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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.

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



Department of the Treasury Internal Revenue Service

AF	or th	e 2020 calendar year, or tax year beginning and	dending		
B c a	heck if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre chang	ALL WITHIN MY HANDS			<b>C O</b>
	_chang	Doing business as		81-42586	68
	return	,	Room/suite	E Telephone number	
	Final return termir		213	(310)954	
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,663,513.
	Amen	SAN RAFAED, CA 94905		H(a) Is this a group re	
	Applio tion pendi	F Name and address of principal officer: 1011 Dictoccio		for subordinates	
	-	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	) or 🛄 527	If "No," attach a	list. See instructions
		te: • WWW.ALLWITHINMYHANDS.ORG		H(c) Group exemption	
		forganization: X 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:	ORGANI	ZATION IS D	EDICATED TO
Activities & Governance		CREATING SUSTAINABLE COMMUNITIES BY SUPP	PORTING	WORKFORCE	EDUCATION,
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or disp	osed of more	than 25% of its net as	_
Š					9
ن مە		Number of independent voting members of the governing body (Part VI, line 1b)			9
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
iviti		Total number of volunteers (estimate if necessary)			8
Acti	7a	7 a Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		2,799,792.	3,641,072.
ent	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		97,081.	22,441.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-341,627.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,896,873.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		755,000.	2,936,875.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
sus	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	332.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		37,432.	59,437.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		792,432.	2,996,312.
	19	Revenue less expenses. Subtract line 18 from line 12		2,104,441.	325,574.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		7,506,804.	7,832,948.
t As d Big	21	Total liabilities (Part X, line 26)		0.	570.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		7,506,804.	7,832,378.
Pa	art II	Signature Block			
Und	er pen	lities of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of my	/ knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>TONY DICIOCCIO, SECRET</u> Type or print name and title	ARY/TREASURER		Date				
Paid	Print/Type preparer's name DONITA M. JOSEPH	Preparer's signature DONITA M. JOSEPH	Date 11/10/	/21	PTIN P00286656			
Preparer	Firm's name 🕨 WINDES, INC.	•		Firm's EIN 🕨 95	-3001179			
Use Only	Firm's address P.O. BOX 87			-				
	LONG BEACH, CA 9	0801-0087		Phone no. (562	)435-1191			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No							
032001 12-2	23-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form <b>990</b> (2020)			
~ ~		$\lambda = 1 $		<b>NATES TATES (11)</b>	<b>~ 1 T</b>			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2020) ALL WITHIN MY HANDS	81-4258668	Page <b>2</b>
Pa	t 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 COMMUNITIES BY SUPPORTING WORKFORCE EDUCATION, THE FIGHT		
	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? If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes [	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	rs, the total expenses, ar	
4a	(Code: ) (Expenses \$ 70,000. including grants of \$ 70,000. ) (Revenue		)
	THIS ORGANIZATION PROVIDED GRANTS TO I.R.C. SECTION 501( ORGANIZATIONS THAT PROVIDE HUNGER RELIEF TO PEOPLE WITHI		
	COMMUNITIES.		
	(Code: )(Expenses \$ 1,453,000. including grants of \$ 1,453,000.) (Revenue		
4b	(code: )(Expenses 1,453,000. including grants of 1,453,000.) (Revenue THIS ORGANIZATION PROVIDED GRANTS TO I.R.C. SECTION 501(		)
	ORGANIZATIONS TO SUPPORT WORKFORCE EDUCATION.	0/(0/	
4c	(Code: ) (Expenses \$ 1,413,875. including grants of \$ 1,413,875.) (Revenue	- \$	)
	THIS ORGANIZATION PROVIDED GRANTS TO I.R.C. SECTION 501(		/
	ORGANIZATIONS TO SUPPORT CRITICAL LOCAL SERVICES.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses ►     2,936,875.	)	
<u>4e</u>	Total program service expenses ► 2,936,875.	Form <b>99</b>	0 (2020)
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Form 990 (2020) ALL WITHIN M Part IV Checklist of Required Schedules ALL WITHIN MY HANDS

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		162	No
		1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	Part VI	11a		X
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	arr		- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? 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		Х
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	x	
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	л	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes</i> ," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20-2	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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Form 990 (	2020)	$\operatorname{ALL}$	WITHIN	MY	HAND
Part IV	Checklist	of Require	d Schedul	es (co	ntinued)

				-
			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
	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		
	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	051		x
06	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	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 Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			37
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
21	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
30	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	00		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1-		
02000	(gambling) winnings to prize winners?	Eorm	990	 (2020)
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Par	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	2				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			x		
5a						
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						
	any contributions that were not tax deductible as charitable contributions?	6a		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).			37		
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?			X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v		
	to file Form 8282?	7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			v		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X		
f						
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
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? N/A					
•		8				
9	Sponsoring organizations maintaining donor advised funds.           Did the sponsoring organization make any taxable distributions under section 4966?         N/A	9a				
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:	50				
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-				
11	Section 501(c)(12) organizations. Enter:	-				
	Gross income from members or shareholders N/A 11a					
	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				
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				
	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		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 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.					

ALL WITHIN MY HANDS

Form **990** (2020)

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Form 990 (2020)

Form 990 (2	2020)
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## ALL WITHIN MY HANDS

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

X

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

4-	Enter the number of verting members of the governing body at the and of the tax way		9	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			
	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.		9		
	Enter the number of voting members included on line 1a, above, who are independent		$\dashv$		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?		2	x	
	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under				
	of officers, directors, trustees, or key employees to a management company or other person?		3		x
	Did the organization make any significant changes to its governing documents since the prior Form			1	x
	Did the organization become aware during the year of a significant diversion of the organization's a				X
	Did the organization have members or stockholders?				X
	Did the organization have members, stockholders, or other persons who had the power to elect or				
	more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members.				
	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				
	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?				X
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ect	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)			
				Yes	No
0a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody before filing the form	? <b>11a</b>	X	
b	Describe in 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				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri		<b>12b</b>	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	in Schedule O how this was done			X	37
	Did the organization have a written whistleblower policy?				X
	Did the organization have a written document retention and destruction policy?		14		X
5	Did the process for determining compensation of the following persons include a review and appro				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1?			37
	The organization's CEO, Executive Director, or top management official		<b>1</b> 5a		X
b	Other officers or key employees of the organization		<b>15</b> b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang				x
	taxable entity during the year?		<b>16</b> a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		401		
	exempt status with respect to such arrangements?		16b		
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and QQD_T (Section 501)	-)(3)c		
	for public inspection. Indicate how you made these available. Check all that apply.	and 330-1 (Section 301)	പ്പാടവി	y) aval	aule
		in on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	,	and find	ncial	
	statements available to the public during the tax year.	connict of interest policy	, and inte	nicial	
	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records			
	WG&S, LLP - $(310)954-1050$				
		0067			
32006	3 12-23-20	· -	For	n <b>990</b>	(2020
2000	7		1.011		12020

