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

Form **991** 

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

B Check if C Name of organization

▶ 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.

and ending

Open to Public

D Employer identification number

_	⊐Addr				
Ļ	Addr chan Name			01 40506	60
Ļ	chan	ge Doing business as		81-42586	
	returi Final _returi	Number and street (or P.U. box if mail is not delivered to street address)  454 LAS GALLINAS AVENUE	Room/suite 213	E Telephone number (310)954	-1050
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,570,269.
	Amer	SAN KAFAEL, CA 94905		H(a) Is this a group re	
	Appli tion pend			for subordinates	? Yes X No
	-	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	ncluded? Yes No
		xempt status: $X = 501(c)(3) = 501(c)(0) = (insert no.) = 4947(a)(1)$	or 527	If "No," attach a	list. See instructions
		ite: ► WWW.ALLWITHINMYHANDS.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2016 N	🛮 State of legal domicile: CA
P	art I	Summary			
é	1	Briefly describe the organization's mission or most significant activities: THE	ORGANI	ZATION IS D	EDICATED TO
Governance		CREATING SUSTAINABLE COMMUNITIES BY SUPP			-
ern	2	Check this box  if the organization discontinued its operations or dispo	sed of more	1 1	
Š	3			3	10
۰	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
Activities &	6	Total number of volunteers (estimate if necessary)			11
Ac		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	······		
		0	<u> </u>	Prior Year 3,641,072.	Current Year 1,569,448.
Revenue	8	Contributions and grants (Part VIII, line 1h)		0.	1,309,440.
	9	Program service revenue (Part VIII, line 2g)		22,441.	821.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-341,627.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,321,886.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,936,875.	2,286,000.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
en	loa	Total fundraising expenses (Part IX, column (D), line 25)	18.	0.	0.
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		59,437.	81,861.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,996,312.	2,367,861.
	19	Revenue less expenses. Subtract line 18 from line 12		325,574.	-797,592.
Or Sec	1.0	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		ginning of Current Year	End of Year
ets	20	Total assets (Part X. line 16)		7,832,948.	7,078,487.
Net Asse Fund Bals	21	Total liabilities (Part X, line 26)		570.	43,701.
E E	22	Net assets or fund balances. Subtract line 21 from line 20		7,832,378.	7,034,786.
	art II				
Unc	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my	y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
He	re	TONY DICIOCCIO, SECRETARY/TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	<b>I</b>	Date Check	PTIN
Pai		DONITA M. JOSEPH DONITA M. JOSEP	н 1	1/14/22 if self-employed	P00286656
	parer	Firm's name WINDES, INC.		Firm's EIN 🕨	95-3001179
Use	Only	Firm's address P.O. BOX 87		,_	CO \ 40F   4404
		LONG BEACH, CA 90801-0087		Phone no. (5	62)435-1191
Ма	y the	RS discuss this return with the preparer shown above? See instructions			X Yes No

