			_	EΣ	TENDED	то	MAY 1	7, 2	2021				_		
	Ω	00	Retur	n of Oi	rganizat	tion	Exem	npt F	From	n Inc	ome <sup>-</sup>	Тах	0	MB No. 154	5-0047
For		90	Under section 5	501(c), 527, o	or 4947(a)(1)	of the	Internal Re	evenue	Code (	except	private fo	undatior	ıs)	ZU 7	9
•		iuary 2020) of the Treasury	Do	not enter s	ocial security	/ numb	ers on this	s form	as it ma	ay be m	ade publi	с.	0	pen to P	ublic
Inter	nal Rev	enue Service			rs.gov/Form									Inspect	ion
Α	For th	e 2019 calend	lar year, or tax ye	ear beginnin	g JUL :	1, 2	2019	and	ending	JUN	30,	2020			
В	Check if	<b>C</b> Name o	f organization							DI	Employer	identific	ation nu	ımber	
_	 Addr														
F	_]chan _]Nam		RD CHARLE	IS FOUL	IDATION					_	26 1	24504	10		
F	chan Initia	<u>v</u>	usiness as	) hav if mail is					D a a ma /a						
F	returi Final	269	and street (or P.0 SOUTH BEV			o street	auuress)		Room/su <b>3 3 8</b>		Telephone	e number 694-3			
	lreturı termi ated	n-	own, state or prov			foroiar	nostal cor				Gross receipt			478,	455.
Г		nded DUTT	RLY HILLS		90212	loreigi	i postal coc	ue			) Is this a				
			nd address of prir			ETON	1				•	ordinates?		<b>Yes</b> [	X No
	pend		AS C ABOV							H(b	Are all sub				
<u> </u>	Tax-e>	empt status:	X 501(c)(3)	501(c) (	) 🖊 (in:	sert no.	) 4947	7(a)(1) o	or 🗌 5	527		attach a l			
			EDWARDCHA		UNDATI	ON.C		. , , , ,		H(c	) Group e				,
ĸ	<sup>-</sup> orm c	of organization:	X Corporation	Trust	Associatio	on 🗌	Other 🕨		LY	ear of for	mation: 2	009 <mark>м</mark>	State of	iegal dom	icile: DE
Pa	art I														
ø	1		be the organization	n's mission d	or most signifi	cant ad	ctivities: F	ISCA	AL SI	PONS	ORSHI	P OF	CHAF	ITAE	LE
anc		INITIAT													
ern	2	Check this bo	his box 🕨 🛄 if the organization discontinued its operations or disposed of more than 25% of its net assets.												
202	3		ting members of t	-											4
જ	4		dependent voting												3 10
ties	5		of individuals emp												0
Activities & Governance	6		of volunteers (est												0.
A			d business revenu												0.
		Net unrelated	business taxable	income iron	1 FOITH 990-1,	line se	,				Prior Year		<u> </u>	rrent Ye	
	8	Contributions	and grants (Part )	VIII line 1h)					-		,550,			297,	
Revenue	9		ice revenue (Part )						Г		691,		/		925.
eve	10	-	come (Part VIII, co	÷.								544.			017.
£	11		e (Part VIII, columr									0.			0.
	12		- add lines 8 throu								,285,			864,	
	13		milar amounts pai							10	,363,	855.	3,	,611,	481.
	14		to or for members									0.			0.
es	15		r compensation, e							1	,235,			<u>667,</u>	651.
Expenses			undraising fees (P			e)						0.			0.
ă			ing expenses (Par			▶_			0.		000		-	0.00	0.4.4
			es (Part IX, colum						E		,833,			968,	
	18		es. Add lines 13-17							1	,433, ,147,	565		247, 616,	
	19	Revenue less	expenses. Subtra	act line 18 fro	om line 12										
Net Assets or Fund Balances	20	Total accete //	Dart V lina 16)						F		ng of Curre , 676 ,			nd of Yea	ar 189.
Asse	20 21		Part X, line 16)						r		<u>,986,</u>		5,		032.
Net ,	21		fund balances. Si		21 from line 20						<u>, 690,</u>		5.	345,	
	art II										, • /		- /		
		_	I declare that I have	examined this	s return, includi	ng acco	mpanying sc	chedules	and stat	tements,	and to the l	best of my	knowledg	ge and be	lief, it is
			. Declaration of prep			-						-	-,		
				`							-	-			

Sign	Signature of officer			Date					
Here	KENT SETON, CEO								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	SHASHI MIRPURI			self-employed P00874030					
Preparer	Firm's name BAKER TILLY US,	LLP		Firm's EIN ▶ 39-0859910					
Use Only	Firm's address 🖌 15760 VENTURA BL	VD, SUITE 1100							
	ENCINO, CA 91436			Phone no.818-981-2600					
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)								
	Courses of as as a line For Denormark Deduction Act Nation and the constants instructions								

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

	1 990 (2019) EDWARD CHARLES FOUNDATION	26-4245043	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: TO ACT AS A FISCAL SPONSOR FOR VARIOUS CHARITABLE INITIA	ATIVES	
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	XNo
•	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	
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 othe	• •	
	revenue, if any, for each program service reported.	rs, the total expenses, a	anu
4a	(Code: ) (Expenses \$ 667,288 • including grants of \$ 165,940 • ) (Revenu		)
	FAITH FIGHT FINISH - FAITH FIGHT FINISH INVESTS IN THE F		R
	YOUTH BY EMPOWERING INDIVIDUALS, FAMILIES, AND COMMUNIT		
	STRENGTH THROUGH ADVERSITY. THE FOUNDATION FOCUSES ON E AND OFFERING ASSISTANCE TO THOSE FACING LIFE-CHALLENGING		CER
	AND OFFERING ADDIDIANCE TO THODE FACING HITE CHALLENGING		
4b	(Code:) (Expenses \$575,782. including grants of \$) (Revenue (Code:)) (Revenue (Code:		)
	OUTSCHOOL.ORG - TO PROVIDE FREE CLASSES TO PUBLIC SCHOOL AFFECTED BY SCHOOL CLOSURES AS A RESUT OF CORONAVIRUS.	J FAMILIES	
	AFFECTED DI DENOOL CHODORED AD A REDOI OF CORONAVIROD.		
4c	(Code: ) (Expenses \$ 68,085. including grants of \$ ) (Revenue YOUR MOM CARES HELPS ALL CHILDREN BY CREATING AND FUNDING CREATING CREATING AND FUNDING CREATING CREATING AND FUNDING CREATING CREATING CREATING AND FUNDING CREATING CREATI		() स
	CUTTING-EDGE PROGRAMS AND SOLUTIONS WHICH HAVE A DIRECT		⊔,
	CHILDREN'S MENTAL HEALTH.		
<u>4</u> 4	Other program services (Describe on Schedule O.)		
Ψu	(Expenses \$ 6,917,852 · including grants of \$ 3,445,541 · ) (Revenue \$	)	
4e	Total program service expenses ► 8,229,007.	· · · · · · · · · · · · · · · · · · ·	
		Form <b>9</b>	<b>90</b> (2019)
93200	2 01-20-20		

Form	990	(2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more 2 if "Ves." complete Schedule E. Parts Land IV.	146		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 23
15	foreign organization Per Vis, " complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
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? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	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
	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	X	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
	Schedule L, Part I	25b		<u> </u>
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%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	27		x
20	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		- 23
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
d	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
Ũ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 108			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Part V	Statements	Regarding C	ther IRS Fili	ngs and Tax	Compliance (continued)
Form 990	(2019)	EDWARD	CHARLES	FOUNDATI	ON

# EDWARD CHARLES FOUNDATION

			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 10					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
	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			v		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х		
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 5b		X X		
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?					
-	<ul> <li>c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?</li> <li>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit</li> </ul>					
6a	any contributions that were not tax deductible as charitable contributions?	6a		x		
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua				
Ň	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).	0.0				
'a	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				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?					
9	9 Sponsoring organizations maintaining donor advised funds.					
а	a Did the sponsoring organization make any taxable distributions under section 4966?					
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					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders 11a					
D	Gross income from other sources (Do not net amounts due or paid to other sources against					
12-	amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	104				
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
с	Enter the amount of reserves on hand					
14a Did the organization receive any payments for indoor tanning services during the tax year?						
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		Х		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2019)