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(B)         (C)         (D)         (E           Average         Position (do not check more than one box, unless person is both an officer and a director/trustee)         Reportable         Report compensation         Report compensation						(D)	(E)	(F)
Name and title	hours per						Reportable compensation from related	Estimated amount of other		
			Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LARS ULRICH CO-PRESIDENT	5.00	x		x				0.	0.	0.
(2) JAMES HETFIELD	5.00									
CO-PRESIDENT		x		x				0.	0.	0.
(3) TONY DICIOCCIO	5.00									
SECRETARY/TREASURER		x		x				0.	0.	0.
(4) KIRK HAMMETT	5.00									
DIRECTOR		X						0.	0.	0.
(5) ERIC WASSERMAN	4.00									
DIRECTOR		Х						0.	0.	0.
(6) VICKIE STRATE	10.00									_
DIRECTOR		Х						0.	0.	0.
(7) ROBERT TRUJILLO	5.00									
DIRECTOR		X						0.	0.	0.
(8) MARC REITER	5.00	.,								0
DIRECTOR	10.00	X						0.	0.	0.
(9) DR. EDWARD H. FRANK	10.00							0	0	0
EXECUTIVE DIRECTOR		X						0.	0.	0.
		-	-		-	-	-			
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032007 12-23-20

Form 990 (2020)

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	990 (2020) ALL WITH	IN MY HA	ANI	วร						81-42	258	668	Pa	age <b>8</b>
Par			ploy	ees			ghe	st C		es (continued)				
	(A) Name and title	( <b>B</b> ) Average hours per week	box offic	not c , unle	ss pe	ition <sup>more</sup> rson	than is bot pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n	an	(F) stimate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e on ed
			-											
	Subtotal Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n							no re	eceived more than \$100	,000 of reportab	le			•
	compensation from the organization												Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	-		-	•	-		Ŭ		-		3	res	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportab	le co	omp	ensa	atior	n and	d otl		the organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	dual for services	. [	5		х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation f	rom	
	(A) Name and business	address	N	ONE	3				<b>(B)</b> Description of s	ervices	С	(C ompe	<b>;)</b> nsatior	า
								_						
								-						
2	Total number of independent contractors (i \$100,000 of compensation from the organiz	•	iot lii	mite	d to		se li: )	stec	d above) who received n	nore than			000 -	
												Form	<b>990</b> (2	2020)

			Check if Schedule O c	contai	ins a re	sponse	e or note to any lin	e in this Part VIII			
			Check if Schedule O c					(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
									Tunction revenue	business revenue	sections 512 - 514
ts	1	а	Federated campaigns		1	a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			b					
٦, وق			Fundraising events			lc	2,157,920.				
ar A			Related organizations		····· ⊢	d	, , -				
nik O			Government grants (contr			le					
Sig			All other contributions, gifts, g		· -						
her		•	similar amounts not included	-		f	1,483,152.				
ĘŞ		~	Noncash contributions included in			lg \$	58,383.				
N N N		-	Total. Add lines 1a-1f					3,641,072.			
0.		<u> </u>	TOLAL AUD INES TATI				Business Code	5,041,072.			
-		_					Business Code				
<u>lice</u>	2										
Program Service Revenue		b									
E S		с									
Be		d									
jõ		е									
ш.			All other program service								
		g	Total. Add lines 2a-2f								
	3		Investment income (incluc								
			other similar amounts)					22,441.			22,441.
	4		Income from investment of				F				
	5		Royalties								
					(i) F	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss)	)			►				
	7	а	Gross amount from sales of		(i) Sec	curities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses	7b							
her Revenue		с	Gain or (loss)	7c							
Be			Net gain or (loss)	<u> </u>			►				
ler			Gross income from fundraisir								
ŧ	-		including \$ 2,3	•	``						
			contributions reported on								
			Part IV, line 18		'		0.				
		h	Less: direct expenses								
			Net income or (loss) from t				· · · · ·	-341,627.			-341,627.
			Gross income from gamin		-		·····	• == , • = , •			•==,•=,•
	J	a	Part IV, line 19								
		h									
			Less: direct expenses Net income or (loss) from								
							▶				
		а	Gross sales of inventory, l			10					
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sales	ot inve	entory .					
sn							Business Code				
liscellaneous Revenue	11	а									
lan		b									
₹el		С									
Mis			All other revenue								
			Total. Add lines 11a-11d								
	12		Total revenue. See instructio					3,321,886.	0.	0.	-319,186.
03200	9 12-	-23-	-20								Form <b>990</b> (2020)

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Form 990 (20	020)	$\operatorname{ALL}$	WITHIN	MY	HANDS
Part VIII	Statemer	nt of Rev	enue		

Form	990	(2020)
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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons		•		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,449,000.	2,449,000.		
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	487,875.	487,875.		
4	Benefits paid to or for members	10//0/01	10770701		
4 5	Compensation of current officers, directors,				
6	trustees, and key employees 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):				
	Management				
		4,600.		4,600.	
	Accounting	4,000.		4,000.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	175.		175.	
ı g		175.		1750	
y	column (A) amount, list line 11g expenses on Sch O.)				
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	1,221.		1,221.	
23	Insurance	1,441.		⊥,∠∠⊥•	
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	MERCHANDISING	25,000.		25,000.	
b	LICENSES AND STATE REGI	14,533.		14,533.	44 000
c d	TRANSACTION FEES POSTAGE AND OTHER FEES	11,332. 2,576.		2,576.	11,332.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,996,312.	2,936,875.	48,105.	11,332.
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)				
03201	0 12-23-20				Form <b>990</b> (2020)

