasury		11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.			Open to Public
Interna	Revenue Service		Inspection			
Nam	e of the organizati	on ALL WITHIN MY HAND;	S		Emp	bloyer identification number $81 - 4258668$
Pa	tl Organiza	ations Maintaining Donor Advise		Similar Funds or Ac	coun	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.			·
			(a) Donor advise	ed funds (b) Fun	ds and other accounts
1	Total number at er	nd of year				
2	Aggregate value o	f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	-	on inform all donors and donor advisors in	-			
6		on's property, subject to the organization's on inform all grantees, donors, and donor a				Yes No
6	0	on inform all grantees, donors, and donor a poses and not for the benefit of the donor o	0 0			
	impermissible priv		,	, , ,	U	
Pa		ation Easements. Complete if the org				
1		servation easements held by the organization	-			
		of land for public use (for example, recrea	· · · · ·	Preservation of a histo	orically	important land area
	Protection o	f natural habitat		Preservation of a certi	fied his	storic structure
	Preservation	n of open space				
2	Complete lines 2a	through 2d if the organization held a qualif	fied conservation contrib	oution in the form of a cor	nservat	tion easement on the last
	day of the tax year	r.				Held at the End of the Tax Year
а	Total number of co	onservation easements			2a	
b	-				2b	
С		vation easements on a certified historic stru			2c	
d		vation easements included on line 2c acqu	•			
		ture listed in the National Register			2d	
3		vation easements modified, transferred, rel	eased, extinguished, or	terminated by the organi	zation	during the tax
4	year	 where property subject to conservation eas	comont is located			
5		tion have a written policy regarding the per		tion handling of		
Ŭ	0	forcement of the conservation easements it	C , 1			Yes No
6	,	r hours devoted to monitoring, inspecting,				······ — —
			-	-		
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and er	nforcing conservation eas	sement	ts during the year
8		vation easement reported on line 2d above				
)(4)(B)(ii)?				
9		be how the organization reports conservation		-		
		d include, if applicable, the text of the footr ounting for conservation easements.	note to the organization s	s financial statements tha	at desc	indes the
Pa		ations Maintaining Collections of	Art, Historical Tre	asures, or Other S	imila	r Assets.
	-	f the organization answered "Yes" on Form	-	,		
1a		elected, as permitted under FASB ASC 95		enue statement and bala	ance sh	neet works
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, education	, or research in furtheran	ice of p	public
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that des	scribes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenu	e statement and balance	sheet	works of
	art, historical treas	sures, or other similar assets held for public	exhibition, education, c	r research in furtherance	ofpub	olic service,
	•	ng amounts relating to these items.				
		ded on Form 990, Part VIII, line 1				\$
		ed in Form 990, Part X				\$
2	-	received or held works of art, historical tre			orovide)
	•	unts required to be reported under FASB A	•			*
		on Form 990, Part VIII, line 1				\$
		Form 990, Part X eduction Act Notice, see the Instructions				<u>*</u> Schedule D (Form 990) 2023
		sausion Ast notice, see the moundline				20110 daio 2 (1 01111 330) 2023

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Sche		HIN MY HAND						81-42	58668	в Р	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Hist	torical Tre	easures, o	r Other	⁻ Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, chec	k any of the t	following tha	t make si	gnificant (use of its			
	collection items (check all that apply).										
а	Public exhibition	d		Loan or exc	hange progr	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	how t	hey further th	ne organizatio	on's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, h	istorical treas	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements Complet	e if the	e organizatior	n answered "	'Yes" on I	Form 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary foi	r contributior	ns or other as	ssets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									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 Fe	orm 990, Part X, line 2	21, for	escrow or cu	ustodial acco	ount liabili	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if								_		
		(a) Current year	(b)	Prior year	(c) Two yea	ars back	(d) Three y	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 curr	ent year end balance	(line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organizat	ion th	at are held ar	nd administe	red for th	е		-		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		vment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990,	Part I	V, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or ot		. ,	t or other	1	ccumulate		(d) Bool	k valu	е
		basis (investm	ent)	basis	(other)	de	oreciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part λ	(, line ⁻	<u>10c, column</u>	<u>(B))</u>						0.
								Schedule	D (Form	ı 990)	2023

Schedule D) (Form 990) 2023	ALL	WITHIN	MY	HANDS
Part VII	Investments -	Other Se	curities		

Complete if the organization answered "Yes" on Form 990, P	Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

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

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

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

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 ...