ALL WITHIN MY HANDS FOUNDATION IS DEDICATED TO CREATING SUSTAINABLE COMMUNITIES BY SUPPORTING WORFFORCE EDUCATION, THE FIGHT AGAINST HUNGER, AND OTHER CRITICAL LOCAL SERVICES.  2 Did the organization undertake any significant program services during the year which were not listed on the pror Form 990 or 990 EZ?  2 Did the organization undertake any significant program services during the year which were not listed on the pror Form 990 or 990 EZ?  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. If Yes, 'describe these changes on Schedule O.  4 Describe the organization of organization of program service accomplishments for each of fits three largest program services, as measured by expenses. Section 501(c)(3) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service conductor.  4 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service conductors.  4 Section 501(c)(3) and 501(c)(3) and 701(c)(3) and	Pa	Statement of Program Service Accomplishments	
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COMMUNITIES BY SUPPORTING WORKFORCE EDUCATION, THE FIGHT AGAINST HUNGER, AND OTHER CRITICAL LOCAL SERVICES.  Did the organization undertake are significant program services during the year which were not listed on the proof from 990 or 980 €2?  If "Yes," describe these new services on Schedule 0.  3 bid the organization cause conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  Section 501(c)(S) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(S) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service expenses.  42 (cose ) (Expenses 4 20,000. reducing passed 5 220,000.) (Revenue 5 THIS ORGANIZATION PROVIDED GRANNTS TO T.R.C. SECTION 501(C)(3) ORGANIZATIONS THAT PROVIDE HUNGER RELIEF TO PEOPLE WITHIN THEIR COMMUNITIES.   4b (cose ) (Expenses 5 1,616,000. reducing passed 5 1,616,000.) (Revenue 5 THIS ORGANIZATION PROVIDED GRANNTS TO T.R.C. SECTION 501(C)(3) ORGANIZATIONS TO SUPPORT WORKFORCE EDUCATION.   4c (cose ) (Expenses 5 250,000. reducing passed 5 450,000.) (Revenue 5 THIS ORGANIZATIONS TO SUPPORT CRITICAL LOCAL SERVICES.)  4d Other program services (Describe on Schedule O.)  Francisco (Cose C) (Expenses 5 2, 286,000.) (Revenue 5 )	1		NIX DI E
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prior Form 990 or 990 CE7    Yes   X   No   If Yes, Genotic those new services on Schedule 0.   If Yes, Genotic those new services on Schedule 0.   If Yes, Genotic those new services on Schedule 0.   If Yes, Genotic those changes on Schedule 0.   If Yes, Genotic those changes on Schedule 0.   Secretic those of the program service expenses accomplishments for each of its three largest program services, as measured by expenses.   Section 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.   4a   (Coose   ) (Expenses   420,000   molecular grants of   220,000   (Revenue   5   1)   (Revenue   5   1)     THIS ORGANIZATION PROVIDED GRANTS TO I.R.C. SECTION 501(C)(3)     ORGANIZATIONS THAT PROVIDE HUNGER RELIEF TO PEOPLE WITHIN THEIR COMMUNITIES.    4b   (Coose   ) (Expenses   1,616,000   indusing grants of   1,616,000   (Revenue   5   1)     THIS ORGANIZATION PROVIDED GRANTS TO I.R.C. SECTION 501(C)(3)     ORGANIZATIONS TO SUPPORT WORKFORCE EDUCATION   (Revenue   5   1)     THIS ORGANIZATION PROVIDED GRANTS TO I.R.C. SECTION 501(C)(3)     ORGANIZATIONS TO SUPPORT CRITICAL LOCAL SERVICES.    4c   (Coose   ) (Expenses   250,000   indusing grants of   450,000   (Revenue   5   1)     ORGANIZATIONS TO SUPPORT CRITICAL LOCAL SERVICES   (Revenue   5   1)     ORGANIZATIONS TO SUPPORT CRITICAL LOCAL SERVICES   (Revenue   5   1)     ORGANIZATIONS TO SUPPORT CRITICAL LOCAL SERVICES   (Revenue   5   1)     ORGANIZATIONS TO SUPPORT CRITICAL LOCAL SERVICES   (Revenue   5   1)     ORGANIZATIONS TO SUPPORT CRITICAL LOCAL SERVICES   (Revenue   5   1)     ORGANIZATIONS TO SUPPORT CRITICAL LOCAL SERVICES   (Revenue   5   1)     ORGANIZATION SUPPORT CRITICAL LOCAL SERVICES   (Revenue   5   1)     ORGANIZ		HONGER, AND OTHER CRITICAL BOCKL SERVICES.	
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4d Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 2,286,000.			
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4e Total program service expenses ► 2,286,000.	<del>4</del> u		1
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		- 1 1	Form <b>990</b> (2021)

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			3,7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		<b>.</b>
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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?			$ _{\mathbf{x}}$
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		$ _{\mathbf{x}}$
44	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		<u> </u>
11	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		<del></del>
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ <sub>3,7</sub>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<b> </b> ₩
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا ۱		x
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
19		40		x
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del>  ^</del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<b>4</b> I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	got of the original or			

### Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
02		32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
J-7	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	304		<del></del> -
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	-	-	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			000	<u> </u>

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

					Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0			
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions					Х
				3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	10		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country	accoui	10?	4a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FRΔR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ excess \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ excess \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ excess \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ partly \ and \ partly \ for \ goods \ and \ partly \ and \ $	vices p	rovided to the payor?	7a		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 w	•				
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f	N/	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h	N/	
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds. Did a donor advised fund maintained			711	14/	-
Ü	sponsoring organization have excess business holdings at any time during the year?		NT / 7\	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		37 / 3	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form  If "You " enter the amount of tax exempt interest received or approach during the year.  N / A	l I	•	12a		
		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıt incoı	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in		NT / 7			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		
	If "Yes," complete Form 6069.					