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

					(A) Beginning of year		<b>(B)</b> End of year
<u> </u>	1	Cash, pop interest bearing			1,525,270.	1	181,104.
	י 2	Cash - non-interest-bearing			5,726,035.	2	6,623,301.
	2 3	Savings and temporary cash investments			250,000.	2	1,014,044.
	3 4	Pledges and grants receivable, net			250,0000	4	1,011,0110
	- 5	Loans and other receivables from any current or				-	
	5	trustee, key employee, creator or founder, subst		, ,			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disgualif					
	•	under section 4958(f)(1)), and persons described	•			6	
. ا	7	Notes and loans receivable, net				7	
5	8	Inventories for sale or use				8	
As:	9	Prepaid expenses and deferred charges			0.	9	9,000.
		Land, buildings, and equipment: cost or other	 			5	570000
"	υa	basis. Complete Part VI of Schedule D	102				
	b	Less: accumulated depreciation				10c	
1		Investments - publicly traded securities				11	
12		Investments - other securities. See Part IV, line 1				12	
1		Investments - program-related. See Part IV, line 1				13	
14					5,499.	14	5,499.
1		Intangible assets	0,1000	15	0,1000		
1		Total assets. Add lines 1 through 15 (must equa			7,506,804.	16	7,832,948.
1		Accounts payable and accrued expenses			0.	17	570.
18		Grants payable and aborded expenses				18	
1		Deferred revenue				19	
2		Tax-exempt bond liabilities		20			
2		Escrow or custodial account liability. Complete F		21			
		Loans and other payables to any current or form					
itie	_	trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
2	3	Secured mortgages and notes payable to unrela				23	
24		Unsecured notes and loans payable to unrelated				24	
2	5	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	-				
		of Schedule D				25	
20	6	Total liabilities. Add lines 17 through 25			0.	26	570.
		Organizations that follow FASB ASC 958, che	ck he	re 🕨 🔀			
ces		and complete lines 27, 28, 32, and 33.					
<u>n</u> 2	7	Net assets without donor restrictions			7,356,804.	27	7,681,378.
8 2	8	Net assets with donor restrictions			150,000.	28	151,000.
pur		Organizations that do not follow FASB ASC 9					
Ĕ		and complete lines 29 through 33.					
ດ ທີ 29	9	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	0	Paid in or capital surplus, or land, building, or eq				30	
K 3	1	Retained earnings, endowment, accumulated ind				31	
Tel 3	2	Total net assets or fund balances			7,506,804.	32	7,832,378.
3	3	Total liabilities and net assets/fund balances			7,506,804.	33	7,832,948.

Form 990 (2020)

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Part X Balance Sheet

	1 990 (2020) ALL WITHIN MY HANDS	81-42	<u>58668</u>	Paç	ge <b>12</b>
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	3,321		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,996		
3	Revenue less expenses. Subtract line 2 from line 1	3			74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,506	,8	04.
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	7,832	2,3	78.
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 in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<b>3</b> b		

Form **990** (2020)

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

	OMB No. 1545-0047
	2020
	Open to Public Inspection
r	identification number

	of the Treasury enue Service		► Go to www.irs.gov	Open to Public Inspection					
Name of	the organizati	on	-					Employer	r identification number
			WITHIN MY						1-4258668
Part I	Reason	for Public	Charity Status.	(All organizations must c	complete t	his part.) S	See instructio	ns.	
The organ	nization is not a	a private found	lation because it is: (	(For lines 1 through 12, c	check only	one box.)			
1	A church, co	nvention of ch	urches, or associatio	on of churches describe	d in <b>sectic</b>	on 170(b)(	1)(A)(i).		
2	A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3				anization described in <b>s</b> e			ii).		
4				njunction with a hospita				(iii). Enter	the hospital's name,
	city, and stat		·						
5			or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental	unit descrik	oed in
	-	-	Complete Part II.)	<b>o</b> ,	·	, ,			
6				mental unit described in	section 1	70(b)(1)(A)	(v).		
7 X				antial part of its support 1				the general	public described in
			omplete Part II.)					ine general	
8				(1)(A)(vi). (Complete Par	t II.)				
9	-			l in section 170(b)(1)(A)(	-	ed in coniı	unction with a	a land-grant	college
	-	-	-	culture (see instructions).		-		-	-
	university:		g				,,		,:
10		on that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons members	shin fees a	nd gross receipts from
				ct to certain exceptions;					
			, ,	e (less section 511 tax) fr	( )				0
			mplete Part III.)			00000 0090		gamzation	
11 🗌			• •	sively to test for public sa	afety See	section 5	)9(a)(4)		
12	-	-		sively for the benefit of, to	•			arry out the	e purposes of one or
				ed in <b>section 509(a)(1)</b> o					
				of supporting organizatio					
a 🗌				supervised, or controlled					<i>i</i> aivina
u				egularly appoint or elect a					
			complete Part IV, Se		amajonty				supporting
b 🗌	_			d or controlled in connec	tion with it	te eunnart	od organizati	on(s) by ba	avina
ы <u> </u>				anization vested in the s					
		-	t complete Part IV,		ame perso			age the sup	oponed
•					in connoc	tion with	and function	ally intograt	od with
с				g organization operated				any integration	eu with,
a [				s). <b>You must complete l</b> porting organization oper				wheel execution	ization(a)
d 🗆									
		-		zation generally must sa	•		-	iu an alleni	iveness
. [	- ·		,	nplete Part IV, Sections					
e 🗆		•		written determination fro mally integrated support			атурет, туре	e ii, Type iii	
f East		•							
	(i) Name of supp		n about the supporte	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	of monetary	(vi) Amount of other
	organizatior		(,	(described on lines 1-10	in your govern Yes	ing document? No	support (see i	-	support (see instructions)
				above (see instructions))	165	NO			· · · · · · · · · · · · · · · · · · ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Total

2020.05000 ALL WITHIN MY HANDS

# Schedule A (Form 990 or 990 EZ) 2020 ALL WITHIN MY HANDS

#### 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		3,275,034.	3,818,727.	2,799,792.	3,641,072.	13,534,625.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		3,275,034.	3,818,727.	2,799,792.	3,641,072.	13,534,625.
	The portion of total contributions		, ,	, ,	, ,	, ,	, ,
Ū	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,						
	a a lu una a (f)						6,397,036.
6	Public support. Subtract line 5 from line 4.						7,137,589.
	tion B. Total Support						7,137,305.
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
		(d) 2010	3,275,034.	3,818,727.	2,799,792.	3,641,072.	13,534,625.
	Amounts from line 4 Gross income from interest,		5,275,054.	5,010,727.	2,155,152.	5,041,072.	13,334,023.
ð	,						
	dividends, payments received on						
	securities loans, rents, royalties,			34,340.	97,081.	22,441.	153,862.
-	and income from similar sources			54,540.	97,001.	22,441.	133,002.
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.)						
	Total support. Add lines 7 through 10		-				13,688,487.
12	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the	-	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and <b>stor</b>						► X
	ction C. Computation of Publ		-				
	Public support percentage for 2020 (					14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the c				4 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				▶∟
b	33 1/3% support test - 2019. If the o	-					is box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•		•		
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not cl	neck a box on line	13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, cheo	ck this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	s <b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