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Form 990 (2019)	)
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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	L .		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, KS, NY, TN		,	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(	3)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd final	ncial	
<b></b>	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►			
	269 SOUTH BEVERLY DRIVE, NO. 338, BEVERLY HILLS, CA 90212			
00000		Form	000	(2019)
932006	§ 01-20-20		1000	(2013)

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

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

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

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

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

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

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

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one			l than	one	Reportable	Reportable	Estimated
	hours per	box	box, unless perso		person is both an		h an	compensation	compensation	amount of
	week				a director/trustee)		itee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		/ee	mpen		(1099-10130)		and related
	below	Individual trustee or director	Institutional trustee	L_	Key employee	Highest compensated employee	5			organizations
	line)	Indivi	Institu	Officer	Keye	Highe emplo	Former			0
(1) KENT SETON	30.00									
CEO		X		X				105,000.	0.	0.
(2) KEVIN GRIGORENKO	1.00									
СТО		x		x				0.	0.	0.
(3) ANDREW ALTSULE	1.00									
SECRETARY		X		X				0.	0.	0.
(4) JAMES BULLARD	1.00									
TREASURER		X		Х				0.	0.	0.
(5) TAMARA BROWN	37.50									
PROGRAM DIRECTOR						Х		143,238.	0.	0.
							<u> </u>			
										·
		1								
		1								
		1								
				-	-		-			

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Form 990 (2019)

Form 990 (2019) EDWARD CHARLES FOUNDATION 26-424504									043	Pa	age <b>8</b>			
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	<b>(B)</b> Average hours per	(B) (C) (D) Average Position (do not check more than one Reportable					<b>(D)</b> Reportable compensation	es (continued) (E) Reportable compensatio from related	on	<b>(F)</b> Estimated amount of 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	s	com fr org ane	pensa om the anizati d relate	e ion ed
	Subtotal								248,238.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								0.248,238.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wh	io r	eceived more than \$100	,000 of reportab	le			2
3	Did the organization list any <b>former</b> officer,			-	•	-		Ŭ		5			Yes	No X
4	line 1a? <i>If "Yes," complete Schedule J for s</i> For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	ation	n anc	l otl		the organization		3		x
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	accrue comper	nsat	ion f	rom	any	unr	elat	ted organization or indiv	idual for services	. [	4		x
-	tion B. Independent Contractors												I	
1	Complete this table for your five highest co the organization. Report compensation for	-	-						n the organization's tax		ipens			
বদা	(A) Name and business דריידה אדיידקיים אפקרידאי.		r	1:	285	20	N		<b>(B)</b> Description of s ספתד אדדים		С	(C ompe	nsation	n
SELECTED ARTISTS ASSOCIATES, LLC, 13880 N ARTIST FEES FOR NORTHSIGHT BLVD. STE C101, SCOTTSDALE, AZ EVENT FOXHOUND, LLC VIDEO PRODUCTION								97	5,0	00.				
202	200 PARADISE LANE #2, 1 JOULE HOTEL	FOPANGA	, (	CA	9(	29	90		SERVICES FUNDRAISING			12	7,5	00.
1530 MAIN ST., DALLAS, TX 75201 ROOM & CATERING SERV								11	3,7	11.				
2	Total number of independent contractors (i	-	ot lii	nite	d to		-	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organi	zation 🕨					3					Form	<b>990</b> (2	2019)

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Forn	n 990	0 (2	2019) EDV	VAR	D CHA	RLE	S FOUNDA	TION		26-4245	043 Page 9
Pa	rt V	/111	Statement of Re	even	ue						
			Check if Schedule O	conta	ains a resp	onse	or note to any lin	e in this Part VIII			
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated	<b>(D)</b> Revenue excluded from tax under
(0, (0											sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns								
S D			Membership dues								
₽,tŝ,			Fundraising events								
ilar Gif			Related organizations _								
Sins,			Government grants (cont								
artio		f	All other contributions, gifts,	grant	s, and						
đ			similar amounts not included	d abov	/e <b>1f</b>		10,297,153.				
d d		g	Noncash contributions included in	n lines	1a-1f <b>1g</b>	\$					
<u> </u>		h	Total. Add lines 1a-1f				►	10,297,153.			
							Business Code				
e	2	а	FEE INCOME				900099	540,925.	540,925.		
ωŽ		b									
Se		с									
eve		d									
Program Service Revenue		e									
Pre		-	All other program service	reve	nue						
		a	Total. Add lines 2a-2f					540,925.			
	3	9	Investment income (inclu								
	Ŭ		other similar amounts)	-				28,182.			28,182.
	4		Income from investment					,			,
	5		Royalties				-				
	5				(i) Rea		(ii) Personal				
	6	_	Cross rents	60	() 1100						
	6		Gross rents	6a							
		b	Less: rental expenses	6b							
		C	Rental income or (loss)	6c							
		d	Net rental income or (loss	s)	(i) Secur		(ii) Other				
	(	а	Gross amount from sales of				.,				
			assets other than inventory	7a	1,612,	195.					
ø		b	Less: cost or other basis	_	1 (14	260					
evenue			and sales expenses		1,614,						
eve			Gain or (loss)	7c	-2,						
ų,			Net gain or (loss)			····	····· <b>&gt;</b>	-2,165.	-2,165.		
Other	8	а	Gross income from fundraisi	-	•						
0			including \$								
			contributions reported on		-						
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from				🕨				
	9	а	Gross income from gamir								
			Part IV, line 19								
			Less: direct expenses								
		С	Net income or (loss) from	gam	ing activiti	es <u>.</u>	►				
	10	а	Gross sales of inventory,	less i	returns						
			and allowances			10a					
		b	Less: cost of goods sold								
		с	Net income or (loss) from	sales	s of invent	ory	►				
Ś							Business Code				
Miscellaneous Revenue	11	а									
ane		b									
		с									
Ais. B		d	All other revenue								
			Total. Add lines 11a-11d				►				
	12		Total revenue. See instruction	ons				10,864,095.	538,760.	0.	28,182.

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	TOORDITTTOR	20
Part IX Statement of Functional Expenses		
Section 501(c)(3) and 501(c)(4) organizations must complete a	all columns. All other organizations must complete column	ו (A).

	Check if Schedule O contains a respor	•	•	,	X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,403,294.	3,403,294.		
2	Grants and other assistance to domestic	440.005	440.005		
	individuals. See Part IV, line 22	112,207.	112,207.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	05 000	05 000		
	individuals. See Part IV, lines 15 and 16	95,980.	95,980.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	105 000	105 000		
	trustees, and key employees	105,000.	105,000.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	434,066.	139,559.	294,507.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	85,000.		85,000.	
10	Payroll taxes	43,585.	19,109.	24,476.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	61,675.		17,886.	
с	Accounting	402,447.	285,737.	116,710.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	959,001.	680,891.	278,110.	
12	Advertising and promotion	4,340.		4,340.	
13	Office expenses	23,662.	23,662.		
14	Information technology	111,628.		111,628.	
15	Royalties				
16	Occupancy	98,381.	87,559.	10,822.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings	0.000			
20	Interest	2,922.		2,922.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			10.000	
23	Insurance	56,047.	45,959.	10,088.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	AWARENESS EVENT	2,462,026.	2,462,026.		
b	OTHER PROGRAM EXPENSES	717,368.	717,368.		
с	BANK CHARGES	52,457.		52,457.	
d	LICENSES AND FEES	7,264.		7,264.	
	All other expenses	9,626.	6,867.	2,759.	
25	Total functional expenses. Add lines 1 through 24e	9,247,976.	8,229,007.	1,018,969.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
	0.01.20.20				Eorm <b>990</b> (2010)

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Form **990** (2019)

EDWARD01

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 5,017,889. 4,422,074. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 61,609. 75,069. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 3,150. Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ....... 10a b Less: accumulated depreciation 10b 10c 1,597,107. 1,189,896. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investmente pregram related See Dart IV line 11 40

	13	investments - program-related. See Part IV, line TT		IS	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,676,605.	16	5,690,189.
	17	Accounts payable and accrued expenses	2,360,121.	17	10,099.
	18	Grants payable	350,000.	18	240,725.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
SS	22	Loans and other payables to any current or former officer, director,			
ii:		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	275,000.	24	90,000.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	982.	25	4,208.
	26	Total liabilities. Add lines 17 through 25	2,986,103.	26	345,032.
<i>(</i> )		Organizations that follow FASB ASC 958, check here 🕨 🔀			
ĕ		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	513,156.	27	1,023,342.
Net Assets or Fund Balances	28	Net assets with donor restrictions	3,177,346.	28	4,321,815.
un		Organizations that do not follow FASB ASC 958, check here 🕨 🗌			
Ē		and complete lines 29 through 33.			
ŝ	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Nei	32	Total net assets or fund balances	3,690,502.	32	5,345,157.
	33	Total liabilities and net assets/fund balances	6,676,605.	33	5,690,189.
					Form <b>990</b> (2019)

