Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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



A For the 2019 calendar year, or tax year beginning and ending D Employer identification number В Check if applicable: C Name of organization X Address change ALL WITHIN MY HANDS _____Name _____change 81-4258668 Doing business as Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 454 LAS GALLINAS AVENUE 213 (310)954 - 1050termin-ated 2,896,873. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ SÁN RAFAEL, CA Amended 94903 H(a) Is this a group return Applica-F Name and address of principal officer: TONY DICIOCCIO Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No 527 Tax-exempt status: X 501(c)(3) 501(c)) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.ALLWITHINMYHANDS.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 2016 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS DEDICATED TO 1 Activities & Governance CREATING SUSTAINABLE COMMUNITIES BY SUPPORTING WORKFORCE EDUCATION, Check this box
 if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 9 Number of voting members of the governing body (Part VI, line 1a) 3 3 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 0 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 39 7b Prior Year Current Year 3,818,727. 2,799,792. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. 9 Program service revenue (Part VIII, line 2g) 34,284. 97,081. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 3,853,011. 2,896,873. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,065,000. 755,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 5,840. b Total fundraising expenses (Part IX, column (D), line 25) 37,432. 79,679. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,144,679. 792,432. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 2,104,441. 2,708,332. 19 Revenue less expenses. Subtract line 18 from line 12 Assets or d Balances Beginning of Current Year End of Year 6,095,878. 7,506,804. Total assets (Part X, line 16) 20 693,515. 0 21 Total liabilities (Part X, line 26) Net / 506,804. 5,402,363. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block

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

Sign Here	Signature of officer TONY DICIOCCIO, SECRET Type or print name and title	'ARY/TREASURER	Date					
Paid	Print/Type preparer's name DONITA M. JOSEPH	Preparer's signature DONITA M. JOSEPH	Date Check PTIN 11/10/20 self-employed P00286656					
Preparer	Firm's name 📦 WINDES, INC.		Firm's EIN ▶ 95-3001179					
Use Only	Firm's address 🕨 P.O. BOX 87							
	LONG BEACH, CA 9	0801-0087	Phone no. (562)435-1191					
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)							
932001 01-2	0-20 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form 990 (2019)					
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	IENT CONTINUATION					

	990 (2019) ALL WITHIN MY HANDS	81-425	8668	Pag
Pa	rt III Statement of Program Service Accomplishments			-
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>		<u> L</u>
1	Briefly describe the organization's mission: ALL WITHIN MY HANDS FOUNDATION IS DEDICATED TO CREATING COMMUNITIES BY SUPPORTING WORKFORCE EDUCATION, THE FIGH HUNGER, AND OTHER CRITICAL LOCAL SERVICES.			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		Yes	X
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		Yes	X
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	•	-	
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 290,000. including grants of \$ 290,000.) (Reven			
4a	(Code:) (Expenses \$290,000.including grants of \$290,000.) (ReverTHIS ORGANIZATION PROVIDED GRANTS TOI.R.C. SECTION 501ORGANIZATIONS THAT PROVIDE HUNGER RELIEF TO PEOPLE WITH	(C)(3)	R	
	COMMUNITIES.			
4b	(Code:) (Expenses \$ 465,000 • including grants of \$ 465,000 •) (Rever	(
40	(Code:) (Expenses \$ 465,000. including grants of \$ 465,000.) (Rever THIS ORGANIZATION PROVIDED GRANTS TO I.R.C. SECTION 501			
		(C)(3)		
	ORGANIZATIONS TO SUPPORT WORKFORCE EDUCATION			
4c	(Code:) (Expenses \$ including grants of \$) (Rever	1ue \$		
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 755,000.			
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	2			
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Form 990 (2019) ALL WITHIN M Part IV Checklist of Required Schedules ALL WITHIN MY HANDS

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1	X X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	~	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		x
4	public office? <i>If "Yes," complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	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			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<u> </u>
•	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,			
	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			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		x
10	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)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
		14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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	Form 990 (2	2019)	ALL	WITHIN	MY	HAND
Ì	Part IV	Checklist	of Require	d Schedul	es (co	ntinued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		X
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>	24a		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	2 5a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			37
~	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	contributions? If "Yes," complete Schedule M	30		x
81	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
)F a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		- 11
2	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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.0		
3200	(gambling) winnings to prize winners?	Form	990	1 (2010
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Form	990 (2019) ALL WITHIN MY HANDS 81-4258	668	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		_	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	А
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	А
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? \mathbb{N}/\mathbb{A}	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