## Schedule A (Form 990 or 990-EZ) 2020 ALL WITHIN MY HANDS

# 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.)

	ction A. Public Support endar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e)	2020	(f) Total	
	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-								
7	ization's benefit and either paid to								
F	or expended on its behalf								
5	furnished by a governmental unit to								
-	the organization without charge								
	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons				<b> </b>			 	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								-
	Public support. (Subtract line 7c from line 6.)								_
	ction B. Total Support		•	l	•		I		_
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e)	2020	(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								
c	Add lines 10a and 10b								
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital								
13	assets (Explain in Part VI.)								_
	First 5 years. If the Form 990 is for th	e organization's f	l irst second third	fourth or fifth tax	Vear as a section !	L 501(c)(3	) organizati	ion	
	check this box and stop here	-							٦
See	ction C. Computation of Publ						<u></u>	<b>F</b>	<b>—</b>
	Public support percentage for 2020 (I			column (f))		15			%
16	Public support percentage from 2019					16			70 %
	ction D. Computation of Inves								70
	Investment income percentage for 20		•			17			%
18 10-	Investment income percentage from 2					18			%
195	a 33 1/3% support tests - 2020. If the						, and line 1		٦
,	more than 33 1/3%, check this box a						00 1 /00/	►	
b	<b>33 1/3% support tests - 2019.</b> If the								٦
~~	line 18 is not more than 33 1/3%, che								$\exists$
	Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t					<u> </u>
0320:	23 01-25-21			16	Sch	edule A	(Form 990	) or 990-EZ) 20	2
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	, , , , , , , , , , , , , , , , ,	20.				-			-

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Yes No

## Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2

1

2

3

2a

2b

За

3b

Yes No

Yes

No

No

Yes

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.
Section C. Type II Supporting Organizations

00	Section 6. Type in Supporting Organizations						
1	1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors					

		 1
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
or management of the supporting organization was vested in the same persons that controlled or managed		
the supported organization(s).	1	ĺ

sec	ection D. All Type III Supporting Organizations					
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the					
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax					
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the					
	organization's governing documents in effect on the date of notification, to the extent not previously provided?					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported					
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how					
	the organization maintained a close and continuous working relationship with the supported organization(s).					

3	By reason of the relationship described in 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.	

### Section E. Type III Functionally Integrated Supporting Organizations

1 (	check the box next to the method that the	e organization used i	to satisfy the Integral Part	Test during the yea(see instruction	ns).
-----	---	-----------------------	------------------------------	-------------------------------------	------

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** L 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 instructions)	ons).
•		٠.

- 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 in 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.*

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Schedule A (Form 990 or 990-EZ) 2020

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# Schedule A (Form 990 or 990 EZ) 2020 ALL WITHIN MY HANDS

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

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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-functiona	ally integrat	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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# Schedule A (Form 990 or 990 EZ) 2020 ALL WITHIN MY HANDS

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

Schedule A (Form 990 or 990-EZ) 2020

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# Schedule A (Form 990 or 990-EZ) 2020 ALL WITHIN MY HANDS

Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Par (See instructions.)	Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; , 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part rt V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
032028 01-25-2	21	Schedule A (Form 990 or 990-E2 21
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

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

OMB No. 1545-0047

2020

Employer identification number

81-4258668

ALL	WITHIN	MY	HANDS	

Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

81-4258668

## ALL WITHIN MY HANDS

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$     626,535.       \$     626,535.       Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$     238,171.     Person     X       Payroll     Noncash     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$     218,307.       Person     X       Payroll     D       Noncash     D       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		\$     200,000.       \$     200,000.       Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$     150,000.       \$     150,000.       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$ 150,000.       Person X         Payroll       Noncash         (Complete Part II for noncash contributions.)         Schedule B (Form 990, 990-EZ, or 990-PF) (2020)
020402 11-20		Schedule D (FOITH 330, 330-EZ, 01 330-PF) (2020

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Name of organization

81-4258668

# ALL WITHIN MY HANDS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>100,000.</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
8		\$ <u>100,000.</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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-25		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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Name of organization

81-4258668

## ALL WITHIN MY HANDS

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

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

2020.05000 ALL WITHIN MY HANDS

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Page 4

L WI	THIN MY HANDS		81-4258668	
			n section 501(c)(7), (8), or (10) that total more than \$1,000	) for
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 c	entry. For organizations or less for the year. (Enter this info. once.) \$	
	Use duplicate copies of Part III if additional	space is needed.		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	ld
Part I		., .		
-				
-				
		(e) Transfer of g	lift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee	
-				
-				
a) No.				
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	ld
-			[	
-				
		(e) Transfer of g		
-	Transferee's name, address, an	ld ZIP + 4	Relationship of transferor to transferee	
-				
-				
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	ld
Part I	(2) i di poco oi giri	(0) 000 01 girt		
-				
-				
		(e) Transfer of g	ift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee	
-	·····, -····· - <b>&gt;&gt;</b> , ••••			
-		[		
-				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	ld
-				
-			<u> </u>	
		(e) Transfer of g	μtt	
	Transferee's name, address, an	Id ZIP + 4	Relationship of transferor to transferee	
-				
-				
I -				
454 11-25-2	0	26	Schedule B (Form 990, 990-EZ, or 99	Ю-Р

SC	HEDULE D	Supplement	al Financial Statements		ON	/IB No. 15	45-0047	
	n 990)	Complete if the organization answered "Yes" on Form 990,					20	
•	Treasury Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					pen to	Public	
	ment of the Treasury I Revenue Service		90 for instructions and the latest information					
Nam	e of the organizati	on ALL WITHIN MY HAND	S	Employer identification num 81-4258668				
Pa	rt I Organiza		ed Funds or Other Similar Funds or A	Accour				
		n answered "Yes" on Form 990, Part IV, lir				500 11 01	0	
	0.gaao		(a) Donor advised funds	(b) Fund	s and other	r accou	nts	
1	Total number at er	nd of year						
2		f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5			writing that the assets held in donor advised fu	nds				
	-		exclusive legal control?			Yes		
6			advisors in writing that grant funds can be used					
			or donor advisor, or for any other purpose confe					
	impermissible priv			•		Yes	No No	
Pa			ganization answered "Yes" on Form 990, Part I	/, line 7.				
1		servation easements held by the organizat						
	Preservation	n of land for public use (for example, recrea	ation or education)	torically i	mportant la	nd area	ι	
	Protection o	f natural habitat	Preservation of a cer	tified hist	toric structu	ure		
	Preservation	n of open space						
2	Complete lines 2a	through 2d if the organization held a quali	ified conservation contribution in the form of a c	onservat	tion easeme	ent on t	he last	
	day of the tax yea				Held at the E			
а	Total number of co	onservation easements		2a				
b								
с			ructure included in (a)	2c				
d	Number of conser	vation easements included in (c) acquired	after 7/25/06, and not on a historic structure					
	listed in the Natior	nal Register		2d				
3			eleased, extinguished, or terminated by the orga	nization	during the t	tax		
	year 🕨							
4	Number of states	where property subject to conservation ea	asement is located					
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of					
	violations, and enf	orcement of the conservation easements	it holds?		L I 1	Yes	No No	
6	Staff and voluntee	r hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserva	tion ease	ments durir	ng the y	/ear	
7	Amount of expense	es incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation e	asement	s during the	e year		
	►\$							
8	Does each conser	vation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)	(B)(i)				
	and section 170(h	)(4)(B)(ii)?			L I	Yes	└── No	
9	In Part XIII, descril	be how the organization reports conservat	ion easements in its revenue and expense state	ement an	d			
			note to the organization's financial statements	hat desc	ribes the			
De		ounting for conservation easements.		0:				
Pa		_	of Art, Historical Treasures, or Other	Simila	r Assets	•		
		f the organization answered "Yes" on Forn						
1a	e e		58, not to report in its revenue statement and b					
			blic exhibition, education, or research in further	ance of p	oublic			
_	•		ncial statements that describes these items.					
b	-		58, to report in its revenue statement and balan					
			c exhibition, education, or research in furtheran	ce of pub	olic service,			
	-	ing amounts relating to these items:		<b>.</b> .				
2	-		easures, or other similar assets for financial gain	, provide	1			
	-	unts required to be reported under FASB A	ASC 958 relating to these items:					
а	Revenue included	on Form 990 Part VIII line 1						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