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Form **990** (2021) **4** 8 5 5 5 \_\_\_\_1

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	GRF, LLP - (310)954-1050			
	1880 CENTURY PARK EAST, #1600, LOS ANGELES, CA 90067			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

		box	, unle	heck ss pe	rson	than is bot or/trus	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) LARS ULRICH	5.00									
CO-PRESIDENT	F 00	Х		Х				0.	0.	0 .
(2) JAMES HETFIELD CO-PRESIDENT	5.00	x		x				0.	0.	0 .
(3) TONY DICIOCCIO	5.00	^		^				0.	0.	0 .
SECRETARY/TREASURER	3.00	X		x				0.	0.	0 .
(4) KIRK HAMMETT	5.00									
DIRECTOR	- 3133	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		Х						0.	0.	0 .
(8) MARC REITER	5.00									
DIRECTOR		Х						0.	0.	0
(9) PAUL DONAHUE	5.00	,,								0
DIRECTOR COLOR TO THE PROPERTY OF THE PROPERTY	10.00	Х						0.	0.	0
(10) DR. EDWARD H. FRANK EXECUTIVE DIRECTOR THRU 12/2021	10.00	x						0.	0.	0
EXECUTIVE DIRECTOR THRU 12/2021	+	^						0.	0.	0
		1								
		1								
		1								
						<u> </u>				
		1								

Form **990** (2021)

Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			_ (0	•			(D)	(E)			(F)	
Name and title	Average hours per week	box, offic	not c , unle	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related		am (	imated ount o other	of
	(list any hours for related organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga and	ensatom the Inization Inization	e on ed
	below line)	Individu	Institutio	Officer	Key employee	Highest employe	Former				orga	nizatio	ns 
		-											
		_											
		_											
		_											
1b Subtotal		<u></u>			<u> </u>	<u> </u>	<u> </u>	0.		0.			0.
c Total from continuation sheets to Part	VII, Section A						<b>&gt;</b>	0.		0.			0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but									,000 of reportabl				<u> </u>
compensation from the organization												Yes	No.
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	such individual										3		х
4 For any individual listed on line 1a, is the and related organizations greater than \$1	50,000? If "Yes,	," co	mple	ete S	Sche	edul	e J f	for such individual			4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co	•				-			ed organization or indiv	idual for services		5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest of the organization. Report compensation for										pens	ation fr	om	
(A) Name and busines	-		INC					(B) Description of s		C	(C Compen	) sation	ı
							-						
Total number of independent contractors     \$100,000 of compensation from the organ		not lii	mite	d to	tho (	se li: 0	stec	d above) who received n	nore than		-		
											Form C	190 (2	021