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

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

10	Enter the number of voting members of the governing body at the end of the tax year	10	9	Yes	No
ia	If there are material differences in voting rights among members of the governing body at the end of the tax year	1a	4		
	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	16	0		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		- I		
2	officer, director, trustee, or key employee?		. 2	x	
3	Did the organization delegate control over management duties customarily performed by or under t				
	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 as	ssets?	. 5		X
6	Did the organization have members or stockholders?		. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?				X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		. 10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such o				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>in Schedule O how this was done</i>	Yes," describe		x	
13	Did the organization have a written whistleblower policy?				X
14	Did the organization have a written document retention and destruction policy?				X
15	Did the process for determining compensation of the following persons include a review and approv		· - · ·		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	•			
а	The organization's CEO, Executive Director, or top management official		15a		x
h	Other officers or key employees of the organization		15a	1	X
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		. 100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
.54			16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		. 104		
2	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evalu	• •			
	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, i	and 990-T (Section 501/c	(3)s onl	v) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.	n on Schedule O)		<i>,</i> , ava	
10		,	and fin-	noicl	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tay year	connict of interest policy,	anu fina	uicial	
20	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 b WG&S, LLP - (310)954-1050				
	10990 WILSHIRE BOULEVARD, 8TH FLOOR, LOS ANGELES,	CA 90024			
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contra	ctors			

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

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

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

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

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

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

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

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

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

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

(A)	(B)	(C)				npo	noui	(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Estimated	
	hours per week		box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	amount of other	
	(list any	ector						the	organizations	compensation	
	hours for related	e or dir	66			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	
	organizations	trustee	al trust		yee	mpen		(00-2/1099-00130)		organization and related	
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations	
	line)	Indi	Insti	Officer	Key	High emp	Former				
(1) LARS ULRICH	5.00							0	0	0	
CO-PRESIDENT	5.00	X		X				0.	0.	0.	
(2) JAMES HETFIELD	5.00	x		x				0.	0.	0.	
CO-PRESIDENT	5.00			<u> </u>				0.	0.	0.	
(3) TONY DICIOCCIO SECRETARY/TREASURER	5.00	x		x				0.	0.	0.	
(4) KIRK HAMMETT	5.00		<u> </u>	<u> </u>	\vdash		┣─	0.	0.	<u></u>	
DIRECTOR		x						0.	0.	0.	
(5) ERIC WASSERMAN	4.00										
DIRECTOR		x						0.	0.	0.	
(6) VICKIE STRATE	10.00										
DIRECTOR		x						0.	0.	0.	
(7) ROBERT TRUJILLO	5.00										
DIRECTOR		X						0.	0.	0.	
(8) MARC REITER	5.00										
DIRECTOR		X						0.	0.	0.	
(9) DR. EDWARD H. FRANK	10.00										
EXECUTIVE DIRECTOR		X						0.	0.	0.	
				-							
932007 01-20-20										Form 990 (2019)	

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Form **990** (2019)

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	Form 990 (2019) ALL WITHIN MY HANDS 81-4258668 Page 8													
Par			ploy	ees			ghe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) timate nount o other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e on ed
	Subset								0.		0.			0.
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	sove	e) wł	no re	eceived more than \$100	0,000 of reportab	le		Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>			-	•	-		Ŭ	phest compensated emp	-		3	100	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	le co " <i>co</i>	omp mple	ensa ete S	atior Sche	n and edule	d otl 9 <i>J f</i>	her compensation from for such individual	the organization		4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	-				-			-			5		X
1	Complete this table for your five highest co										pens	ation f	rom	
	the organization. Report compensation for (A) Name and business			onai DNE		VITN	or w	Itnir	n the organization's tax (B) Description of s		С	(C ompei	;) nsatior	<u></u> ו
								_						
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lii	mite	d to		se lis)	stec	above) who received n	nore than		Form	990 (2	2019)