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1

2

6

7 8

9

12

40

Assets

Form	990 (2019) EDWARD CHARLES FOUNDATION	26	-4245043	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,864		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,24		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,610		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,690		
5	Net unrealized gains (losses) on investments	5			78.
6	Donated services and use of facilities	6	28	3,9	58.
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	5,34	5,1	57.
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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	O.		
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 Au	ıdit		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				000 /	

Form **990** (2019)

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SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
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# 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				
Employer identification number					

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

	EDWARD CHARLES FOUNDATION								6-4245043
Pa	art I	Reason for Public	Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instructions	š.	
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	on 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	init describ	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	<b>ix)</b> operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state of	the colleg	e or
		university:							
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	hip fees, a	ind gross receipts from
		activities related to its exen							-
		income and unrelated busir		(less section 511 tax) fro	om busine	esses acqu	iired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Con							
11	H	An organization organized a	-	•	•				
12		An organization organized a	-	•				-	
		more publicly supported or lines 12a through 12d that							
а		<b>Type I.</b> A supporting orga				-		-	, aivina
		the supported organization		-	•				
		organization. You must c		• • • •	a majority -				apporting
b		<b>Type II.</b> A supporting org	-		tion with it	ts support	ed organizatio	on(s), by ha	ivina
		control or management o	-				•		-
		organization(s). You mus			•				
c	:	Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
		its supported organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
Ċ		Type III non-functionally	<b>y integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	ization(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement and	d an attent	iveness
	_	requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	, and Part	V.		
e		Check this box if the orga					а Туре I, Туре	II, Type III	
	_	functionally integrated, or	•••	nally integrated support	ing organi	zation.			
		er the number of supported of	•						
<u> </u>		vide the following information i) Name of supported	ii) EIN	d organization(s).	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	,	organization	(1) 2.14	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)
		-		above (see instructions))	103				
<del>.</del>	-1								
Tota		Paperwork Reduction Act N	lotice see the Instr	uctions for Form 990 o	r 990-E7	932021 00	25-10 <b>Schor</b>		 rm 990 or 990-EZ) 2019
		appendent neuronon Act IV				JULULI 09-			

# Schedule A (Form 990 or 990-EZ) 2019 EDWARD CHARLES FOUNDATION

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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.)

Sec	ction A. Public Support		-				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(4, 2010	(1) = 0 + 0	(0) = 0	(0) 2010	(0) = 0 + 0	(1) 1010.
•	membership fees received. (Do not						
	include any "unusual grants.")	5,551,579.	7,166,079.	14,364,930.	12,550,289.	10,297,153.	49,930,030.
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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5,551,579.	7,166,079.	14,364,930.	12,550,289.	10,297,153.	49,930,030.
	The portion of total contributions	0,001,070	1,200,015.	11,001,000.	12,000,200.	10,257,155.	19,900,000
5	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)						0 0 0 0 7 2 5
~	column (f)						9,929,725
	Public support. Subtract line 5 from line 4. ction B. Total Support						40,000,305.
		() 0015	(1) 0010	( ) 0017	( 1) 0010	() 0010	(0 T ) )
	ndar year (or fiscal year beginning in)	(a) 2015 5,551,579.	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	5,551,579.	7,166,079.	14,364,930.	12,550,289.	10,297,153.	49,930,030.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	0.20	1 407	0 000	21 212	20 102	71 010
	and income from similar sources $\dots$	838.	1,497.	9,988.	34,313.	28,182.	74,818.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						50,004,848
12	Gross receipts from related activities,	etc. (see instructio	ns)			<b>12</b> 1	,945,601.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stor						
	ction C. Computation of Publ	• •	-				
	Public support percentage for 2019 (					14	<u>79.99 %</u>
	Public support percentage from 2018					15	78.96 %
<b>16</b> a	33 1/3% support test - 2019. If the o	organization did not	check the box or	n line 13, and line 1	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2018. If the c	organization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶∟
17a	and stop here. The organization qualifies as a publicly supported organization <b>7a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is box and <b>stop h</b>	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a	publicly supported	l organization	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
<u> </u>			, . ••	. , ,		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2019

# Schedule A (Form 990 or 990 EZ) 2019 EDWARD CHARLES FOUNDATION

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			_			
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	) (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					_	
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	1	1	
	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	 			
14	First five years. If the Form 990 is for	-			-		
<u> </u>	check this box and stop here	ia Support Da	rooptogo				▶∟
	ction C. Computation of Publ						
	Public support percentage for 2019 (I					15 16	%
	Public support percentage from 2018 ction D. Computation of Inves					10	%
	-				N	17	
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 2					<b>18</b>	line 17 is not
198	a 33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box a						PL
t	33 1/3% support tests - 2018. If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	п ий пот спеск а		a, UE 19D, CHECK I			▶ □ □ m 990 or 990-EZ) 2019
<del>9</del> 320	23 09-25-19				301		11 JJU UL JJU-EZ ZU 19

# Schedule A (Form 990 or 990-EZ) 2019 EDWARD CHARLES FOUNDATION

# 26-4245043 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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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Schedule A (Form 990 or 990-EZ) 2019

# Schedule A (Form 990 or 990 EZ) 2019 EDWARD CHARLES FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
44	Les the exercited executed a gift or contribution from any of the following persons?		162	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
d	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a		
		11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Sec	tion B. Type I Supporting Organizations		×	
			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 <b>Part VI</b> 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 yeatsee instructions			
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>	-		
b	The organization satisfied the Activities rest. complete line 2 below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see ins	truction	2)	
2	Activities Test. Answer (a) and (b) below.		y. Yes	No
			163	
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? <i>If</i> "Yes," <i>then in</i> <b>Part VI identify</b>			
	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.	0-		
<b>b</b>		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 <b>Part VI</b> 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	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? 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 <b>Part VI</b> the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form S	90 or 99	90-EZ)	2019

# Schedule A (Form 990 or 990-EZ) 2019 EDWARD CHARLES FOUNDATION

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 <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	ranization (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

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# Schedule A (Form 990 or 990-EZ) 2019 EDWARD CHARLES FOUNDATION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u>_</u>
Sect	ion 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 organizatior	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	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion 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			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u>i</u>	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 <b>Part VI.</b> 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

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Schedule A	(Form 990 or 990-EZ) 2019 EDWARD	CHARLES	FOUNDATION	26-4245043 Page 8
Part VI	Supplemental Information. Pro Part IV, Section A, lines 1, 2, 3b, 3c, 4b line 1; Part IV, Section D, lines 2 and 3; Section D, lines 5, 6, and 8; and Part V, (See instructions.)	vide the explana , 4c, 5a, 6, 9a, 9b Part IV, Section I	tions required by Part II, line 10; Part I ), 9c, 11a, 11b, and 11c; Part IV, Secti E, lines 1c, 2a, 2b, 3a, and 3b; Part V,	I, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V,
932028 09-25-	9			Schedule A (Form 990 or 990-EZ) 2019

Department of the Treasury

or 990-PF)

# 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

26-4245043
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Internal Revenue Service	
Name of the organization	-

Organization type (check one)

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

EDWARD CHARLES FOUNDATION

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

## **General Rule**

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

## Special Rules

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

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

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

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

Name of organization

Employer identification number

26-4245043

# EDWARD CHARLES FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 JOSE ALBERT OR DEIDRE PUJOLS X Person Payroll 558,505. 101 MONTGOMERY ST. STE 2800 Noncash \$ (Complete Part II for SAN FRANCISCO, CA 94104 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 NETWORK FOR GOOD X Person Payroll 780,258. 1140 CONNETICUT AVENUE NW STE 700 Noncash (Complete Part II for WASHINGTON, DC 20036 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 CORINNE H. NEVINNY X Person Payroll 407 E. LAUREL CIRCLE 1,087,600. Noncash (Complete Part II for PALM SPRINGS, CA 92262 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 SCHWAB CHARITABLE Х Person Payroll 211 MAIN ST. 276,041. Noncash (Complete Part II for SAN FRANCISCO, CA 94105 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 JP MORGAN CHARITABLE GIVING FUND X Person Payroll 165 TOWNSHIP LINE RD STE 1200 1,000,000. Noncash (Complete Part II for JENKINTOWN, PA 19046 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 OUTSCHOOL, INC. X Person Pavroll 425 2ND ST. STE 450 845,170. Noncash \$ (Complete Part II for SAN FRANCISCO, CA 94107 noncash contributions.)