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b Assets included in Form 990, Part X

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▶ \$

Sche	edule D (Form 990) 2020 ALL WIT	HIN MY HAN	DS				8	31-42	5866	8 Pa	age <b>2</b>
Par	rt III Organizations Maintaining (	Collections of A	rt, Histe	orical Tr	easures, or C	ther S	Simila	ar Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that ma	ke sign	ificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange program						
b	Scholarly research	e	• 🗆 C	Other							
c	Preservation for future generations										
4	Provide a description of the organization's c	-		-	-			se in Par	t XIII.		
5	During the year, did the organization solicit								<b>N</b>		7
Dar	to be sold to raise funds rather than to be m rt IV Escrow and Custodial Arrar								Yes		No
1 41	reported an amount on Form 990, Pa			organizatic	in answered tes		111 990	, Fait IV,	ine 9, 0		
1a	Is the organization an agent, trustee, custoo		diary for c	ontribution	s or other assets	not inc	luded				
Ĩ	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XII	and complete the fo	ollowina ta	able:							
	, i 5		5						Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f		_		_
2a	Did the organization include an amount on F	Form 990, Part X, line	e 21, for e	scrow or c	ustodial account	iability?	•	L	Yes		No
	If "Yes," explain the arrangement in Part XII										
Par	rt V Endowment Funds. Complete	1			1	-					<del></del>
		(a) Current year	(b) Pr	ior year	(c) Two years bad	<u>k (d)</u>	Three y	ears back	(e) Fou	years	back
	Beginning of year balance										
	Net investment earnings, gains, and losses										
	Grants or scholarships Other expenditures for facilities										
e											
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cu		ce (line 1o	a. column (a	a)) held as:	I					
а	Board designated or quasi-endowment	<b>,</b>	%	, (							
		%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c she	ould equal 100%.									
3a	Are there endowment funds not in the poss	ession of the organiz	ation that	t are held a	nd administered	for the o	organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
	If "Yes" on line 3a(ii), are the related organiz								3b		
4	Describe in Part XIII the intended uses of th rt VI Land, Buildings, and Equipr		owment fi	unds.							
Fai	Complete if the organization answere		0 Dart IV	lino 11a S	Soo Form 000 Pa	rt V lina	10				
			<u> </u>			-		4	(d) Poo	k volu	
	Description of property	(a) Cost or o basis (investr		.,	or other ( (other)	c) Accu depred		ч	(d) Boo	r value	5
1a	Land		,	24010	(						
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	I. Add lines 1a through 1e. (Column (d) must		X, colum	n (B), line 1							0.
								Sobodulo	D /Earr	- 0001	2020

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII Investments - Program Related.		

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

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

### Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1	(a) Description of liability	(b) Book value

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

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) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 ALL WITHIN MY HANDS			81-4	4258668	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With I				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	3,321	,711.
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				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines <b>2a</b> through <b>2d</b>			2e		0.
3	Subtract line 2e from line 1			3	3,321	,711.
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	175.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		175.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,321	<u>,886.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	2,996	<u>,137.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				_
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	2,996	<u>,137.</u>
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	175.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		175.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,996	,312.
Pa	t 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 STATE PURPOSES IS GENERALLY THREE AND FOUR YEARS,
032054 12-01-20 Schedule D (Form 990) 2020
30 13141110 794084 48555 2020.05000 ALL WITHIN MY HANDS 48555_1

ALL WITHIN MY HANDS

RESPECTIVELY	•

Schedule D (Form 990) 2020

032055 12-01-20

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	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					pen to Public spection			
Nam	e of the organization		ŭ			Employer identi	fication number		
						01 40506	<b>C</b> 0		
	ALL WITHIN MY HANDS 81-4258668 Part I General Information on Activities Outside the United States. Complete if the organization answered "Ye								
Pa	Form 990, Part		Activities Ou	tside the United States. Comple	ete if the organ	ization answered '	Yes" on		
1			n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance,			
	the grantees' eligibility	for the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance? X	Yes 🗌 No		
2	For grantmakers. Des	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance ou	tside the		
	United States.								
3			1	an be duplicated if additional space is i			(f) Total		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to					
			contractors in the region	recipients located in the region)	of service	(s) in the region	investments in the region		
AUST	TRALIA	0	0	PROGRAM SERVICES	GRANTMAKING	}	487,875.		
	Subtotal	0	C				487,875.		
b	Total from continuation sheets to Part I	۱ ۱	, c				0.		
с	Totals (add lines 3a						J.		
-	and 3b)	0	c				487,875.		

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

032071 12-03-20

SCHEDULE F

(Form 990)

Schedule F (Form 990) 2020

#### Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

ALL WITHIN MY HANDS Schedule F (Form 990) 2020

81-4258668

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			SUPPORTING WILDFIRE					
		AUSTRALIA	RELIEF	240,563.		0.		
		AUSTRALIA	SUPPORTING WILDFIRE RELIEF	247,312.		0.		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	e foreign countrv	, recognized as a tax			
exempt 501(c)(3) orga	nization by the IRS,	or for which the grantee	e or counsel has provided a se	ction 501(c)(3) ed	quivalency letter			

Page 2

# 81-4258668 ALL WITHIN MY HANDS Schedule F (Form 990) 2020 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Page 3

Schedule F (Form 990) 2020

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

# Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of

investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

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

GRANTS AND OTHER ASSISTANCE OUTSIDE 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 RELIEF, AND

CRITICAL LOCAL SERVICES, WE REQUEST FOLLOW UP INFORMATION ON HOW THE

FUNDS WERE PUT TO USE.