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Pa	rt \	/11							
			Check if Schedule O contains a respo	nse or r	note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded
nts its	1	а	Federated campaigns 1a						
àrar		b	Membership dues 1b						
Å, o		с	Fundraising events 1c						
ar /			Related organizations 1d						
s, C			Government grants (contributions) 1e						
r Si			All other contributions, gifts, grants, and						
the				2,79	99,792.				
d d i		g	Noncash contributions included in lines 1a-1f		L0,982.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f		►	2,799,792.			
					usiness Code				
e l	2	а							
^e Zi		b							
Se		с							
am		d							
Program Service Revenue		е							
Å,		f	All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including dividends, ir						
			other similar amounts)			97,081.			97,081.
	4		Income from investment of tax-exempt bo						
	5		Royalties	•					
			(i) Real		ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		с	Rental income or (loss) 6c						
		d	Net rental income or (loss)		►				
	7	а	Gross amount from sales of (i) Securiti		(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
anı			and sales expenses 7b						
Revenue		с	Gain or (loss)						
Re			Net gain or (loss)		►				
Jer	8		Gross income from fundraising events (not						
oth			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
			Net income or (loss) from fundraising even	nts	►				
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming activities	s <u></u>	►				
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
		b	Less: cost of goods sold	10b					
			Net income or (loss) from sales of inventor	ry	►				
s				Bu	usiness Code				
e sou	11	а							
ane		b							
liscellaneous Revenue		с							
Misc		d	All other revenue						
_			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			2,896,873.	0.	0.	97,081.
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Form 990 (2019)

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Form 9	90 (20)19)
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Part IX Statement of Functional Expenses

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

To, Bb. 9b, and 10b of Part Vitt. Productions	Do 1	Check if Schedule O contains a respon not include amounts reported on lines 6b,		(B)	(C)	<u> </u>
and domestic governments. See Part IV, line 21 Grants and other assistance to Governic individuals. See Part IV, line 22 Grants and other assistance to Governic individuals. See Part IV, line 32 Grants and other assistance to Governic individuals. See Part IV, line 32 Grants and other assistance to Gregin individuals. See Part IV, line 32 Grants and other assistance to Gregin individuals. See Part IV, line 32 Grants and other assistance to Gregin individuals. See Part IV, line 32 Grants and other sections. Grants and other assistance to Gregin individuals. See Part IV, line 32 Grants and other assistance to Gregin individuals. See Part IV, line 32 Grants and other assistance to Gregin individuals. See Part IV, line 32 Grants and other assistance to Gregin individuals. See Part IV, line 32 Grants and Other assistance to Gregin individuals. See Part IV, line 32 Grants and Other assistance to Gregin individuals. See Part IV, line 32 Grants and Other assistance and varges Grants and Assistance and resetting Grants and Other assistance and varges Grants and and promotion Grants and Grants and meetings Grants and promotion Grants and Grants and more and meetings Grants and Assistance and meetings Grants and Assistance and aspece			Total expenses	Program service	Management and	Fundraising
2 Grants and other assistance to domestic individuals. See Part V, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16 4 Benefits paid to or for members 5 Componsation of current of firers, directors, trustees, and key employees 6 Componsation of current of firers, directors, trustees, and key employees 7 Other astainties and wages 8 Pension glas accruals and contributions (include saction 401(k) and 4020 (migner combutions) 9 Other analyzes 9 Payroll taxes 11 Fees for services (nonemployees): 4 Management 9 Querta malyzes 16 , 000 · 16 , 000 · 16 , 000 · 17 Individuals (file 25, 000 · 18 Accounting 19 Ceter file 10 amount, list in 17 glaspensis on 8.0.0, 0.1 12 Accounting (file 25, 000 · 14 Information technology 15 Royalties 16 Coupanse 17 Trevel 10 Accounting (file 25, 000	1	and domostic governments, See Part IV, line 21	755,000.	755.000.		
individuals. See Part IV, line 22	2		,,	1007000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part N, thes 15 and 16 Image: Compensations of current offices, directors,	2					
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3	F				
individuals. See Part IV, lines 15 and 16	0	J. J				
4 Beenfts paid to or for members 5 Compensation of current officers, directors, trustes, and key employees 6 Compensation not included above to disqualified persons (as Steffend under section 4958(f)(1) and persons described in 4018(f) and 4318(f) employees): a Management b Legal c Accounting c 16,000. c Accounting d Information texnology g Other expenses d Other expenses d Information technology d Jordice expenses d Other expenses d Information technology d Jordice expenses d Payments of athilates						
5 Compensation of current officers, directors, trustees, and key employees	4					
trustees, and key employees						
6 Compensation not included above to disqualified persons (as defined under section 4058(f)(1)) and persons described in section 4058(f)(1) and persons described in the 4058(f)(1) and persons and meetings and filter 4058(f)(1) and persons described in the 4058(f)(1) and persons and persons and persons and persons and persons and filter 4058(f)(1) and persons a	•	, , ,				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(3)8	6					
persons described in section 4958(c)(3)(B)	-					
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9 Other employee benefits						
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educational campaign and fundraising solicitation.		reported in column (B) joint costs from a combined				