923452 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

## Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

EDWARD CHARLES FOUNDATION

Name of organization

Employer identification number

26-4245043

#### 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 7 THE GIVING BACK FUND INC X Person Payroll 5757 W CENTURY BLVD #410 544,782. Noncash \$ (Complete Part II for LOS ANGELES, CA 90045 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 8 X WEND II, INC. Person Payroll 250,000. 2240 DOUGLAS BLVD. STE 150 Noncash \$ (Complete Part II for ROSEVILLE, CA 95661 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

Name of organization

Employer identification number

26 - 4245043

# EDWARD CHARLES FOUNDATION

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

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

Name of or	ganization				Employer identification number
EDWARI	CHARLES FOUNDATION				26-4245043
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following charitable, etc., contributions of <b>\$1</b> ,	line entry For o	rganizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	ription of how gift is held
		(e) Transfer	r of gift		
_	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	ription of how gift is held
		(e) Transfer			
	Transferee's name, address, a		R	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift (c) Use o		t	(d) Desc	ription of how gift is held
	Transferee's name, address, a	(e) Transfer		elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	ription of how gift is held
[					
	Transferee's name, address, a	Ster of gift Relationship of transferor to transferee			

### 923454 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

**SCHEDULE D** 

(Form 990)

932051 10-02-19

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

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



Employer identification number

26 - 4245043

Department of the Treasury Internal Revenue Service Name of the organization

#### EDWARD CHARLES FOUNDATION Maintaining Jonar Advised Euroda

Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or A	Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year	5					
2	Aggregate value of contributions to (during year)	1,167,600.					
3	Aggregate value of grants from (during year)	1,150,000.					
4	Aggregate value at end of year	3,038,086.					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advised fur					
	are the organization's property, subject to the organization's e	exclusive legal control?	X Yes No				
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be used	only				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose confe					
_							
Pa	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, Part IV	/, line 7.				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recreat		orically important land area				
	Protection of natural habitat	Preservation of a cert	tified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of a c					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b			2b				
с	Number of conservation easements on a certified historic stru		2c				
d	Number of conservation easements included in (c) acquired a	-					
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	nization during the tax				
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the period						
~	violations, and enforcement of the conservation easements it						
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conservat	ion easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing concentration of	accoments during the year				
7	Amount of expenses incurred in monitoring, inspecting, nanoi	ing of violations, and enforcing conservation e	asements during the year				
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section $1.70$ (b)(4)(					
0	and section 170(h)(4)(B)(ii)?		YesNo				
9	In Part XIII, describe how the organization reports conservatio						
Ŭ	balance sheet, and include, if applicable, the text of the footne						
	organization's accounting for conservation easements.						
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and ba	alance sheet works				
	of art, historical treasures, or other similar assets held for publ	-					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	provide the following amounts relating to these items:		. ,				
	(i) Revenue included on Form 990, Part VIII, line 1		► \$				
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB AS						
а	Revenue included on Form 990, Part VIII, line 1	-	► \$				
	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2019				

Sche	dule D (Form 990) 2019 EDWARD	CHARLES	FOUNDA	TION			2	26-42	4504	3 р	age <b>2</b>
Par	t III Organizations Maintaining C	Collections o	f Art, His	torical Tr	reasures,	or Other	<sup>·</sup> Simila	ar Asse	ts(contir	nued)	
3	Using the organization's acquisition, access	ion, and other re	cords, chec	k any of the	following the	at make sig	nificant	use of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌	Loan or exc	hange progr	am					
b	Scholarly research		e 📖	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and ex	plain how t	hey further t	the organizat	ion's exem	pt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donation	ons of art, h	istorical trea	asures, or oth	ner similar a	assets		-		_
	to be sold to raise funds rather than to be m		0						Yes		No
Par	<b>t IV</b> Escrow and Custodial Arran reported an amount on Form 990, Pa		mplete if the	e organizatio	on answered	"Yes" on F	orm 990	, Part IV,	line 9, or		
<b>1</b> a	Is the organization an agent, trustee, custod										<b>.</b>
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							L	Yes		_ No
D	If Yes," explain the arrangement in Part XIII	and complete tr	ie following	table:					Amount		
~	Reginning balance						1c		Amoun	L	
	Beginning balance Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII										
Par											
	· · · ·	(a) Current yea		Prior year		irs back (d		ears back	(e) Four	vears	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rrent year end ba	lance (line 1	l g, column (	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%									
3a	Are there endowment funds not in the posse	ession of the org	anization th	at are held a	and administ	ered for the	e organiz	ation	г		
	by:									Yes	No
	(i) Unrelated organizations										
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza				,				3b		
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipn		endowment	funds.							
Fai				V line 11e (	Soo Form 00	0 Dort V li	no 10				
	Complete if the organization answere					1		a			•
	Description of property	(a) Cost basis (inv			t or other (other)		umulate eciation		( <b>d)</b> Bool	k valu	e
10	Land		Somory	04313		depre	- Solution				
	Land										
	Buildings Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		Part X colu	nn (B) line '	10c.)	1					0.
				,	/		<u>.</u>	Schedule	D (Forn	n 990)	

Part vii investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

(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. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

### Part X Other Liabilities.

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

1.	( <b>a</b> ) De	scription of liability	(b) Book value
(1) Fede	eral income taxes		
(2) CR	EDIT CARDS	PAYABLE	4,208.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colur	mn (b) must equal Fo	rm 990, Part X, col. (B) line 25.)	4,208.

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

Schedule D (Form 990) 2019

932053 10-02-19

Sche	edule D (Form 990) 2019 EDWARD CHARLES FOUNDATION	1		26-	4245043 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	nents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	11,302,632.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	9,579.		
b	Donated services and use of facilities		428,958.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	438,537.
3	Subtract line 2e from line 1			3	10,864,095.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,864,095.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		h Expenses per	Retu	ırn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
Pa 1		2a.		Retu 1	ırn. 9 , 647 , 976 .
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	2a.			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a. <b>2a</b>			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a 2b 2c			
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	400,000.		9,647,976.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a. 2a 2b 2c 2d	400,000.	1 2e	9,647,976.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	400,000.	1	9,647,976.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a. 2a 2b 2c 2d	400,000.	1 2e	9,647,976.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a. 2a 2b 2c 2d	400,000.	1 2e	9,647,976.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d 2d	400,000.	1 2e	9,647,976. 400,000. 9,247,976.
1 2 b c d e 3 4 b	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2d 4a 4b	400,000.	1 2e 3 4c	9,647,976. 400,000. 9,247,976. 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d 4a 4b	400,000.	1 2e 3	9,647,976. 400,000. 9,247,976.

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:

EDWARD CHARLES FOUNDATION (FOUNDATION) HAS RECEIVED TAX-EXEMPT STATUS FROM

THE INTERNAL REVENUE SERVICE AND CALIFORNIA FRANCHISE TAX BOARD UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND SECTION 2370L(D) OF

THE REVENUE AND TAXATION CODE, RESPECTIVELY.

THE FOUNDATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX

POSITIONS, SUCH AS ITS 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 ORGANIZATION 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
932054 10-02-19
Schedule D (Form 990) 2019

Part XIII   Supplemental Information (con	ntinued)	
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PURPOSES IS GENERALLY THREE AND FOUR YEARS, RESPECTIVELY.

Schedule D (Form 990) 2019

932055 10-02-19

Department of the Treasury Attach to Form 990.							Open	to Public
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Inspe	ction
	e of the organization							cation number
-	WARD CHARLE					26-42		
Pa	rt I General In Form 990, Pa		Activities Ou	tside the United States. Comple	ete if the orgar	ization answ	vered "Y	es" on
1				ds to substantiate the amount of its gra the selection criteria used to award the			X	Yes 🗌 No
		ly for the grante of			grante er abe		ـــــ	
2	For grantmakers. D United States.	escribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistar	nce outs	ide the
3				an be duplicated if additional space is r				
	(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in gram service specific typ (s) in the reg	e, De	(f) Total expenditures for and investments in the region
3 a	Subtotal	0	0 0					0.
b	Total from continuat sheets to Part I		0					0.
с	Totals (add lines 3a and 3b)		0					0.