132008 12-09-21

function revenue business revenue from tax un sections 512    Ta   Federated campaigns   1a   1b   1b   1c   1d   1d   1d   1d   1d   1d   1d	Pa	π	VIII						
Total revenue   Related or exempt   Contribution				Check if Schedule O contains a response	or note to any lir			(C)	
Sections 512   Sect									Revenue excluded
1 a Federated campaigns   1a   b   b   b   b   b   b   b   b   b							function revenue	business revenue	from tax under
Business Code    Business Code	σs	Γ.		Fordered a consistence					300000113 3 12 3 14
Business Code    Business Code	ant					-			
Business Code    Business Code	ي ق					1			
Business Code    Business Code	fts,					-			
Business Code    Business Code	ia'g					-			
Business Code    Business Code	Sin			ÿ ` ,					
Business Code    Business Code	ig E		Ť		560 110				
Business Code    Business Code	를			***					
Business Code    Business Code	o p		_			1 560 110			
2 a b c c d d d d d d d d d d d d d d d d d	O B		h	I otal. Add lines 1a-1f	<u> </u>	1,309,440.			
g Total. Add lines 2a.2f			_		Business Code				
g Total. Add lines 2a2f	ice	2							
g Total. Add lines 2a2f	ue Z		b						
g Total. Add lines 2a2f	n S		С						
g Total. Add lines 2a2f	gra Re		d						
g Total. Add lines 2a2f	roc								
Second Part	-								
Other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties    (i) Real (ii) Personal	$\overline{}$	L.							
A Income from investment of tax-exempt bond proceeds  Royalties  (i) Real (ii) Personal  6 a Gross rents 6 b 6 c 6 d  Net rental income or (loss) 6 c  Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 c Gain or (loss) 7 a Gross income from fundraising events (not including \$		3	3	, ,	*	021			821.
For the part IV, line 18  b Less: direct expenses c Rental income or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) c Gain or (loss) d Net gain or (loss) d Net gain or (loss) b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) b Less: direct expenses c Net income or (loss) from fundraising events g a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses  9a  9b    Oi) Personal   (ii) Personal   (ii) Personal   (ii) Personal   (ii) Personal   (ii) Personal   (iii) Personal		l .				021.			021.
Company   Comp									
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 c Gain or (loss) 7 d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses C Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses  9 b  10 Determined  11 Determined  12 Determined  13 Determined  14 Determined  15 Determined  16 Determined  16 Determined  17 Determined  18 Determined  19 Determined  10 Determined  10 Determined  10 Determined  10 Determined  10 Determined  11 Determined  12 Determined  13 Determined  14 Determined  15 Determined  16 Determined  16 Determined  17 Determined  18 Determined  18 Determined  19 Determined  10 Determined		5	)						
b Less: rental expenses 6b 6c c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b b Less: direct expenses 9b b Less: direct expenses 9b		١.	_		(II) Personal				
The state of the s		6							
d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses C Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses  9 b Less: direct expenses									
To a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses				` '					
By Less: cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses  9 b Less: direct expenses		_		` '					
b Less: cost or other basis and sales expenses		7	7 a	· · · · · · · · · · · · · · · · · · ·	(II) Other				
and sales expenses  c Gain or (loss)  d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses  c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses  9a  b Less: direct expenses  9b				·					
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8b 6c	o l		b						
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8b 6c	ž			and sales expenses					
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8b	eve		C	Gain or (loss) [7c]					
including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8b					············ <u> </u>				
contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 9a  b Less: direct expenses  9b	_	{	3 a	- ,					
Part IV, line 18  b Less: direct expenses  c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses  9a  9b	٦								
b Less: direct expenses				· · · · · · · · · · · · · · · · · · ·					
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses  9b						-			
9 a Gross income from gaming activities. See Part IV, line 19 9a  b Less: direct expenses 9b									
Part IV, line 19  b Less: direct expenses  9a  9b		١,							
b Less: direct expenses9b		`	Эа						
			<b>L</b>						
C Net income or (loss) from gaming activities				· · · · · · · · · · · · · · · · · · ·	_				
10. a. Cross solos of inventory loss returns		4,							
10 a Gross sales of inventory, less returns		"	Ja	· ·					
and allowances 10a 10b			h						
c Net income or (loss) from sales of inventory									
Ruciness Code	_			Tree mounts or (1000) moin sales of inventory					
Business code  It a b c d All other revenue	snc	4-	1 2						
	ne	'							
	ella vei								
d All other revenue	<u>ss</u>			All other revenue					
e Total. Add lines 11a-11d	≥								
		12				1,570,269.	0.	0.	821.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete c	column (A).

Check if Schedule O contains a res	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
7b, 8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
<b>1</b> Grants and other assistance to domestic organization		0 006 000		
and domestic governments. See Part IV, line 21	2,286,000.	2,286,000.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign	·			
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors,				
trustees, and key employees				
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
Payroll taxes				
Fees for services (nonemployees):				
a Management				
b Legal			25,800.	
c Accounting	·		23,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 1				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch (				
2 Advertising and promotion	·			
3 Office expenses				
4 Information technology				
5 Royalties				
6 Occupancy				
7 Travel				
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
1 Payments to affiliates				
<ul><li>Payments to affiliates</li><li>Depreciation, depletion, and amortization</li></ul>				
• Innerse	1 726		1,726.	
4 Other expenses. Itemize expenses not covered			1,720	
above. (List miscellaneous expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A amount, list line 24e expenses on Schedule O.)	),			
a POSTAGE AND OTHER FEES	23,793.		23,793.	
b LICENSES AND STATE REGI	_		18,132.	
c TRANSACTION FEES	12,410.		192.	12,21
d				,
e All other expenses	-			
5 Total functional expenses. Add lines 1 through 246	2,367,861.	2,286,000.	69,643.	12,21
5 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)				
2010 12-09-21				Form <b>990</b> (2