032075 12-03-20

SCHEDULE G	ULE G Supplemental Information Regarding Fundraising or Gaming Activities						vities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							, or if the	2020
Department of the Treasury	Attack to Form 000 or Form 000 EZ								Open to Public
Internal Revenue Service		to www.irs	gov/Form990 for instr	uction	s and	the latest informat	ion.		Inspection
Name of the organization	n ALL WIT	HIN MY	HANDS					Employer ide	ntification number 668
			the organization answe	ered "Y	′es" oi	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
<ul> <li>Indicate whether the</li> <li>a Ail Solicitate</li> <li>b Internet and</li> <li>c Phone solicitate</li> <li>d In-person solicitate</li> <li>2 a Did the organization</li> <li>key employees lister</li> </ul>	ions email solicitations tations vlicitations on have a written o red in Form 990, P ) highest paid indiv	sed funds thi or oral agreer art VII) or en viduals or en	f Solicita g Special ment with any individual tity in connection with p tities (fundraisers) pursu	tion of tion of fundra l (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and addres or entity (fund			(ii) Activity	(iii) fundr have c or con contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
				Yes	No				
			ed or licensed to solicit		outions	s or has been notified	d it is	exempt from r	egistration
LHA For Paperwork Re	eduction Act Not	ice, see the	Instructions for Form	990 or	990-1	EZ. S	Sche	dule G (Form 9	990 or 990-EZ) 2020

# Schedule G (Form 990 or 990-EZ) 2020 ALL WITHIN MY HANDS

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Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
			(a) Event #1 BENEFIT CONCERT	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))			
Revenue	1	Gross receipts	(event type)	(event type)	(total number)	2,157,920.			
č	2	Less: Contributions	2,157,920.			2,157,920.			
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
Ś	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
Direct E	7	Food and beverages							
	8	Entertainment				341,627.			
	9 10	Other direct expenses Direct expense summary. Add lines 4 through				341,627.			
11 Net income summary. Subtract line 10 from line 3, column (d)       -341,627         Part III       Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than									
		\$15,000 on Form 990-EZ, line 6a.	1		•				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Ť	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►				
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)						
а	<ul> <li>9 Enter the state(s) in which the organization conducts gaming activities:</li> <li>a Is the organization licensed to conduct gaming activities in each of these states?</li> <li>b If "No," explain:</li> </ul>								
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No			
0320	32 1	1-25-20			Schedule G (For	rm 990 or 990-EZ) 2020			

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2020 ALL WITHIN MY HANDS	<u>1-4</u>	2586	68 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Ye	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Ye	es 🗌 No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		<b>Y</b>	es 🗌 No
h	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount	nt		
~	of gaming revenue retained by the third party $\triangleright$ \$			
c	If "Yes," enter name and address of the third party:			
Ŭ				
	Name			
	Address			
16	Gaming manager information:			
10				
	Name			
	Gaming manager compensation <b>&gt;</b> \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a				es 🗌 No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in			
D	organization's own exempt activities during the tax year <b>&gt;</b> \$	une		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Pa	rt III, ling	e 9 96 106
ı u	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nura	irin, iire	5 9, 90, 100,
0320		(Forn	n 990 or	990-EZ) 2020
	39			

032084 04-01-20	40	Soncaare a (i orin 390 or 390-EZ)
		Schedule G (Form 990 or 990-EZ)

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2020.05000 ALL WITHIN MY HANDS

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service								
Name of the organization							Employer identification number	
ALL WITHI Part I General Information on Grants a		DS					81-4258668	
<ol> <li>Part I General Information on Grants a</li> <li>Does the organization maintain records to criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	to substantiate th stance?				, ,			
Part II Grants and Other Assistance to		¥¥¥			anization answered "Y	es" on Form 990, Par	t IV, line 21, for any	
recipient that received more than	\$5,000. Part II ca	· ·			(6) Motheral of	1		
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
AMERICAN ASSOCIATION OF COMMUNITY COLLEGES - ONE DUPONT CIRCLE, NW SUITE 410 - WASHINGTON, DC 20036	53-0196569	501(C)(3)	1,228,000.	0.			COLLEGE DONATION	
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA SUITE 400 LOS ANGELES, CA 90012	95-3510055	501(C)(3)	100,000.	0.			WILDFIRE RELIEF	
CLACKAMAS COMMUNITY COLLEGE 19600 MOLALLA AVENUE OREGON CITY, OR 97045	93-0579576	501(C)(3)	25,000.	0.			COLLEGE DONATION	
COLLEGE OF LAKE COUNTY FOUNDATION 19351 W. WASHINGTON STREET GRAYSLAKE, IL 60030	36-2852334	501(C)(3)	25,000.	0.			COLLEGE DONATION	
COMMUNITY FOUNDATION OF NORTH CENTRAL WASHINGTON - 9 S WENATCHEE AVE - WENATCHEE, WA 98801	91-1349486	501(C)(3)	25,000.	0.			NCW FIRE RELIEF FUND	
COMMUNITY FOUNDATION SANTA CRUZ COUNTY - 7807 SOQUEL DRIVE - APTOS, CA 95003	94-2808039		25,000.	0.			FIRE RESPONSE FUND	
2 Enter total number of section 501(c)(3) a	•	•	ie line 1 table					
	Enter total number of other organizations listed in the line 1 table     A For Paperwork Reduction Act Notice, see the Instructions for Form 990.     Schedule I (Form 990) 2020							

#### Schedule I (Form 990) ALL WITHIN MY HANDS

81-4258668 Page 1

Schedule I (Form 990) ALL WITH		5				6	1-4256666 Page
Part II Continuation of Grants and Other	Assistance to De	omestic Organization	is and Domestic G	overnments (Sche	edule I (Form 990), Pa	urt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION SONOMA COUNTY							
120 STONY POINT ROAD, SUITE 220							
SANTA ROSA, CA 95401	68-0003212	501(C)(3)	50,000.	0.			RESILIENCE FUND
DIRECT RELIEF							
6100 WALLACE BECKNELL RD							
SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	170,000.	٥.			GLOBAL RESPONSE COVID-19
FEEDING AMERICA							
864 WEST RIVER CENTER DRIVE							
COMSTOCK PARK, MI 49321	38-2439659	501(C)(3)	70,000.	0.			FOOD BANK
FEEDING AMERICA							
864 WEST RIVER CENTER DRIVE							
COMSTOCK PARK, MI 49321	38-2439659	501(C)(3)	100,000.	0.			DISASTER RELIEF
GRAND RAPIDS COMMUNITY COLLEGE							
143 BOSTWICK AVE NE	38-6100380	501(C)(3)	E0 000	0.			OLLEGE DONATION
GRAND RAPIDS, MI 49503	30-0100300	501(C)(3)	50,000.	· · ·			COLLEGE DONATION
HOUSE OF BLUES MUSIC FORWARD							
FOUNDATION - 7060 HOLLYWOOD BLVD							CREW NATION FUND
FLOOR 2 - LOS ANGELES, CA 90028	47-4907184	501(C)(3)	170,000.	Ο.			COVID-19
· · · · · ·			, -				
LONE STAR COLLEGE							
5000 RESEARCH FOREST DRIVE							
THE WOODLANDS, TX 77381	74-1734884	501(C)(3)	50,000.	٥.			COLLEGE DONATION
MUSICARES							
3030 OLYMPIC BLVD							
SANTA MONICA, CA 90404	95-4470909	501(C)(3)	50,000.	0.			COVID-19 RELIEF FUND
NAPA VALLEY COMMUNITY FOUNDATION							
3299 CLAREMONT WAY, SUITE 4							NAPA VALLEY COMMUNITY
NAPA, CA 94558	68-0349777	501(C)(3)	50,000.	0.			DISASTER RELIEF FUND