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

1,525,270. 30,014. Cash - non-interest-bearing 1 1 5,578,954. 5,726,035. 2 2 Savings and temporary cash investments 481,411. 250,000. Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 5,499. 5,499. 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 6,095,878. 7,506,804. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) <u>33,51</u>5. Ο. 17 Accounts payable and accrued expenses 17 660,000. 0. 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 693,515. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 5,402,363. 7,356,804. Net assets without donor restrictions 27 27 150,000. Net assets with donor restrictions 0. 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 5,402,363. 7,506,804. Total net assets or fund balances 32 32 6,095,878. 7,506,804. 33 33 Total liabilities and net assets/fund balances

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(B)

End of year

(A)

Beginning of year

Form **990** (2019)

Part X Balance Sheet

.....

Form	1 990 (2019) ALL WITHIN MY HANDS	81-42	58668	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,896				
2	Total expenses (must equal Part IX, column (A), line 25)	2	792				
3	Revenue less expenses. Subtract line 2 from line 1	3	2,104				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5					
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	7,506	5,8	04.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	L		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	 		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L		

Form **990** (2019)

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

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Name of the o	organization
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Nam	ne of	the organization	WITHIN MY	намре					1-4258668
Pa	rt I	Reason for Public			omploto th	ic part) S			1-4230000
	orgar	nization is not a private found							
1		A church, convention of ch				• • •	1)(A)(i).		
2	\square	A school described in sect							
3	Н	A hospital or a cooperative							
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for		llege or university owne	d or opera	ted by a g	overnmental u	init descrit	bed in
6		section 170(b)(1)(A)(iv). (C A federal, state, or local go		nontal unit described in	contion 1	70(6)(4)(4)	(A)		
7	\square							aa aanaral	public described in
'		An organization that norma section 170(b)(1)(A)(vi). (C		initial part of its support	nom a gov	enninentai		ie general	
8		A community trust describe		(1)(Δ)(vi) (Complete Par	+ 11)				
9		An agricultural research or				ed in conii	inction with a	land-arant	college
3		or university or a non-land-							
		university:	grant conege of agric			name, or	y, and state of	the colleg	
10	X	An organization that norma	Illy receives: (1) more	than 33 1/3% of its sur	poort from	contributi	ons members	hin fees a	and gross receipts from
		activities related to its exen	• • • •		-				•
		income and unrelated busi							
		See section 509(a)(2). (Col				.0000 4040		gamzation	
11		An organization organized	. ,	ively to test for public sa	afety See	section 50)9(a)(4)		
12		An organization organized						arry out the	nurnoses of one or
		more publicly supported or							
		lines 12a through 12d that							
а		Type I. A supporting orga							<i>i</i> aivina
u	L	the supported organization							
					amajonty				supporting
h		organization. You must o			tion with it		ad argonizatio	n(a) by ba	v in a
b		Type II. A supporting org							
		control or management o			ame perso	ons that co	ontroi or mana	ge the sup	oported
_		organization(s). You mus						:	ما بن بنام
С		Type III functionally inte						ly integrate	ea with,
		its supported organizatio						tod organi	ization(a)
d		Type III non-functionally							
		that is not functionally int						an attent	iveness
		requirement (see instruct	,	•					
е		Check this box if the orga					а туре ї, туре	II, Type III	
		functionally integrated, o		, ,	0 0				
		er the number of supported of							
g		vide the following information (i) Name of supported	ii) EIN	d organization(s).	(iv) Is the orga	inization listed	(v) Amount of	monetany	(vi) Amount of other
		organization		(described on lines 1-10	in your governi Yes		support (see in	-	support (see instructions)
		-		above (see instructions))	163				
Fota	l 🗌								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