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

Schedule F (Form 990) 2019

OMB No. 1545-0047

g

932071 10-12-19

SCHEDULE F

(Form 990)

Page **2** 

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			WOMEN STARTUP CHALLENGE GRAND PRIZE WINNER - EUROPE					
			HEALTHTECH GRANT	50,000.	WIRE	ο.		
		SOUTH AMERICA -		,				
		ARGENTINA,	FOR FOREST					
		BOLIVIA, BRAZIL,	CONSERVATION AT FMA					
		CHILE, COLUMBIA,	RESERVE	12,245.	WIRE	0.		
			2019 CNN HEROES					
			RECIPIENT	10,000.	WIRE	0.		
				10,000.		••		
2 Enter total number of	recipient organizatio	l	I recognized as charities by the	foreign country	rocognized as tax as	vompt		<u> </u>
			tion 501(c)(3) equivalency lette					
						······ 5 ·		

Page 3

# Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
PROTOVILLAGE - DEVELOPMENT & IMPLEMENTATION OF LEARNING			5 000				
FRAMEWORK	EUROPE - BELGIUM	1	5,000.	WIRE	0.		
	RUSSIA AND NEIGHBORING						
CHARITY MISSION TRAVEL	STATES - MOLDOVA	1	15,000.	WIRE	0.		

Schedule F (Form 990) 2019

Schedule F	- Form 990)	2019	EDWARD	CHARLES	FOUNDATION
Part IV	Foreign	Form	s		

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

Schedule F (Form 990) 2019

Part V	Supplemental	Informatio	on		
Schedule F	(Form 990) 2019	EDWARD	CHARLES	FOUNDATION	

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

1. THE ORGANIZATION RESEARCHES THE FOREIGN RECIPIENT BASED ON THE

INFORMATION PROVIDED BY THE GRANTING FISCAL SPONSEE.

2, THE ORGANIZATION IDENTIFIES IF THE FOREIGN RECIPIENT IS AN NGO OR

FOREIGN EQUIVALENT TO A US BASED CHARITY.

3. IF NO, THE ORGANIZATION REPORTS BACK TO THE FISCAL SPONSEE THAT A

GRANT CANNOT BE DISTRIBUTED.

4. IF YES, THE ORGANIZATION GATHERS SUPPORTING DOCUMENTS AND BANKING

INFORMATION.

5. THEN, THE GRANT IS DISTRIBUTED.

Schedule F (Form 990) 2019

932075 10-12-19

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, ar lete if the organizatio	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Co to your ir	Attach to For s.gov/Form990 fo		nation		Open to Public Inspection
Name of the organization		Go to www.ir	5.900/F011199010	r the latest mon			Employer identification number
EDWARD CH		JNDATION					26-4245043
Part I General Information on Grants a							
<b>1</b> Does the organization maintain records t							
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to		¥¥¥			anization answered "	(aall an Earm 000, Dar	t N/ line 01 for only
recipient that received more than S	•			1 0	anization answered f	es on Form 990, Par	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SLAVE 2 NOTHING FOUNDATION 4199 CAMPUS DRIVE, 9TH FLOOR IRVINE, CA 92612	47-4712082	501(C)(3)	6,500.	0.			CHARITABLE GIFT
BABY2BABY 5830 WEST JEFFERSON BLVD #200 LOS ANGELES, CA 90016	46-4503539	501(C)(3)	25,000.	0.			CHARITABLE GIFT
CITIZENS UNITED FOR RESEARCH IN EPILEPSY (CURE) – 420 N WABASH AVE STE 650 – CHICAGO, IL 60611	36-4253176	501(C)(3)	15,000.	0.			CHARITABLE GIFT
CLUB 42 2913 2ND ST., STE C SANTA MONICA, CA 90405			25,000.	0.			ONE GLOVE EVENT, UCLA
FIT FOUNDATION INC 72 BUTTERMILK RD SW CAVE SPRING, GA 30124	81-5058051		150,000.	0.			CHARITABLE GIFT
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD., RM 110 EAST LANSING, MI 48824		501(C)(3)	107,464.	0.			CHARITABLE SCHOLARSHIPS
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organizations</li></ul>							→ <u>32</u> . 11.

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

Schedule I (Form 990) (2019)