Schedule I (Form 990)

#### ALL WITHIN MY HANDS Schedule I (Form 990)

8	1-	425	86	68	Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH IDAHO COLLEGE FOUNDATION							
1000 WEST GARDEN AVENUE							
COEUR D'ALENE, ID 83814	82-0337334	501(C)(3)	25,000.	0.			COLLEGE DONATION
NORTH VALLEY COMMUNITY FOUNDATION	01 000/001						
1811 CONCORD AVE, SUITE 220 THE							
FOUNDATION BUILDING - CHICO, CA							WILDFIRE RELIEF &
95928	69 0161455	E01(0)(2)	25 000	0.			
95928	68-0161455	501(C)(3)	25,000.	0.			RECOVERY FUND
ODEGON GONDERNERY FOUNDARTON							
OREGON COMMUNITY FOUNDATION							
1221 W YAMHILL, SUITE 100							
PORTLAND, OR 97205	23-7315673	501(C)(3)	75,000.	0.			WILDFIRE RELIEF
USBG NATIONAL CHARITY FOUNDATION							BARTENDER EMERGENCY
2654 W. HORIZON RIDGE PARKWAY B5 PN							ASSISTANCE COVID-19
HENDERSON, NV 89052	46-1309986	501(C)(3)	85,000.	0.			RELIEF CAMPAIGN
WSU TECH							
4004 N WEBB RD							
WICHITA, KS 67226	13-4360469	501(C)(3)	50,000.	0.			COLLEGE DONATION

Schedule I (Form 990)

Schedule I (Form 990) 2020

ALL WITHIN MY HANDS

Page 2

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

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
	recipients	cash grant	cash assistance	(DOOK, FINIV, appraisal, other)				
Part IV Supplemental Information. Provide the information rec	uired in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional 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)	Schedule I	(Form 990)
-----------------------	------------	------------

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)

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#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