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Schedule A (Form 990 or 990-EZ) 2019 ALL WITHIN MY HANDS

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Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)	•		12	
	First five years. If the Form 990 is for	,	,				
	organization, check this box and stor	-					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
-	Public support percentage for 2019 (column (f))		14	%
	Public support percentage from 2018					15	%
	33 1/3% support test - 2019. If the o					nore, check this b	ox and
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th	-					
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
				, ,, e. H			

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 ALL WITHIN MY HANDS

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

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

	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			3,275,034.	3,818,727.	2,799,792.	9,893,553.
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						
2	Gross receipts from activities that						
3	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						
	·						
-							
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			2 275 024	2 010 707	2 700 702	0 000 550
	Total. Add lines 1 through 5			3,275,034.	3,818,727.	2,799,792.	9,893,553.
7a	Amounts included on lines 1, 2, and			4 450 400	0 044 554	1 220 505	E 051 EE5
	3 received from disqualified persons			4,479,408.	2,041,771.	1,330,596.	7,851,775.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the growth on line 12 for the user						0.
	amount on line 13 for the year			4,479,408.	2,041,771.	1,330,596.	7,851,775.
				1,115,100.	2,041,771.	1,000,000	2,041,778.
	Public support. (Subtract line 7c from line 6.)						2,011,770.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(4) 2013	(6) 2010	3,275,034.	3,818,727.	2,799,792.	9,893,553.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				34,340.		131,421.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b				34,340.	97,081.	131,421.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital						
3	assets (Explain in Part VI.)			3,275,034.	3,853,067.	2,896,873.	10,024,974.
	First five years. If the Form 990 is for	the organization'	s first, second, thi				
	check this box and stop here	Ū	, ,		,		
ied	ction C. Computation of Publ						
	Public support percentage for 2019 (I			column (f))		15	%
16	Public support percentage from 2018					16	%
	ction D. Computation of Invest						,,,
	Investment income percentage for 20					17	%
8	Investment income percentage from 2					18	%
	33 1/3% support tests - 2019. If the						
150	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19a,	and line 16 is mo	ore than 33 1/3%, a	
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	n dia not check a		a, or 190, check thi			
3202	23 09-25-19			15	Sch	edule A (Form 990	or 990-EZ) 2019
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~ -	, , , , , , , , , , , , , , , , ,	20.				-	

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Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2019

			Yes	No
44	Has the organization accorted a gift or contribution from any of the following persons?		Tes	NU
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		V	N
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) 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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019
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Schedule A (Form 990 or 990-EZ) 2019 ALL WITHIN MY HANDS

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

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	nanization (see

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

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 ALL WITHIN MY HANDS

Section D, lines 5, 6, and 8; and F	3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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, Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)	
32028 09-25-19	Schedule A (Form 990 or 990-EZ)
51110 794084 48555	20 2019.04030 ALL WITHIN MY HANDS 48555_

Schedule B

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

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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

Employer identification number

81-4258668

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,295,336.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$134,108.	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		\$103,398.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>84,035.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	6-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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ALL W	81-4258668		
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
7		- _ \$66,7	07. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
8		- \$\$62,2	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
9		_	Person X

9		\$56,641.	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
10		\$55,930.	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
11		\$ <u>55,377.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$53,627.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-0	⁶⁶⁻¹⁹	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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Name of organization

Page 2 Employer identification number

81-4258668

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 13 Person Payroll 44,165. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution X 14 Person Payroll 40,236. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 X Person Payroll 35,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 Х Person Payroll 32,744. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 17 X Person Payroll 26,250. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 18 X Person Pavroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) 923452 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) 24

2019.04030 ALL WITHIN MY HANDS

Name of organization

Employer identification number

81-4258668

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 20 X Person Payroll 12,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 21 X Person Payroll 10,250. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 Х Person Payroll 10,010. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 23 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 24 X Person Pavroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) 923452 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) 25

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Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$8,298.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,819.	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
28		\$7,005.	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
29		\$5,351.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>30</u> 923452 11-06		\$5 , 000 . \$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)
	26		

2019.04030 ALL WITHIN MY HANDS

Employer identification number

ALL WITHIN MY HANDS

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)
923452 11-06	G-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019

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Employer identification number