Image: constraint of a power mean state of organization or government       (b) EIN       (c) IFC section if applicable       (d) Amount of cash grant       (f) Method of valuation or assistance       (g) Description of non-cash assistance         LOVOLA MARYMOUNT UNIVERSITY       LINU DESCRIPT of Non-cash assistance       LINU DESCRIPT of Non-cash assistance       (g) Description of non-cash assistanc	Schedule I (Form 990) EDWARD CH							26-4245043 Page
organization or government     If applicable     cash grant     non-cash assistance     wolutation usulation assistance     non-cash assistance     or assistance       DOOT EDUCATION SES 5. SPEVELY NR. 4338     82-0670099     501(C)(3)     68,969     0.     SUMPLY NUMPLY NUMPL	Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	anizations in the U	nited States (Scho	edule I (Form 990), Pa I	art II.) T	1
269 5. BEVERLY DR. 4338       82-0670099       501(C)(3)       48,969.       0.       CHARITABLE GIFT         LODAL ENFONEEMENT MISSION       45-3782061       501(C)(3)       7,998.       0.       CHARITABLE GIFT         LODAL SHOWEEMENT MISSION       45-3782061       501(C)(3)       7,998.       0.       CHARITABLE GIFT         LOVID MARYKOUNT UNIVERSITY       45-3782061       501(C)(3)       7,950.       0.       SCHOLARGHIF FUNDING         LOVIDA MARYKOUNT UNIVERSITY       95-1643344       501(C)(3)       7,950.       0.       SCHOLARGHIF FUNDING         LOVIDA MARYKOUNT UNIVERSITY       95-1643344       501(C)(3)       7,950.       0.       SCHOLARGHIF FUNDING         LOVID MARKE       95-1643344       501(C)(3)       7,950.       0.       SCHOLARGHIF FUNDING         LOVIDA MARKENINE       95-1643344       501(C)(3)       200,000.       0.       CHARITABLE GIFT         PROM ONE HAND TO ANOTHER       20-1536574       501(C)(3)       12,656.       0.       CHARITABLE GIFT         SAMEELES, CA 9004       20-1536574       501(C)(3)       12,656.       0.       SEPAULDING OR CITY COUR         SAME SEVEN MARKETING       30,000.       0.       SEPAULDING OR CITY COUR       SEPAULDING OR CITY COUR         SAME SEVEN MARKETING </th <th></th> <th><b>(b)</b> EIN</th> <th></th> <th></th> <th>non-cash</th> <th>valuation (book, FMV,</th> <th></th> <th></th>		<b>(b)</b> EIN			non-cash	valuation (book, FMV,		
269 5. BEVERLY DR. 4338       82-0670099       501(C)(3)       48,969.       0.       CHARITABLE GIFT         LODAL ENFONEEMENT MISSION       45-3782061       501(C)(3)       7,998.       0.       CHARITABLE GIFT         LODAL SHOWEEMENT MISSION       45-3782061       501(C)(3)       7,998.       0.       CHARITABLE GIFT         LOVID MARYKOUNT UNIVERSITY       45-3782061       501(C)(3)       7,950.       0.       SCHOLARGHIF FUNDING         LOVIDA MARYKOUNT UNIVERSITY       95-1643344       501(C)(3)       7,950.       0.       SCHOLARGHIF FUNDING         LOVIDA MARYKOUNT UNIVERSITY       95-1643344       501(C)(3)       7,950.       0.       SCHOLARGHIF FUNDING         LOVID MARKE       95-1643344       501(C)(3)       7,950.       0.       SCHOLARGHIF FUNDING         LOVIDA MARKENINE       95-1643344       501(C)(3)       200,000.       0.       CHARITABLE GIFT         PROM ONE HAND TO ANOTHER       20-1536574       501(C)(3)       12,656.       0.       CHARITABLE GIFT         SAMEELES, CA 9004       20-1536574       501(C)(3)       12,656.       0.       SEPAULDING OR CITY COUR         SAME SEVEN MARKETING       30,000.       0.       SEPAULDING OR CITY COUR       SEPAULDING OR CITY COUR         SAME SEVEN MARKETING </td <td>DOST EDUCATION</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	DOST EDUCATION							
BEVERLY HILLS, CA 90212         82-0670099         501(C)(3)         48,959         0.         PHARITABLE GIFT           SLOBAL ENFONERMENT MISSION         45-3782061         501(C)(3)         7,998         0.         DARATITABLE GIFT           LODD AL ENFONERMENT MISSION         45-3782061         501(C)(3)         7,998         0.         DOVID MARKS           LOVOLA MARYMOUNT UNIVERSITY								
1040 BISCAYNE BLVD. APT 2403, TATMT, FL 3313245-3782061501(C)(3)7,9980.CHARITABLE GIPT B-STRO COVID MASKSLOYOLA MARYMOUT UNIVERSITY 1-LUD DRIVE U-HALL LOS ANGELES, CA 9004555-1643334501(C)(3)7,950.0.SCHOLARSHIP FUNDINGFROM ONE HAND TO ANOTHER 10960 WILSHIRE BLVD 5TH FLOOR LOS ANGELES, CA 9002455-1643334501(C)(3)7,950.0.SCHOLARSHIP FUNDINGFRIENDS OF LAHSA 701 5 CATALINA ST LOS ANGELES, CA 9005583-2104614501(C)(3)200,000.0.CHARITABLE GIPTSAME SEVEN MARKETINO 56 JAY ST. STE 615 BROOKLYN, NY 1120127-3395536501(C)(3)12,656.0.SPAULDING OC CITY COUR REFURBISHMENTART IN MOTION 910 W, VANBUREN ST. #315 CHICAGO, IL 6060772-1612867501(C)(3)35,127.0.CHARITABLE GIPTANATE PARKER FOUNDATION 269 S, BEVERLY HILS, CA 9021247-3831544501(C)(3)75,000.0.CHARITABLE GIPTEMORY UNIVERSITY 1762 CLIFTON RO. STE 1400, MS: 09747-3831544501(C)(3)75,000.0.CHARITABLE GIPT FOR COVID-19 IMPACT FUND F	BEVERLY HILLS, CA 90212	82-0670099	501(C)(3)	48,969.	0.			CHARITABLE GIFT
1040 BISCAYNE BLVD. APT 2403, TATMT, FL 3313245-3782061501(C)(3)7,9980.CHARITABLE GIPT B-STRO COVID MASKSLOYOLA MARYMOUT UNIVERSITY 1-LUD DRIVE U-HALL LOS ANGELES, CA 9004555-1643334501(C)(3)7,950.0.SCHOLARSHIP FUNDINGFROM ONE HAND TO ANOTHER 10960 WILSHIRE BLVD 5TH FLOOR LOS ANGELES, CA 9002455-1643334501(C)(3)7,950.0.SCHOLARSHIP FUNDINGFRIENDS OF LAHSA 701 5 CATALINA ST LOS ANGELES, CA 9005583-2104614501(C)(3)200,000.0.CHARITABLE GIPTSAME SEVEN MARKETINO 56 JAY ST. STE 615 BROOKLYN, NY 1120127-3395536501(C)(3)12,656.0.SPAULDING OC CITY COUR REFURBISHMENTART IN MOTION 910 W, VANBUREN ST. #315 CHICAGO, IL 6060772-1612867501(C)(3)35,127.0.CHARITABLE GIPTANATE PARKER FOUNDATION 269 S, BEVERLY HILS, CA 9021247-3831544501(C)(3)75,000.0.CHARITABLE GIPTEMORY UNIVERSITY 1762 CLIFTON RO. STE 1400, MS: 09747-3831544501(C)(3)75,000.0.CHARITABLE GIPT FOR COVID-19 IMPACT FUND F	GLOBAL EMPOWERMENT MISSION							
MIANI, PL 33132       45-3782061       501(C) (3)       7,998.       0.       DOVID MASKS         LOYOLA MARYMOUNT UNIVERSITY 1-LMU DRIVE 0-HALL LOSS ANGELES, CA 90045       95-1643334       501(C) (3)       7,950.       0.       SCHOLARSHIP FUNDING         RROM ONE HAND TO ANOTHER 10560 WILEHTER BLUD 57H FLOOR LOSS ANGELES, CA 90045       95-1643334       501(C) (3)       7,950.       0.       SCHOLARSHIP FUNDING         RROM ONE HAND TO ANOTHER 10560 WILEHTER BLUD 57H FLOOR LOSS ANGELES, CA 90024       20-1536574       501(C) (3)       200,000.       0.       CHARITABLE GIFT         REIENDS OF LARSA 701 S CATALINA ST LOSS ANGELES, CA 90005       83-2104614       501(C) (3)       12,656.       0.       CHARITABLE GIFT         SAME SEVEN MARKETING 68 JAY ST. STE 615 RECORLIN, NY 11201       27-3395536       30,000.       0.       REFUEBISMENT         ART IN MOTION 910 W, VANBUREN ST. *315       72-1612867       501(C) (3)       35,127.       0.       CHARITABLE GIFT         NATE FARKER FOUNDATION 269 S. BEVERLY HILLS, CA 90212       47-3831544       501(C) (3)       75,000.       0.       CHARITABLE GIFT         EMORY UNIVERSITY 762 CLIFTON RD. STE 1400, MS: 097       CHARITABLE GIFT FOR COVID-19 IMPACT FUND F       CHARITABLE GIFT FOR COVID-19 IMPACT FUND F								CHARTTABLE GIFT B-STRONG
LOYOLA MARYMOUNT UNIVERSITY L-LMU DRIVE U-HALL LOS ANGELES, CA 90045 95-1643334 501(C)(3) 7,950. 0. PROM ONE HAND TO ANOTHER 10960 WILSHIRE BLVD 5TH FLOOR LOS ANGELES, CA 90024 20-1536574 501(C)(3) 200,000. 0. PRIENDS OF LAHSA 701 S CATALINA ST LOS ANGELES, CA 9005 83-2104614 501(C)(3) 12,656. 0. CHARITABLE GIFT SAME SEVEN MARKETING 56 JAP ST. STE 615 BROOKLYN, NY 11201 27-3395536 30,000. 0. REFURBISHMENT ART IN MOTION 910 W, VANBUREN ST. #315 CHARITABLE GIFT ANTE FARKER FOUNDATION 269 S. BEVERLY DR. #338 BEVERLY HILS, CA 90212 47-3831544 501(C)(3) 75,000. 0. CHARITABLE GIFT CHARITABLE GIFT FOR COVID-19 IMPACT FUND F		45-3782061	501(C)(3)	7 998.	0.			
1-LMU DRIVE U-HALL LOS ANGELES, CA 9004595-1643334501(C)(3)7,950.0.SCHOLARSHIP FUNDINGPROM ONE HAND TO ANOTHER 10960 WILSHIRE BLVD 5TH FLOOR LOS ANGELES, CA 902420-1536574501(C)(3)200,000.0.CHARITABLE GIFTPRIENDS OF LAHSA 701 5 CATALINA ST LOS ANGELES, CA 9005583-2104614501(C)(3)12,656.0.CHARITABLE GIFTAME SEVEN MARKETING 68 JAY ST. STE 615 BROOKLYN, NY 1120127-339553630,000.0.SPAULDING OK CITY COUR REPURBISHMENTART IN MOTION 910 W. VANDUREN ST. #315 CHICAGO, IL 6060772-1612867501(C)(3)35,127.0.CHARITABLE GIFTNATE PARKER FOUNDATION 269 S. BEUERLY DR. #338 BEVERLY HILLS, CA 9021247-3831544501(C)(3)75,000.0.CHARITABLE GIFTEMORY UNIVERSITY 1762 CLIFTON RD. STE 1400, MS: 0070CHARITABLE GIFT FOR COVID-19 IMPACT FUND FCHARITABLE GIFT FOR COVID-19 IMPACT FUND F	,							
LOS ANGELES, CA 90045         95-1643334         501(C)(3)         7,950.         0.         SCHOLARSHIP FUNDING           FROM ONE HAND TO ANOTHER 10960 WILSHIRE BLVD 5TH FLOOR LOS ANGELES, CA 90024         20-1536574         501(C)(3)         200,000.         0.         CHARITABLE GIFT           FRIENDS OF LAHSA 701 S CATALINA ST LOS ANGELES, CA 90005         83-2104614         501(C)(3)         12,656.         0.         CHARITABLE GIFT           SAME SEVEN MARKETING 68 JAY ST. STE 615 BROOKLYN, NY 11201         27-3395536         30,000.         0.         SPAULDING OK CITY COUR REPURBISHMENT           ART IN MOTION 910 W. VANBUREN ST. #315         27-1612867         501(C)(3)         35,127.         0.         CHARITABLE GIFT           NATE PARKER FOUNDATION 269 S. BEVENLY DR. #338 BEVERLY HILLS, CA 90212         47-3831544         501(C)(3)         75,000.         0.         CHARITABLE GIFT	LOYOLA MARYMOUNT UNIVERSITY							