Schedule D (Form 990) 2023

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X

Sche	edule D (Form 990) 2023 ALL WITHIN MY HANDS			81-4	4258668	Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial State	ements With Re	evenue per Re	turn		9
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	6,440,	,501.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	5,227.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	5 6,435	,227.
3	Subtract line 2e from line 1			3	6,435,	,274.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,435,	,274.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With E	Expenses per F	Returr	ו	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total expenses and losses per audited financial statements			1	4,831,	<u>,547.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	5,227.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>,227.</u>
3	Subtract line 2e from line 1			3	4,826,	,320.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)		5	4,826	,320.
Pa	rt XIII Supplemental Information					

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

PART X, LINE 2:

FIN 48

THE FOUNDATION IS A NONPROFIT PUBLIC BENEFIT CORPORATION ORGANIZED UNDER	
THE LAWS OF CALIFORNIA AND, AS SUCH, IS EXEMPT FROM FEDERAL AND STATE	
INCOME TAXES UNDER INTERNAL REVENUE CODE(IRC) SECTION 501(C)(3) AND	
CORRESPONDING STATE PROVISIONS. THE FOUNDATION RECOGNIZES THE FINANCIAL	
STATEMENT BENEFIT OF TAX POSITIONS, SUCH AS FILING STATUS OF TAX-EXEMPT,	
ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY	
THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE FOUNDATION IS	
SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING	
JURISDICTION IN WHICH IT OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL	
AND CALIFORNIA PURPOSES IS GENERALLY THREE AND FOUR YEARS, RESPECTIVELY.	
332054 09-28-23 Schedule D (Form 990) 2023 30	
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Part XIII	Supplemental Informatio	n (continued)
		Schedule D (Form 990) 2023

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SCHEDULE I (Form 990)	Go	Grants and Oth overnments, an lete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury			Attach to Form	n 990.			Open to Public
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization ALL WITHI	N MY HAND	S					Employer identification number 81-4258668
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro- 	tance?					stance, and the selecti	on X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$	Domestic Organi	zations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WORLD CENTRAL KITCHEN 200 MASSACHUSSETTES AVE NW 7TH FLOO WASHINGTON DC, DC 20001	27-3521132	501(C)(3)	125,000.	0.			TURKEY EARTHQUAKE
WORLD CENTRAL KITCHEN 200 MASSACHUSSETTES AVE NW 7TH FLOO WASHINGTON DC, DC 20001	27-3521132	501(C)(3)	100,000.	0.			MEXICO HURRICANE
AMERICAN ASSOCIATION OF COMMUNITY COLLEGES - ONE DUPONT CIRCLE, NW SUITE 410 - WASHINGTON DC, DC 20036	53-0196569	501(C)(3)	3,024,900.	0.			SCHOLARS INITIATIVE
FARMLINK PROJECT 3680 WILSHIRE BLVD STE P04-1590 LOS ANGELES, CA 90010	94-3332630	501(C)(3)	200,000.	0.			MONTH OF GIVING
FARMLINK PROJECT 3680 WILSHIRE BLVD STE P04-1590 LOS ANGELES, CA 90010	94-3332630	501(C)(3)	30,000.	0.			CONCERT DONATION NY/NJ
FARMLINK PROJECT 3680 WILSHIRE BLVD STE P04-1590 LOS ANGELES, CA 90010	94-3332630	501(C)(3)	30,000.	0.			CONCERT DONATION ARLINGTON TX
2 Enter total number of section 501(c)(3) ar	nd government or		e line 1 table				22.