Open to Public Inspection

Name of the	organization
-------------	--------------

Employer identification number
81-4258668

ALL WITHIN MY HANDS

(a)     (b)     (c)     Moncash contribution applicable     Method of determining moncash contribution amounts reported on contribution amounts     Method of determining moncash contribution amounts reported on amounts reported on amounts reported on amounts reported on amounts reported on amounts reported on amounts       1     Art - Nerks of art 	Pa	rt I Types of Property											
applicable     Contributions of arrow 900, Part VIII, line 10     nencesh contribution amounts       1     Art - Works of art     image: and the set of the													
Art - Works of at								•					
2 Art - Historical reasures   3 Art - Fractional interests   4 Books and publications   5 Clothing and household goods   6 Cars and other vehicles   7 Boats and planes   8 Intellectual property   9 Securities - Publicly traded   10 Securities - Publicly traded   11 Securities - Publicly traded   12 Securities - Publicly traded   13 Securities - Publicly traded   14 Securities - Closely held stock   15 Securities - Miscellaneous   16 Real estate - Residential   17 Real estate - Residential   18 Collectibles   19 Real estate - Commercial   11 Real estate - Commercial   11 Real estate - Commercial   12 Securities - Miscellaneous   13 Real estate - Residential   14 Callectibles   15 Real estate - Residential   16 Real estate - Commercial   17 Real estate - Residential   18 Collectibles   19 Real estate - Residential   10 Real estate - Residential   11 Real estate - Residential   12 Securities - Collectibles   13 Collectibles   14 Real estate - Residential   15 Real estate - Residential   16 Real estate - Residential   17 Real estate - Residential   18<			applicable				ution a	mount	.5				
2 Art - Historical reasures   3 Art - Fractional interests   4 Books and publications   5 Clothing and household goods   6 Cars and other vehicles   7 Boats and planes   8 Intellectual property   9 Securities - Publicly traded   10 Securities - Publicly traded   11 Securities - Publicly traded   12 Securities - Publicly traded   13 Securities - Publicly traded   14 Securities - Closely held stock   15 Securities - Miscellaneous   16 Real estate - Residential   17 Real estate - Residential   18 Collectibles   19 Real estate - Commercial   11 Real estate - Commercial   11 Real estate - Commercial   12 Securities - Miscellaneous   13 Real estate - Residential   14 Callectibles   15 Real estate - Residential   16 Real estate - Commercial   17 Real estate - Residential   18 Collectibles   19 Real estate - Residential   10 Real estate - Residential   11 Real estate - Residential   12 Securities - Collectibles   13 Collectibles   14 Real estate - Residential   15 Real estate - Residential   16 Real estate - Residential   17 Real estate - Residential   18<	1	Art - Works of art											
3       At - Fractional interests	2												
4       Books and publications	3												
5 Clothing and household goods   6 Cars and other vehicles   9 Boats and planes   10 Boats and planes   11 Securities - Publicly traded   12 Securities - Publicly traded   13 Gualified conservation contribution - thirts: interests   14 Cualified conservation contribution - thirts: interests   15 Real estate - Residential   16 Real estate - Commercial   17 Real estate - Commercial   18 Feal estate - Commercial   19 Food inventory   20 Durgs and medical supplies   21 Taxidemry   22 Historics forections   23 Scientifics food markets   24 Archeological artifacts   25 Other \bigstart   26 Other \bigstart   27 Other \bigstart   28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement   29 Solarities organization nonpleted Form 8283, Part V, Donee Acknowledgement   29 Solarities organization have a gift acceptance policy that requires the review of any nonstandard contributions?   30a X   31 X   32a X   33a X   34a X   35b If Yes,' describe the arrangement in Part II.   34a X   35b If Yes,' describe in Part II.   34a K   35	4												
6       Cars and other vehicles	5												
7 Boats and planes   8 Intellectual property   9 Securities - Publicly traded   10 Securities - Pointership, LLC, or   11 Securities - Maiocellaneous   12 Securities - Maiocellaneous   13 Qualified conservation contribution -   Historic structures													
8       Intellectual property	_												
9       Securities - Publicity traded													
10       Securities - Olosely held stock													
11 Securities - Partnership, LLC, or trust interests   2 Securities - Miscellaneous   13 Qualified conservation contribution - Historic structures   14 Qualified conservation contribution - Other.   15 Real estate - Residential   16 Real estate - Commercial   17 Real estate - Commercial   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidemry   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other ► (   26 Other ► (   27 Other ► (   28 Other ► (   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement   29 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   30a X   31 X   32a X   33a If "Yes," describe the arrangement in Part II.   33a If "Yes," describe the Part I.   33a If the organization inclumn (c) for a type of property for which column (a) is checked,													
trust interests													
12       Securities · Miscellaneous													
13 Qualified conservation contribution - Historic structures   14 Qualified conservation contribution - Other, Real estate - Residential   15 Real estate - Commercial   16 Real estate - Other   17 Real estate - Other   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other ► ( <u>AUCTION ITEMS</u> )   26 Other ► ( <u>AUCTION ITEMS</u> )   27 Other ► ( <u>AUCTION ITEMS</u> )   28 Other ► ( <u>AUCTION artice</u> )   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   30a X   30b If "Yes," describe the arrangement in Part II.   31 X   32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?   31 X   32a X   34 If the organization hire or use third parties or related organizations to solicit, process, or sell noncash c	40												
Historic structures													
14 Qualified conservation contribution - Other   15 Real estate - Residential   16 Real estate - Commercial   17 Real estate - Commercial   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   23 Scientific specimens   24 Archeological artifacts   25 Other ► (   26 Other ► (   27 Other ► (   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement   29 Vuring the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contributions, and which isn't required to be used for exempt purposes for the entire holding period?   20 b If "Yes," describe the arrangement in Part II.   31 X   32a X   b If "Yes," describe the arrangement in Part II.   33a If the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?   32a X   b If "Yes," describe in Part II.   33a If the organization din't report an amount in column (c) for a type of property for which column (a) is checked,	13												
15 Real estate · Residential   16 Real estate · Commercial   17 Real estate · Other   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other ▶ ( AUCTION ITEMS) X   26 C58,383.FMV   29 20 7 Other ▶ ()  20 29 30a During the year, did the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a 30a 30a 30a 30a 30a 30a X 30a 30a 30a X 30a 30a 30a X 30a 30a 30a X 4 5 7 7 6 7 7 7 7 7 7 8 9 9 9 9 9 9 9 9 9 <p< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></p<>													
16       Real estate · Commercial	14												
17 Real estate - Other   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other ▶ (   26 Other ▶ (   27 Other ▶ (   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   30a X   b If "Yes," describe the arrangement in Part II.   31 X   32 Dest he organization have a gift acceptance policy that requires the review of any nonstandard contributions?   31 X   32a X   b If "Yes," describe in Part II.   33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	15												
18       Collectibles	16												
19       Food inventory	17												
20       Drugs and medical supplies	18												
21       Taxidermy	19												
22       Historical artifacts	20	Drugs and medical supplies											
23       Scientific specimens	21	Taxidermy											
24       Archeological artifacts	22												
25       Other ▶ (AUCTION ITEMS)       X       66       58,383.FMV         26       Other ▶ ()	23	Scientific specimens											
26       Other ▶ (       )	24	Archeological artifacts											
27       Other ▶ ()           28       Other ▶ ()           29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement       29         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       31       X         32a       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       31       X         32a       If "Yes," describe in Part II.       32a       X         b       If "Yes," describe in Part II.       32a       X         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,       X	25	Other  (AUCTION ITEMS)	X	66	58,38	3.FMV							
28       Other ▶ ( )       )       29         29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement       29         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       31       X         b       If "Yes," describe in Part II.       32a       X         b       If "Yes," describe in Part II.       32a       X         31       If "Yes," describe in Part II.       32a       32a         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       32a       X         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,       X	26	Other 🕨 (											
29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement       29         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       31       X         32a       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         b       If "Yes," describe in Part II.       32a       If "Yes," describe in Part II.       32a         b       If "Yes," describe in Part II.       32a       X         b       If "Yes," describe in Part II.       32a         33a       If "Yes," describe in Part II.       32a         33a       If "Yes," describe in Part II.       32a         33a       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,       32a	27	Other ► (											
for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	28	Other ► (											
30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       30a       X         32a       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       32a       X         33a       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,       4	29	Number of Forms 8283 received by the organ	ization durin	g the tax year for c	contributions	·							
30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       30a       X         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       32a       X         33a       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,       4       4		for which the organization completed Form 82	283, Part V, I	Donee Acknowledg	gement 29								
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for       Image: Contribution of the entire holding period?       30a       Image: Contribution of the entire holding period?         b       If "Yes," describe the arrangement in Part II.       Image: Contribution of the entire holding period?       Image: Contribution of the entine holding period?       Image: Con								Yes	No				
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for       Image: Contribution of the entire holding period?       30a       Image: Contribution of the entire holding period?         b       If "Yes," describe the arrangement in Part II.       Image: Contribution of the entire holding period?       Image: Contribution of the entine holding period?       Image: Con	30a	During the year, did the organization receive b	y contributio	on any property rei	oorted in Part I, lines 1 th	rough 28, that it							
exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       Image: Contribution in the contrine in the contribution in the contribution in the contribution in													
b       If "Yes," describe the arrangement in Part II.         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       32a       X         b       If "Yes," describe in Part II.       32       X         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,       Image: Column (a) is checked,       Image: Column (a) is checked,							30a		Х				
31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,       Image: Column (a) is checked,	b												
32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,       Image: Column (a) is checked,			policy that r	eauires the review	of any nonstandard con	tributions?	31	X					
contributions?       32a       X         b       If "Yes," describe in Part II.       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,       Image: Control of the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,       Image: Control of the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,       Image: Control of the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,       Image: Control of the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,       Image: Control of the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,       Image: Control of the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,       Image: Control of the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,       Image: Control of the organization didn't report an amount in column (c) for a type of property for which column (c) for a type of property for which column (c) for a type of property for which column (c) for a type of property for which column (c) for a type of property for which column (c) for a type of property for which column (c) for a type of property for which column (c) for a type of property for which column (c) for a type of property for which column (c) for a type of property for which column (c) for a type of property for which column (c) for a type of property for which column (c) for a type of property for which column (c) for a type of property for which column (c) for a type of property for which column (							<u> </u>						
b       If "Yes," describe in Part II.         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	<u>u</u>												
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	h						0Lu						
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### Schedule M (Form 990) 2020 ALL WITHIN MY HANDS

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

#### THE AMOUNT REPORTED IN COLUMN (B) REPRESENTS THE NUMBER OF

CONTRIBUTIONS RECEIVED

Part II

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

EZ
OMB No. 1545-0047
2020
Open to Public
Inspection
Employer identification number

81-4258668

ALL WITHIN MY HANDS

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: CONFLICTS OF INTEREST ARE DISCUSSED AT BOARD MEETINGS. IF

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 Schedule O (Form 990 or 990-EZ) 2020

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Page 2

Employer identification number 81 - 4258668

Schedule O (Form 990 or 990-EZ) 2020

ALL WITHIN MY HANDS

Name of the organization