PROM ONE HAND TO ANOTHER         OUTPON	1-LMU DRIVE U-HALL							
10960 WILSHIRE BLVD 5TH FLOOR LOS ANGELES, CA 9002420-1536574501(C)(3)200,000.0.CHARITABLE GIFTPRIENDS OF LAHSA 701 S CATALINA ST LOS ANGELES, CA 9000583-2104614501(C)(3)12,656.0.CHARITABLE GIFTSAME SEVEN MARKETING 68 JAY ST. STE 615 BROOKLYN, NY 1120127-339553630,000.0.CHARITABLE GIFTART IN MOTION 910 W. VANBUREN ST. #315 CHICAGO, IL 6060772-1612867501(C)(3)35,127.0.CHARITABLE GIFTNATE PARKER FOUNDATION 269 S. BEVERLY DR. #338 BEEVERLY HILLS, CA 9021247-3831544501(C)(3)75,000.0.CHARITABLE GIFTEMORY UNIVERSITY 1762 CLIFTON RD. STE 1400, MS: 0970CHARITABLE GIFT FOR COVID-19 IMPACT FUND FCHARITABLE GIFT FOR COVID-19 IMPACT FUND F	LOS ANGELES, CA 90045	95-1643334	501(C)(3)	7,950.	0.			SCHOLARSHIP FUNDING
10960 WILSHIRE BLVD 5TH FLOOR LOS ANGELES, CA 9002420-1536574501(C)(3)200,000.0.CHARITABLE GIFTPRIENDS OF LAHSA 701 S CATALINA ST LOS ANGELES, CA 9000583-2104614501(C)(3)12,656.0.CHARITABLE GIFTSAME SEVEN MARKETING 68 JAY ST. STE 615 BROOKLYN, NY 1120127-339553630,000.0.CHARITABLE GIFTART IN MOTION 910 W. VANBUREN ST. #315 CHICAGO, IL 6060772-1612867501(C)(3)35,127.0.CHARITABLE GIFTNATE PARKER FOUNDATION 269 S. BEVERLY DR. #338 BEEVERLY HILLS, CA 9021247-3831544501(C)(3)75,000.0.CHARITABLE GIFTEMORY UNIVERSITY 1762 CLIFTON RD. STE 1400, MS: 0970CHARITABLE GIFT FOR COVID-19 IMPACT FUND FCHARITABLE GIFT FOR COVID-19 IMPACT FUND F								
LOS ANGELES, CA 90024       20-1536574       \$01(C)(3)       200,000.       0.       CHARITABLE GIFT         PRIENDS OF LAHSA 701 S CATALINA ST LOS ANGELES, CA 90005       83-2104614       \$01(C)(3)       12,656.       0.       CHARITABLE GIFT         SAME SEVEN MARKETING 68 JAY ST. STE 615 BROOKLYN, NY 11201       27-3395536       30,000.       0.       SPAULDING OK CITY COUR REFURBISHMENT         ART IN MOTION 910 W. VANBUREN ST. #315 CHICAGO, IL 60607       72-1612867       \$01(C)(3)       35,127.       0.       CHARITABLE GIFT         NATE PARKER FOUNDATION 269 S. BEVERLY DR. #338 BEVERLY HILLS, CA 90212       47-3831544       \$01(C)(3)       75,000.       0.       CHARITABLE GIFT FOR COVID-19 IMPACT FUND F	FROM ONE HAND TO ANOTHER							
FRIENDS OF LAHSA       701 S CATALINA ST       0	10960 WILSHIRE BLVD 5TH FLOOR							
701 S CATALINA ST LOS ANGELES, CA 9000583-2104614501(C)(3)12,656.0.CHARITABLE GIFTSAME SEVEN MARKETING 68 JAY ST. STE 615 BROOKLYN, NY 1120127-339553630,000.0.SPAULDING OK CITY COUR REFURBISHMENTART IN MOTION 910 W. VANBUREN ST. #315 CHICAGO, IL 6060727-1612867501(C)(3)35,127.0.CHARITABLE GIFTNATE PARKER FOUNDATION 269 S. BEVERLY DR. #338 BEEVERLY HILLS, CA 9021247-3831544501(C)(3)75,000.0.CHARITABLE GIFTEMORY UNIVERSITY 1762 CLIFTON RD. STE 1400, MS: 0970CHARITABLE GIFT FOR COVID-19 IMPACT FUND F	LOS ANGELES, CA 90024	20-1536574	501(C)(3)	200,000.	0.			CHARITABLE GIFT
701 S CATALINA ST LOS ANGELES, CA 9000583-2104614501(C)(3)12,656.0.CHARITABLE GIFTSAME SEVEN MARKETING 68 JAY ST. STE 615 BROOKLYN, NY 1120127-339553630,000.0.SPAULDING OK CITY COUR REFURBISHMENTART IN MOTION 910 W. VANBUREN ST. #315 CHICAGO, IL 6060727-1612867501(C)(3)35,127.0.CHARITABLE GIFTNATE PARKER FOUNDATION 269 S. BEVERLY DR. #338 BEEVERLY HILLS, CA 9021247-3831544501(C)(3)75,000.0.CHARITABLE GIFTEMORY UNIVERSITY 1762 CLIFTON RD. STE 1400, MS: 0970CHARITABLE GIFT FOR COVID-19 IMPACT FUND F								
LOS ANGELES, CA 90005       83-2104614       501(C)(3)       12,656.       0.       CHARITABLE GIFT         GAME SEVEN MARKETING 66 JAY ST. STE 615       27-3395536       30,000.       0.       SPAULDING OK CITY COUR SPAULDING OK CITY COUR REFURBISHMENT         ART IN MOTION 910 W. VANBUREN ST. #315 CHICAGO, IL 60607       72-1612867       501(C)(3)       35,127.       0.       CHARITABLE GIFT         NATE PARKER FOUNDATION 269 S. BEVERLY DR. #338 BEVERLY HILLS, CA 90212       47-3831544       501(C)(3)       75,000.       0.       CHARITABLE GIFT         EMORY UNIVERSITY 1762 CLIFFON RD. STE 1400, MS: 0970       CHARITABLE GIFT FOR COVID-19 IMPACT FUND F       CHARITABLE GIFT FOR								
GAME SEVEN MARKETING     27-3395536     30,000.     0.     SPAULDING OK CITY COUR       BROOKLYN, NY 11201     27-3395536     30,000.     0.     REFURBISHMENT       ART IN MOTION     27-3195536     30,000.     0.     0.       ART IN MOTION     72-1612867     501(C)(3)     35,127.     0.       CHARITABLE GIFT     72-1612867     501(C)(3)     35,127.     0.       NATE PARKER FOUNDATION     269 S. BEVERLY DR. #338     47-3831544     501(C)(3)     75,000.     0.       BEVVENLY HILLS, CA 90212     47-3831544     501(C)(3)     75,000.     0.     CHARITABLE GIFT       EMORY UNIVERSITY     CHARITABLE GIFT FOR     CHARITABLE GIFT FOR     CHARITABLE GIFT FOR       1762 CLIFTON RD. STE 1400, MS: 0970     0970     000.     0.		92 2104614	E01(0)(2)	10 656	0			
58 JAY ST. STE 615       27-3395536       30,000.       0.       SPAULDING OK CITY COUR         BROOKLYN, NY 11201       27-3395536       30,000.       0.       REFURBISHMENT         ART IN MOTION       27-3395536       201(C)(3)       35,127.       0.       Refurbishment         910 W. VANBUREN ST. #315       72-1612867       501(C)(3)       35,127.       0.       CHARITABLE GIFT         NATE PARKER FOUNDATION       269 S. BEVERLY DR. #338       47-3831544       501(C)(3)       75,000.       0.       CHARITABLE GIFT         EMORY UNIVERSITY       1126.2 CLIFTON RD. STE 1400, MS: 0970       VS. 0970       0.       CHARITABLE GIFT FOR COVID-19 IMPACT FUND F	LOS ANGELES, CA 90005	83-2104614	501(C)(3)	12,050.	0.			CHARITABLE GIFT
58 JAY ST. STE 615       27-3395536       30,000.       0.       SPAULDING OK CITY COUR         BROOKLYN, NY 11201       27-3395536       30,000.       0.       REFURBISHMENT         ART IN MOTION       27-3395536       201(C)(3)       35,127.       0.       Refurbishment         910 W. VANBUREN ST. #315       72-1612867       501(C)(3)       35,127.       0.       CHARITABLE GIFT         NATE PARKER FOUNDATION       269 S. BEVERLY DR. #338       47-3831544       501(C)(3)       75,000.       0.       CHARITABLE GIFT         EMORY UNIVERSITY       1126.2 CLIFTON RD. STE 1400, MS: 0970       VS. 0970       0.       CHARITABLE GIFT FOR COVID-19 IMPACT FUND F	GAME SEVEN MARKETING							
BROOKLYN, NY 11201 27-3395536 30,000. 0. REFURBISHMENT ART IN MOTION 910 W. VANBUREN ST. #315 CHICAGO, IL 60607 72-1612867 501(C)(3) 35,127. 0. CHARITABLE GIFT NATE PARKER FOUNDATION 269 S. BEVERLY DR. #338 BEVERLY HILLS, CA 90212 47-3831544 501(C)(3) 75,000. 0. CHARITABLE GIFT EMORY UNIVERSITY 1762 CLIFTON RD. STE 1400, MS: 0970								SPAULDING OK CITY COURT
ART IN MOTION 910 W. VANBUREN ST. #315 CHICAGO, IL 60607 NATE PARKER FOUNDATION 269 S. BEVERLY DR. #338 BEVERLY HILLS, CA 90212 EMORY UNIVERSITY 1762 CLIFTON RD. STE 1400, MS: 0970 HARITABLE GIFT FOR COVID-19 IMPACT FUND F	BROOKLYN, NY 11201	27-3395536		30,000.	0.			
910 W. VANBUREN ST. #315 CHICAGO, IL 6060772-1612867501(C)(3)35,127.0.CHARITABLE GIFTNATE PARKER FOUNDATION 269 S. BEVERLY DR. #338 BEVERLY HILLS, CA 9021247-3831544501(C)(3)75,000.0.CHARITABLE GIFTEMORY UNIVERSITY 1762 CLIFTON RD. STE 1400, MS: 0970				,				
CHICAGO, IL 6060772-1612867501(C)(3)35,127.0.CHARITABLE GIFTNATE PARKER FOUNDATION 269 S. BEVERLY DR. #338 BEVERLY HILLS, CA 9021247-3831544501(C)(3)75,000.0.CHARITABLE GIFTEMORY UNIVERSITY 1762 CLIFTON RD. STE 1400, MS: 0970	ART IN MOTION							
NATE PARKER FOUNDATION 269 S. BEVERLY DR. #338 BEVERLY HILLS, CA 90212 47-3831544 501(C)(3) 75,000. 0. CHARITABLE GIFT EMORY UNIVERSITY 1762 CLIFTON RD. STE 1400, MS: 0970 CHARITABLE GIFT FOR COVID-19 IMPACT FUND F	910 W. VANBUREN ST. #315							
269 S. BEVERLY DR. #338       47-3831544       501(C)(3)       75,000.       0.       CHARITABLE GIFT         EMORY UNIVERSITY       1762 CLIFTON RD. STE 1400, MS: 0970       CHARITABLE GIFT FOR COVID-19 IMPACT FUND F	CHICAGO, IL 60607	72-1612867	501(C)(3)	35,127.	0.			CHARITABLE GIFT
269 S. BEVERLY DR. #338       47-3831544       501(C)(3)       75,000.       0.       CHARITABLE GIFT         EMORY UNIVERSITY       1762 CLIFTON RD. STE 1400, MS: 0970       CHARITABLE GIFT FOR COVID-19 IMPACT FUND F								
BEVERLY HILLS, CA 90212       47-3831544       501(C)(3)       75,000.       0.       CHARITABLE GIFT         EMORY UNIVERSITY 1762 CLIFTON RD. STE 1400, MS: 097       CHARITABLE GIFT FOR COVID-19 IMPACT FUND F       CHARITABLE GIFT FOR COVID-19 IMPACT FUND F								
EMORY UNIVERSITY 1762 CLIFTON RD. STE 1400, MS: 0970 COVID-19 IMPACT FUND F		45 2024544	F01 ( 7) ( 2)					
1762 CLIFTON RD. STE 1400, MS: 0970 COVID-19 IMPACT FUND F	BEVERLY HILLS, CA 90212	47-3831544	501(C)(3)	75,000.	0.			CHARITABLE GIFT
1762 CLIFTON RD. STE 1400, MS: 0970 COVID-19 IMPACT FUND F	EMORY UNIVERSITY							CHARTTABLE GIFT FOR
	ATLANTA, GA 30322		501(C)(3)	8,168.	0.			PPPE FRONTLINE WORKERS