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

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

ALL WITHIN MY HANDS

Schedule I (Form 990) ALL WITHI							81-4258668 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FARMLINK PROJECT							
3680 WILSHIRE BLVD STE P04-1590							CONCERT DONATION PHOENIX
LOS ANGELES, CA 90010	94-3332630	501(C)(3)	30,000.	0.			AZ
	54 5552050	501(0)(3)	50,000.	0.			<u>π</u> Δ
FARMLINK PROJECT							
3680 WILSHIRE BLVD STE P04-1590							CONCERT DONATION ST LOUIS
LOS ANGELES, CA 90010	94-3332630	501(C)(3)	30,000.	0.			MO
	51 5552050	501(0)(3)		••			
FARMLINK PROJECT							
3680 WILSHIRE BLVD STE P04-1590							CONCERT DONATION DETROIT
LOS ANGELES, CA 90010	94-3332630	501(C)(3)	30,000.	0.			MI
FARMLINK PROJECT							
3680 WILSHIRE BLVD STE P04-1590							CONCERT DONATION LOS
LOS ANGELES, CA 90010	94-3332630	501(C)(3)	30,000.	0.			ANGELES
			,				
FARMLINK PROJECT							
3680 WILSHIRE BLVD STE P04-1590							
LOS ANGELES, CA 90010	94-3332630	501(C)(3)	150,000.	0.			FANDIEM MONTH OF GIVING
STRENGTHEN OUR SISTERS							
PO BOX 1089							
HEWITT, NJ 07421	22-2858735	501(C)(3)	30,000.	0.			CONCERT DONATION NJ
HAWAII COMMUNITY FOUNDATION							
827 FORT STREET MALL							
HONOLULU, HI 96813	99-0261283	501(C)(3)	200,000.	0.			MAUI STRONG FUND
COMMUNITY FOUNDATION FOR MONTEREY							
COUNTY - 2354 GARDEN ROAD -							
MONTEREY , CA 93940	94-1615897	501(C)(3)	50,000.	0.			MONTEREY COUNTY STORM
CENTER FOR TRANSFORMING LIVES							
512 W 4TH STREET							
FORT WORTH, TX 76102	75-0829389	501(C)(3)	35,000.	0.			CONCERT DONATION TX

Schedule I (Form 990)

Schedule I (Form 990) ALL WITHIN MY HANDS

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Part II Continuation of Grants and Oth	er Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TARRANT AREA FOOD BANK							
2525 CULLEN STREET							CONCERT DONATION
FORT WORTH, TX 76107	75-1822473		35,000.	0.			ARLINGTON TX
			· ·				
ALTERNATIVES FOR GIRLS							
903 WEST GRAND BLVD							CONCERT DONATION DETROIT
DETROIT, MI 48208	38-2766412		35,000.	0.			мі
TEAM RUBICOM							
214 MAIN STREET #354							
EL SEGUNDO, CA 90245	27-1720480		50,000.	0.			READY RESERVE FUND
EL SEGUNDO, CA 90245	27-1720400		50,000.	0.			KEADI KESEKVE FOND
LOS ANGELES REGIONAL FOOD BANK							
1734 E. 41ST STREET							CONCERT DONATION LOS
LOS ANGELES, CA 90058	95-3135647		20,000.	0.			ANGELES
SECOND HARVEST FOOD BANK							
8014 MARINE WAY							CONCERT DONATION LOS
IRVINE, CA 92618	32-0362611		20,000.	0.			ANGELES
GLEANERS COMMUNITY FOOD BANK							
SOUTHEASTERN MICHIGAN - 2131							
BEAUFAIT STREET - DETROIT, MI							CONCERT DONATION DETROIT
48207	38-2156255		35,000.	0.			MI
CITY HARVEST							
150 52ND STREET							CONCERT DONATION EAST
BROOKLYN, NY 11232	13-3170676		20,000.	0.			RUTHERFORD, NJ
	10 01/00/0		20,000.				
DIRECT RELIEF							
6100 WALLACE BECKNELL RD							
SANTA BARBARA, CA 93117	95-1831116		50,000.	0.			CALIFORNIA STORMS
,			· · ·				
DIRECT RELIEF							
6100 WALLACE BECKNELL RD							
SANTA BARBARA, CA 93117	95-1831116		50,000.	0.			MS/AL/GA STORMS

Schedule I (Form 990)

Schedule I (Form 990) ALL WITHIN MY HANDS Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIRECT RELIEF							
6100 WALLACE BECKNELL RD							
SANTA BARBARA, CA 93117	95-1831116		125,000.	0.			TURKEY/SYRIA EARTHQUAKE
,			, .				
ST. MARY'S FOOD BANK							
2831 NORTH 31ST AVE							CONCERT DONATION PHOENIX
PHOENIX, AZ 85009	23-7353532		35,000.	0.			AZ
SOJOURNER CENTER							
PO BOX 20156							CONCERT DONATION PHOENIX
PHOENIX, AZ 85036	94-2465081		35,000.	٥.			AZ
LOS ANGELES HOUSE OF RUTH							
PO BOX 33288	05 0444454						CONCERT DONATION LOS
LOS ANGELES, CA 90033	95-3411454		30,000.	0.			ANGELES
COMMUNITY FOOD BANK OF NEW JERSEY							
31 EVANS TERMINAL							
HILLSIDE, NJ 07205	22-2423882		20,000.	0.			CONCERT DONATION NJ
	22 2423002		20,000.				CONCLINI DOMITION NO
GALILEE CENTER							
66-101 HAMMOND ROAD PO BOX 308							CONCERT DONATION INDIO,
MECCA, CA 92254	27-3133601		40,000.	0.			CA
ST. LOUIS AREA FOOD BANK							
70 CORPORATE WOODS DR							CONCERT DONATION ST
BRIDGETON, MO 63044	43-1253102		35,000.	0.			LOUIS, MO
THE WOMEN'S SAFE HOUSE							
PO BOX 63010							CONCERT DONATION ST
SAINT LOUIS, MO 63163	43-1111319		35,000.	0.			LOUIS, MO
	1		1				1