81-4258668

ALL WITHIN MY HANDS

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

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
26	GUITARS		
		\$8,298.	12/31/19
(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
		\$	

2019.04030 ALL WITHIN MY HANDS

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Page 4

	IIN MY HANDS clusively religious, charitable, etc., contributi	ons to organizations described ir	$\frac{81-4258668}{1-4258668}$ n section 501(c)(7), (8), or (10) that total more than \$1,000			
fro	m any one contributor. Complete columns (a)	through (e) and the following line e	entry For organizations			
cor Us	npleting Part III, enter the total of exclusively religious, cl e duplicate copies of Part III if additional s	naritable, etc., contributions of \$1,000 c	or less for the year. (Enter this info. once.)			
) No.		·				
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he			
		(e) Transfer of g	gift			
	Transferee's name, address, an	d 7IP + 4	Relationship of transferor to transferee			
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he			
Part I		., .				
<u> </u>						
<u> </u>						
		(e) Transfer of g	 gift			
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
<u> </u>						
) No.						
rom Part I	(b) Purpose of gift (c) Use of		(d) Description of how gift is he			
		(e) Transfer of g				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
<u> </u>						
) No.						
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he			
	(e) Transfer of gift					
		Deletioned: of two of the sector				
	Tuesdaysala		Relationship of transferor to transferee			
	Transferee's name, address, an	ld ZIP + 4	•			
	Transferee's name, address, an	ld ZIP + 4	·			
	Transferee's name, address, an	Id ZIP + 4				
	Transferee's name, address, an	Id ZIP + 4				

SC	HEDULE D	Supplement	al Financial Statements		OMB No. 1545-0047
	orm 990) ► Complete if the organization answered "Yes" on Form 990,			2019	
Depart	ment of the Treasury), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	I Revenue Service		90 for instructions and the latest informati	ion.	Inspection
Nam	e of the organizati	on ALL WITHIN MY HAND	S		identification number $1 - 4258668$
Pa	rt I Organiza		ed Funds or Other Similar Funds o		
		n answered "Yes" on Form 990, Part IV, lir			
		· · ·	(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised	funds	
	-		exclusive legal control?		Yes No
6			advisors in writing that grant funds can be us		
			or donor advisor, or for any other purpose co		
	impermissible priv	ate benefit?		~	Yes No
Pa	rt II Conserv		ganization answered "Yes" on Form 990, Par		
1	Purpose(s) of cons	servation easements held by the organizat	ion (check all that apply).		
	Preservation	of land for public use (for example, recrea	ation or education) 🛛 Preservation of a h	nistorically impo	rtant land area
	Protection o	f natural habitat	Preservation of a c	certified historic	structure
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a quali	ified conservation contribution in the form of	a conservation e	easement on the last
	day of the tax yea	r.		Held	at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b					
с			ructure included in (a)		
d			after 7/25/06, and not on a historic structure		
			·		
3			eleased, extinguished, or terminated by the o		ng the tax
	year 🕨				
4	Number of states	where property subject to conservation ea	asement is located		
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enf	orcement of the conservation easements	it holds?		_ Yes 🛛 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conser		
			-		
7	Amount of expens	es incurred in monitoring, inspecting, han	dling of violations, and enforcing conservatio	n easements du	iring the year
	▶\$				
8	Does each conser	vation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)	(4)(B)(i)	
	and section 170(h))(4)(B)(ii)?			. Yes 🗌 No
9			ion easements in its revenue and expense st		
	balance sheet, and	d include, if applicable, the text of the foot	note to the organization's financial statement	ts that describes	s the
	organization's acc	ounting for conservation easements.			
Pa	rt III Organiza	ations Maintaining Collections o	of Art, Historical Treasures, or Oth	er Similar A	ssets.
	Complete if	the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 99	58, not to report in its revenue statement and	balance sheet	works
	of art, historical tre	easures, or other similar assets held for pu	blic exhibition, education, or research in furth	nerance of public	с
	service, provide in	Part XIII the text of the footnote to its fina	ncial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 9	58, to report in its revenue statement and bal	ance sheet wor	ks of
	art, historical treas	ures, or other similar assets held for public	c exhibition, education, or research in further	ance of public s	ervice,
	provide the followi	ng amounts relating to these items:			
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		► \$	
2			easures, or other similar assets for financial g		
	-	unts required to be reported under FASB A	-		
а	-		~	► \$	