Part X	X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing		181,104.		255,444
2		Savings and temporary cash investments		6,623,301.		6,554,349
3	3	Pledges and grants receivable, net	1,014,044.	3	265,028	
4		Accounts receivable, net		4		
5		Loans and other receivables from any curren				
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of t	nese persons		5	
6	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
2 7	7	Notes and loans receivable, net			7	
Slasser 7	3	Inventories for sale or use			8	
<sup>₹</sup>   9		Prepaid expenses and deferred charges			9	0
10	)a	Land, buildings, and equipment: cost or other	r			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
11	1	Investments - publicly traded securities		11		
12	2	Investments - other securities. See Part IV, lir		12		
13	3	Investments - program-related. See Part IV, li		13		
14	4	Intangible assets	5,499.	14	3,666	
15		Other assets. See Part IV, line 11			15	
16		Total assets. Add lines 1 through 15 (must e		7,832,948 <b>.</b>	16	7,078,487
17	7	Accounts payable and accrued expenses	570.	17	0	
18	3	Grants payable		18	43,701	
19		Deferred revenue			19	
20		Tax-exempt bond liabilities			20	
21		Escrow or custodial account liability. Comple			21	
ខ្ល 22	2	Loans and other payables to any current or f	ormer officer, director,			
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
<u> </u>		controlled entity or family member of any of t	nese persons		22	
تا 23	3	Secured mortgages and notes payable to un	related third parties		23	
24	4	Unsecured notes and loans payable to unrela	ted third parties		24	
25	5	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D			25	
26	6	Total liabilities. Add lines 17 through 25		570.	26	43,701
,		Organizations that follow FASB ASC 958, or	heck here 🕨 🗓			
<u> </u>		and complete lines 27, 28, 32, and 33.				
27	7	Net assets without donor restrictions		7,681,378.	27	6,834,786 200,000
28	3	Net assets with donor restrictions		151,000.	28	200,000
<u> </u>		Organizations that do not follow FASB AS6	C 958, check here ▶			
28 29 30 31 32 32 33 32 32 32 32 32 32 32 32 32 32		and complete lines 29 through 33.				
29	9	Capital stock or trust principal, or current fun	ds		29	
30	0	Paid-in or capital surplus, or land, building, or	equipment fund		30	
31	1	Retained earnings, endowment, accumulated	l income, or other funds		31	
32		Total net assets or fund balances		7,832,378.	32	7,034,786
33		Total liabilities and net assets/fund balances		1 7 0 2 0 4 0	33	7,078,487

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2 2	,57	7,8	<u>61.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-79		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		,83	4,3	78.
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	,03	4,7	86.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.		Yes	No
2a	, , , , , , , , , , , , , , , , , , , ,		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	d on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat 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			7.7	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?	ngle Audit	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ALL WITHIN MY HANDS 81-4258668 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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.	1,569,448.	15,104,073.
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.	1,569,448.	15,104,073.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6,612,290.
6	Public support. Subtract line 5 from line 4.						8,491,783.
	etion B. Total Support	( ) 0047	#1.0040	( ) 2040	( I) 0000	( ) 0004	(0 T )
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	3,275,034.	3,818,727.	2,799,792.	3,641,072.	1,569,448.	15,104,073.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		34,340.	97,081.	22,441.	821.	154,683.
_	and income from similar sources		34,340.	91,001.	22,441.	021.	134,003.
9	Net income from unrelated business						
	activities, whether or not the						
40	Other income. Do not include gain						
10	Other income. Do not include gain or loss from the sale of capital						
	•						
11	assets (Explain in Part VI.)						15,258,756.
11 12	Gross receipts from related activities,	oto (soo instructio	one)			12	13,230,730.
13	First 5 years. If the Form 990 is for the			ourth or fifth tax v	vear as a section F		
	organization, check this box and <b>stor</b>	. la aua		•			
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2021 (			column (f))		14	55.65 %
15	Public support percentage from 2020					15	%
	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2020. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances to			-	•	g	
b	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circ		•				<b></b> ▶□
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2021

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(a) 2017	(6) 2010	(6) 2019	(u) 2020	(6) 2021	(i) iotai
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	assumed after lune 00 1075						
	acquired after June 30, 1975						
	Net income from unrelated business						
•	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						_
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						<del>                                     </del>
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u> </u>	504( )(0)	<u>.</u>
14	First 5 years. If the Form 990 is for the	-			-		ion,
50	check this box and stop here ction C. Computation of Publ	io Support Do	roontogo				<b>P</b>
						Laci	0.4
	Public support percentage for 2021 (					15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Investigation					16	%
	•					T .= 1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box a						▶□
k	o 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	▶Ш

#### 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	30		
	9с		
	10a		
	10b		
di ila		~ 000	0004

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	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.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	_		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	3a		
a	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.

3b | 132025 01-04-22 | Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 ALL WITHIN MY HANDS			31-4258668 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e 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			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2021

any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

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

#### **Schedule B** (Form 990)

**Schedule of Contributors** 

▶ Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 81-4258668 ALL WITHIN MY HANDS

Organization type (check one):					
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				
• •	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
· ·	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) contributor, during	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year > \$					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).					