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (b) Number of (c) Amount of (d) Amount of non-(a) Type of grant or assistance

(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
Part IV Supplemental Information. Provide the information re	I quired in Part I lin	e 2: Part III. column	(b): and any other ac	I Iditional information	I

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

PART I, LINE 2:

DESCRIBE THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT

FUNDS IN THE UNITED STATES: THE FOUNDATION WILL REQUEST FOLLOW UP REPORTS

FROM GRANTEES EXPLAINING HOW THE FUNDS WERE SPENT. IN THE AREAS OF FOOD

INSECURITY WE CONNECT DIRECTLY WITH FEEDING AMERICA OR THE LOCAL FOOD BANK/

FOOD PANTRY. IN THE CASE OF OUR GRANTS TO COMMUNITY COLLEGES WE REQUIRE AND

REVIEW DETAILED INTERIM AND FINAL REPORTS FROM THE INDIVIDUAL COLLEGES AS

ADMINISTERED BY THE AMERICAN ASSOCIATION OF COMMUNITY COLLEGES, MEETING

MONTHLY TO LEARN HOW OUR FUNDS ARE BEING ALLOCATED. IN AREAS OF DISASTER

Schedule I (Form 990) 2023

ALL WITHIN MY HANDS

Schedule I (Form 990)	ALL	WITHIN	MY	HANDS

Part IV Supplemental Information

RELIEF, AND CRITICAL LOCAL SERVICES, WE REQUEST FOLLOW UP INFORMATION ON

HOW THE FUNDS WERE PUT TO USE.

Schedule I (Form 990)

20570919 794084 48555.TAX

SCHEDULE O (Form 990) 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



ALL WITHIN MY HANDS

DS 81-4258668

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

THE FIGHT AGAINST HUNGER, AND OTHER CRITICAL LOCAL SERVICES.

FORM 990, PART VI, SECTION A, LINE 2:

DESCRIBE ANY FAMILY RELATIONSHIP OR BUSINESS RELATIONSHIP BETWEEN OFFICERS,

DIRECTORS, TRUSTEES, OR KEY EMPLOYEES.

LARS ULRICH, JAMES HETFILED, KIRK HAMMETT, ROBERT TRUJILLO, TONY DICIOCCIO,

VICKIE STRATE, AND MARC REITER ALL HAVE A BUSINESS RELATIONSHIP. ALL THE

MEMBERS ARE INDEPENDENT (NOT PAID BY THE CHARITY). THE ALL WITHIN MY HANDS

FOUNDATION'S CONFLICT OF INTEREST POLICY GOVERNS THE PROCESS RELATED TO ANY

CONFLICT, SEE PART VI, SECTION B, 12A.

FORM 990, PART VI, SECTION A, LINE 8B:

EXPLAIN WHY THE ORGANIZATION DID NOT CONTEMPORANEOUSLY DOCUMENT THE

MEETINGS HELD OR WRITTEN ACTIONS UNDERTAKEN DURING THE YEAR BY EACH

COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

THERE ARE NO COMMITTEES.

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

DESCRIBE THE PROCESS USED BY THE ORGANIZATION TO REVIEW THIS FORM 990.

THE FORM 990 IS TO BE CIRCULATED ELECTRONICALLY AS A PDF TO EACH BOARD

MEMBER VIA E-MAIL.

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

DID THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITOR THE CONFLICT OF

INTEREST POLICY?

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization ALL WITHIN MY HANDS	Employer identification number 81-4258668
CONFLICTS OF INTEREST ARE DISCUSSED AT BOARD MEETINGS. IF	ANY MEMBER IS
BELIEVED OR KNOWN TO HAVE A CONFLICT OF INTEREST, HE OR SH	E WILL RECUSE

HIMSELF OR HERSELF FROM ANY DISCUSSIONS OR VOTES ON THAT MATTER.

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

DESCRIBE HOW THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMETNS AVAILABLE TO THE PUBLIC.

MADE AVAILABLE UPON REQUEST.

Schedule O (Form 990) 2023

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