b	Assets included in Form 990, Part X	
-		

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
93205	1 10-02-19

Schedule D (Form 990) 2019

▶ \$

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Sche	dule D (Form 990) 2019 ALL WIT	HIN MY HAN	DS					81-42	5866	8 Pá	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	reasures, c	or Oth	er Simil	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	e following that	t make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🛄 ı	oan or exc	change progra	ım					
b	Scholarly research	е	• 🗆 C	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ey further t	the organization	on's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of		-						-		-
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered "	'Yes" or	Form 99	0, Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								7		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance										T
	Did the organization include an amount on F								Yes		J No ∣
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete								<u></u>		
1 41		(a) Current year		rior year	(c) Two year			ears hack		r veare	hack
10	Beginning of year balance	(a) Current year		ioi yeai		3 DOCK	(u) mice <u></u>	years back	(e) 100	i yoars	Dack
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
Ũ	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balance	ce (line 1 c	a, column (a)) held as:						
	Board designated or quasi-endowment		%	,							
	Permanent endowment	%									
		%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	-	ation tha	t are held a	and administe	red for t	he organi	zation			
	by:	-					-			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on So	chedule R?	?				3b		
4	Describe in Part XIII the intended uses of the		owment f	unds.							
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	, line 11a. S	See Form 990	, Part X	, line 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• • •	ccumulate preciation		(d) Boo	k value	Э
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	nn (B), line	10c.)						0.
								Cohodulo		- 000	0040

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 ALL WITHIN MY HANDS		81-4	4258668 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements			2,896,873.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			2,896,873.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			2,896,873.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	enses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	792,432.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			792,432.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	792,432.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

THE FOUNDATION IS A NONPROFIT PUBLIC BENEFIT CORPORATION ORGANIZED UNDER
THE LAWS OF CALIFORNIA AND, AS SUCH, IS EXEMPT FROM FEDERAL AND STATE
INCOME TAXES UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AND
CORRESPONDING STATE PROVISIONS. THE FOUNDATION RECOGNIZES THE FINANCIAL
STATEMENT BENEFIT OF TAX POSITIONS, SUCH AS FILING STATUS OF TAX-EXEMPT,
ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY
THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE FOUNDATION IS
SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING
JURISDICTION IN WHICH IT OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL
AND CALIFORNIA STATE PURPOSES IS GENERALLY THREE AND FOUR YEARS,
RESPECTIVELY.
932054 10-02-19 Schedule D (Form 990) 2019