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

#### ALL WITHIN MY HANDS

81-4258668

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>151,932.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$377,450.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$138,852.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 65,028.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$50,000.	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization Employer identification number

#### ALL WITHIN MY HANDS

81-4258668

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 36,510.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

#### ALL WITHIN MY HANDS

81-4258668

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b></b>   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		\$	

Schedule B (Form 990) (2021) Name of organization **Employer identification number** 81-4258668 ALL WITHIN MY HANDS Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

ALL WITHIN MY HANDS

**Employer identification number** 81-4258668

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	e 6.				
		(a) Donor advised	funds (	b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held	d in donor advised fun	ds		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes  No		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grar	nt funds can be used	only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confer	ring		
_	impermissible private benefit?					
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes"	on Form 990, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the organizati					
	Preservation of land for public use (for example, recrea			orically important land area		
	Protection of natural habitat		Preservation of a certi	fied historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribut	tion in the form of a co			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b				2b		
C	Number of conservation easements on a certified historic str			2c		
d	Number of conservation easements included in (c) acquired a					
_	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or te	rminated by the orgar	nization during the tax		
	year -					
4	Number of states where property subject to conservation ear					
5	Does the organization have a written policy regarding the per			Yes No		
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,					
6	Starr and volunteer riours devoted to morntoning, inspecting,	manuling of violations, and	emorcing conservati	on easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfo	orcina conservation ea	esements during the year		
•	\$ \$ \$	aning of violations, and office	ording conscivation ca	definerits during the year		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(F	3)(i)		
•	and section 170(h)(4)(B)(ii)?	- · · · · · · · · · · · · · · · · · · ·				
9	In Part XIII, describe how the organization reports conservati					
	balance sheet, and include, if applicable, the text of the footr		=			
	organization's accounting for conservation easements.	J				
Par	t III Organizations Maintaining Collections o	f Art, Historical Trea	sures, or Other	Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rever	nue statement and ba	lance sheet works		
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, o	or research in furthera	nce of public		
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that desc	ribes these items.			
b	<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical treasures, or other similar assets held for public	exhibition, education, or i	research in furtheranc	e of public service,		
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre					
	the following amounts required to be reported under FASB A	SC 958 relating to these it	ems:			
а	Revenue included on Form 990, Part VIII, line 1					
<u>b</u>	Assets included in Form 990, Part X			. ▶ \$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021		

Pai	t III Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures,	or Othe	r Simila	ar Asse	t <b>s</b> (contir	nued)	.gc
3	Using the organization's acquisition, accession	n, and other record	ls, chec	k any of the	following th	at make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progi	ram					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explain	n how tl	ney further t	he organizat	tion's exen	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be mai	ntained as part of t	the orga	nization's c	ollection?			$\square$	Yes		No
Pai	t IV Escrow and Custodial Arrang								line 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contribution	ns or other a	ssets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on For								Yes		No
b	If "Yes," explain the arrangement in Part XIII. (	Check here if the ex	kplanatio	on has been	provided or	n Part XIII					]
Pai							0.				
	·	(a) Current year	(b) F	rior year	(c) Two year	ars back (	<b>d)</b> Three y	ears back	(e) Four	years l	back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end haland	e (line 1	a column (:	a)) held as:	I_			l		
a	Board designated or quasi-endowment	one year one balanc	%	9, 001411111 (	ajj riola ao.						
h	Permanent endowment	%									
	Term endowment > %										
·	The percentages on lines 2a, 2b, and 2c shou										
32	Are there endowment funds not in the posses	•	ation the	at are hold s	and administ	arad for th	o organiz	ation			
Ja	by:	Sion of the organiza	ation the	at are ricid a	and administ	ered for th	ie organiz	ation	Ī	Yes	No
	-								3a(i)		
										-	
h	(ii) Related organizations	ione lieted on requir	rad on S	Cobodulo D2	· · · · · · · · · · · · · · · · · · ·				3a(ii)		
4	Describe in Part XIII the intended uses of the								. 30		
	t VI Land, Buildings, and Equipme		willelit	iurius.							
ı u	Complete if the organization answered		) Part I	/ line 11a 9	See Form 99	∩ Part X ∣	line 10				
-	•	(a) Cost or o		·		· · · · · ·		<del>d</del>	(d) Poo	c volue	
	Description of property	basis (investr			t or other (other)		cumulate reciation	u	( <b>d</b> ) Boo	∧ valu€	;
	Land	<del>-   ` `                                </del>	nont)	Dasis	(Othici)	uep	COLATION				
_	Land										
b	Buildings							<del></del>			
	Leasehold improvements							<del></del>			
d	Equipment					-					
	Other		V 601	nn (D) line i	100)	1		<del>_</del>			0.
ιοτа	. Aud lines Ta through Te. (Column (a) must eq	uai FUIIII 990, PAR	A, COIUI	ıııı (🗗), IINE I	IUC.)						•

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 ALL WITHIN	MY HANDS	81	L-4258668 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-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	s" on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	nd-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	s" on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15 )		
Part X Other Liabilities.	ine 15.)		
Complete if the organization answered "Yes	" on Form 900 Part IV lin	o 11o or 11f Soo Form 990 Part V line 2	5
(a) Description of liebility	5 OH FOHH 990, Part IV, IIII	e TTe OF TTI. See FOITH 990, Part X, IIIIe 2	(b) Book value
<u> </u>			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			1
(5)			

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... X

Schedule D (Form 990) 2021

(6) (7) (8)

	edule D (Form 990) 2021 ALL WITHIN MY HANDS			258668 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Rever	nue per Return.	ı
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,570,269.	
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				
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,570,269.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.,			1,570,269.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	enses per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements		1	2,367,861.
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				
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,367,861.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	5	2,367,861.
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1; Part IV, lines 1b and 2b;	Part V, line 4; Part >	(, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	ny additional information.		
PAI	RT X, LINE 2:			
FII	N 48			
THI	E FOUNDATION IS A NONPROFIT PUBLIC BENE	FIT CORPORATI	ON ORGANIZ	ED UNDER

THE LAWS OF CALIFORNIA AND, AS SUCH, IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE(IRC) SECTION 501(C)(3) AND CORRESPONDING STATE PROVISIONS. THE FOUNDATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX POSITIONS, SUCH AS FILING STATUS OF TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE FOUNDATION IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL AND CALIFORNIA PURPOSES IS GENERALLY THREE AND FOUR YEARS, RESPECTIVELY.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021	ALL WITHIN MY HANDS	81-4258668 Page 5
Schedule D (Form 990) 2021 Part XIII   Supplemental Info	ormation (continued)	<del>-</del>
	, ,	

#### **SCHEDULE I** (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

► Go to www.irs.gov/Form990 for the latest information. Name of the organization

ALL WITHI	N MY HANI	os					81-4258668
Part I General Information on Grants a	ınd Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?				•		
Part II Grants and Other Assistance to recipient that received more than 9	Domestic Organ	izations and Domest	ic Governments. C	omplete if the orga	anization answered "	res" on Form 990, Part	IV, line 21, for any
(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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FEEDING TEXAS 1524 S I-35 FRONTAGE RD #342 AUSTIN, TX 78704	74-2762542	501(C)(3)	75,000.	0.			FOOD BANK
AMERICAN ASSOCIATION OF COMMUNITY COLLEGES - ONE DUPONT CIRCLE, NW SUITE 410 - WASHINGTON DC, DC			,				
20036	53-0196569	501(C)(3)	1,616,000.	0.			COLLEGE DONATION
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	150,000.	0.			HAITI EARTHQUAKE RESPONSE 50K/100K MONTH OF GIVING
FEEDING AMERICA 864 WEST RIVER CENTER DRIVE COMSTOCK PARK, MI 49321	38-2439659	501(C)(3)	200,000.	0.			HURRICANE IDA LA & NY 100K/MONTH OF GIVING
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA SUITE 400 LOS ANGELES, CA 90012	95-3510055	501(C)(3)	100,000.	0.			WILDLIFE RELIEF FUND
FEEDING SOUTH FLORIDA 2501 SW 32ND TERRACE PEMBROKE, FL 33023	59-2097520	501(C)(3)	10,000.	0.			MISSION AGAINST HUNGER
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization.		1 table					