	Schedule D (Form 990) 2019
932055 10-02-19	34

2019.04030 ALL WITHIN MY HANDS

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► 23 • Schedule I (Form 990) (2019)				e line 1 table	ganizations listed in th 1 table ions for Form 990.	nd government or <u>s listed in the line</u> , see the Instruct	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	2 Enter total nu 3 Enter total nu LHA For Paperw
FOOD BANK	ъ		<u>.</u>	50,000.	501(C)(3)	68-0003212	FOUNDATION SONOMA COUNTY POINT RD. SUITE 220 A, CA 95401	COMMUNITY FOUN 120 STONY POIN SANTA ROSA, CA
FOOD BANK	hg		o	10,000.	501(C)(3)	73-1184980	BANK OF EASTERN 4 N KENOSHA AVE - 5	COMMUNITY FOOD BANK OF OKLAHOMA - 1304 N KENOS TULSA, OK 74106
FOOD BANK			°.	10,000.	501(C)(3)	63-0837956	COMMUNITY FOOD BANK OF CENTRAL ALABAMA - 107 WALTER DAVIS DRIVE - BIRMINGHAM, AL 35209	COMMUNITY FOOD ALABAMA - 107 I BIRMINGHAM, AL
FOOD BANK	hg		°.	50,000.	501(C)(3)	95-3510055	CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA STE 400 LOS ANGELES, CA 90012	CALIFORNIA COMM 221 S. FIGUEROA LOS ANGELES, CA
FOOD BANK	ъ		°.	10,000.	501(C)(3)	71-0596734	DBANK STREET AR 72209	ARKANSAS FOODBANK 4301 W. 65TH STRE LITTLE ROCK, AR 7
COLLEGE DONATIONS	0		o.	460,000.	501(C)(3)	53-0196569	AMERICAN ASSOCIATION OF COMMUNITY COLLEGES - ONE DUPONT CIRCLE. SUITE 410 - WASHINGTON, DC 20036	AMERICAN ASSOC COLLEGES - ONE SUITE 410 - WA
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(t) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	(a) Name and address of organization or government	1 (a) Name and or
IV, line 21, for any	ization answered "Yes" on Form 990, Part IV, line 21, for any	anization answered "\	omplete if the orga led.	c Governments. C ional space is neec	zations and Domesting to be duplicated if addition	Domestic Organi 55,000. Part II can	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organ recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Part II Grants
ion Yes X No	sistance, and the selecti	/ for the grants or ass	grantees' eligibility d States.	or assistance, the funds in the United	e amount of the grants	o substantiate the amou stance? cedures for monitoring t	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	1 Does the org criteria used 2 Describe in F
Employer identification number 81-4258668					ŭ	N MY HANDS	eorganization ALL WITHIN MY HAN General Information on Grants and Assistance	Name of the organization Part I General Info
OMB No. 1545-0047 2019 Open to Public Inspection		ganizations, United States), Part IV, line 21 or 22. Iformation.	ce to Organ s in the Uni on Form 990, Pau n 990. r the latest inform	Its and Other Assistance to Organization Inments, and Individuals in the United the organization answered "Yes" on Form 990, Part IV, linthe organization answered "Yes" on Form 990. Attach to Form 990. ★ Go to www.irs.gov/Form990 for the latest information.	Grants and Other Assistance to Organizations, Governments, and Individuals in the United State Complete if the organization answered "Yes" on Form 990, Part IV, line 21 o ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information.	Compl Go	~	SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service
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Schedule I (Form 990)							
FOOD BANK	143		°.	5,000.	501(C)(3)	94-1156347	VAIL VALLEY SALVATION ARMY P.O. BOX 2183 EDWARDS, CO 81632
FOOD BANK	143		°.	10,000.	501(C)(3)	75-1904829	SOUTH PLAINS FOOD BANK 5605 MLK BLVD LUBBOCK, TX 79404
FOOD BANK	713		°.	10,000.	501(C)(3)	62-1049447	SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE - 331 GREAT CIRCLE ROAD - NASHVILLE, TN 37228
FOOD BANK	713		°.	5,000.	501(C)(3)	94-3041517	SAN FRANCISCO-MARIN FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107
FOOD BANK	- Fig		°.	5,000.	501(C)(3)	95-3135649	LOS ANGELES REGIONAL FOOD BANK 1734 E. 41ST STREET LOS ANGELES, CA 90058
COLLEGE DONATIONS	Q		°.	5,000.	501(C)(3)	95-6207819	LOS ANGELES CITY COLLEGE FOUNDATION - 855 NORTH VERMONT AVE - LOS ANGELES, CA 90029
FOOD BANK	14		°.	10,000.	501(C)(3)	48-0959213	KANSAS FOOD BANK 1919 E. DOUGLAS WICHITA, KS 67211
FOOD BANK	14		°.	10,000.	501(C)(3)	56-1753180	INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR. SUITE 120 RALEIGH, NC 27603
(h) Purpose of grant or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	(a) Name and address of organization or government
1-4258668 Page 1	rt II.) 81 -)dule I (Form 990), Par	nited States (Sche	nizations in the Un)S overnments and Orga	N MY HANDS	Schedule I (Form 990) ALL WITHIN MY HANDS Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

		Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						(a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non- (e) Method of valuation (f) Description of noncash assistance recipients cash grant cash assistance (book, FMV, appraisal, other)		81-4258668
			Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	Fart IV Supplemental Information. Provide the information required in Part II, column (b): and any other additional information.	Image: state in the information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state information required in Part I. Image: state in Part I. Image: state information required in Pa	Image: state in the information regulated in Part I, line 2: Part III, column ID, and any other additional information.	sal, other)	sai, other)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

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:

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 2:

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

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

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

THERE ARE NO COMMITTEES.

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

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:

DISCUSSIONS AT BOARD MEETINGS. NO CONFLICT ISSUES AROSE IN THIS REPORTING

PERIOD.

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

AVAILABLE ON ORGANIZATION'S WEBSITE.

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

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

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