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Schedule I (Form 990) 2021

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO FOOD BANK							
000 PENNSYLVANIA AVE							
SAN FRANCISO, CA 94107	94-3041517	501(C)(3)	25,000.	0.			FOOD BANK
LAKEVIEW PANTRY							
3945 N. SHERIDAN ROAD							
CHICAGO, IL 60613	36-2734184	501(C)(3)	10,000.	0.			FOOD BANK
DARE TO CARE							
5803 FERN VALLEY RD							
LOUISVILLE, KY 40228	23-7345952	501(C)(3)	25,000.	0.			FOOD BANK
SACRAMENTO FOOD BANK & FAMILY							
SERVICES - 3333 THIRD AVE -							
SACRAMENTO, CA 95817	94-3315566	E01/C)/2)	25,000.	0.			FOOD BANK
SACRAMENTO, CA 93017	94-3313300	501(C)(3)	25,000.	0.			FOOD BANK
ATLANTA COMMUNITY FOOD BANK							
2400 NORTH DESERT DR							
ATLANTA, GA 30344	58-1376648	501(C)(3)	25,000.	0.			FOOD BANK
SECOND HARVEST FOOD BANK							
111 MERCY DRIVE	E0 214221E	E01/G)/3)	25 000	0			EOOD DANK
DRLANDO, FL 32805	59-2142315	501(C)(3)	25,000.	0.			FOOD BANK

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete il trie	organization answ	ered fes on Forms	990, Part IV, IIIIe 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	·				
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
DESCRIBE THE ORGANIZATION'S PROCEI	OURES FOR	MONITORIN	IG THE USE	OF GRANT	
FUNDS IN THE UNITED STATES: THE E	OUNDATIO	N WILL REQ	UEST FOLLO	W UP REPORTS	
FROM GRANTEES EXPLAINING HOW THE E	TINDS WER	E SPENT T	N THE AREA	S OF FOOD	
INSECURITY WE CONNECT DIRECTLY WIT	H FEEDIN	G AMERICA	OR THE LOC	AL FOOD BANK/	
FOOD PANTRY. IN THE CASE OF OUR G	RANTS TO	COMMUNITY	COLLEGES W	E REQUIRE AND	
REVIEW DETAILED INTERIM AND FINAL	REPORTS	FROM THE I	NDIVIDUAL	COLLEGES AS	
ADMINISTERED BY THE AMERICAN ASSOC	CIATION O	F COMMUNIT	Y COLLEGES	, MEETING	
MONTHLY TO LEARN HOW OUR FUNDS ARE	E BEING A	LLOCATED.	IN AREAS O	F DISASTER	

REL:	IEF,	AND CI	RITIC	AL LO	CAL	SERVICES,	WE	REQUEST	FOLLOW	UP	INFORMATION O	N
		FUNDS						<del></del>				
11011		TONDE	WEIGH			001.						

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2021

Open to Public

Inspection

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

Name of the organization

ALL WITHIN MY HANDS

Employer identification number 81-4258668

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

THE FIGHT AGAINST HUNGER, AND OTHER CRITICAL LOCAL SERVICES.

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

DESCRIBE ANY FAMILY RELATIONSHIP OR BUSINESS RELATIONSHIP BETWEEN OFFICERS,
DIRECTORS, TRUSTEES, OR KEY EMPLOYEES.

LARS ULRICH, JAMES HETFILED, KIRK HAMMETT, ROBERT TRUJILLO, TONY DICIOCCIO, VICKIE STRATE, AND MARC REITER ALL HAVE A BUSINESS RELATIONSHIP. ALL THE MEMBERS ARE INDEPENDENT (NOT PAID BY THE CHARITY). THE ALL WITHIN MY HANDS FOUNDATION'S CONFLICT OF INTEREST POLICY GOVERNS THE PROCESS RELATED TO ANY CONFLICT, SEE PART VI, SECTION B, 12A.

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

EXPLAIN WHY THE ORGANIZATION DID NOT CONTEMPORANEOUSLY DOCUMENT THE MEETINGS HELD OR WRITTEN ACTIONS UNDERTAKEN DURING THE YEAR BY EACH COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

THERE ARE NO COMMITTEES.

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

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

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

MEMBER VIA E-MAIL.

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

DID THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITOR THE CONFLICT OF INTEREST POLICY.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** 81-4258668 ALL WITHIN MY HANDS CONFLICTS OF INTEREST ARE DISCUSSED AT BOARD MEETINGS. IF ANY MEMBER IS BELIEVED OR KNOWN TO HAVE A CONFLICT OF INTEREST, HE OR SHE WILL RECUSE HIMSELF OR HERSELF FROM ANY DISCUSSIONS OR VOTES ON THAT MATTER. FORM 990, PART VI, SECTION C, LINE 19: DESCRIBE HOW THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMETHS AVAILABLE TO THE PUBLIC. MADE AVAILABLE UPON REQUEST.

132212 11-11-21 Schedule O (Form 990) 2021