Schedule I (Form 990)

# Schedule I (Form 990) EDWARD CHARLES FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

46-3408763

932241 04-01-19

WASHINGTON, DC 20037

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SURJ ACTION LA 2020 515 S. FIGUEROA ST. #1110							
LOS ANGELES, CA 90071			30,000.	0.			CHARITABLE GIFT
ROD DEDEAUX FOUNDATION 269 S. BEVERLY DR. #338 BEVERLY HILLS, CA 90212	20-4084224	501(C)(3)	138,644.	0.			CHARITABLE GIFT
IMPACT PHILANTHRPY GROUP 269 S. BEVERLY DR. #338 BEVERLY HILLS, CA 90212	82-4614872	501(C)(3)	513,657.	0.			CHARITABLE GIFT
THE DUFFIELD FAMILY FOUNDATION 6150 STONERIDGE MALL RD., STE. #125 PLEASANTON, CA 94588		501(C)(3)	9,468.	0.			CHARITABLE GIFT
THE BERKELEY HOUSE 269 S. BEVERLY DR. #338 BEVERLY HILLS, CA 90212	47-5208988	501(C)(3)	181,029.	0.			CHARITABLE GIFT
THE BUCKLEY SCHOOL 3900 STANSBURY AVE. SHERMAN OAKS, CA 91423	95-1750023	501(C)(3)	10,000.	0.			CHARITABLE GIFT
THE ELLEN FUND 269 S. BEVERLY DR. #338 BEVERLY HILLS, CA 90212		501(C)(3)	78,575.	0.			CHARITABLE GIFT FOR GORILLAPALOOZA
THRIVE BOXING 28 ALEXANDER RD. LONDONDERRY, NH 03053	47-2782888		12,500.	0.			CHARITABLE GIFT
THRIVE MARKET 1250 24TH ST. NW							CHARITABLE GIFT FOR COVID-19 RELIEF GROCERY

100,000.

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STIPENDS

Schedule I (Form 990)

### EDWARD CHARLES FOUNDATION Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRIAD DREAM CENTER INC. P.O. BOX 612 CLEMMONS, NC 27012	26-3196368		8,000.	0.			CHARITABLE GIFT FOR THANKSGIVING BOXES FOR FAMILIES
LANG LANG INTERNATIONAL MUSIC FOUNDATION - 215 W. 40TH ST., STE 1101 - NEW YORK, NY 10018	26-3589491	501(C)(3)	15,000.	0.			CHARITABLE GIFT
INNER CITY ARTS 720 KOHLER ST. LOS ANGELES, CA 90021	95-4239478	501(C)(3)	26,000.	0.			CHARITABLE GIFT
OUT OF THE BOONS 30714 CALLE RESPLENDOR SAN JUAN CAPISTRANO, CA 92675	85-5170166		9,000.	0.			CHARITABLE EVENT PRODUCTION
THE THIRST PROJECT 5478 WILSHIRE BLVD., #400 LOS ANGELES, CA 90036	35-2339840	501(C)(3)	8,000.	0.			CHARITABLE GIFT
ROCKEFELLER PHILANTHROPY ADVISORS 6 W. 48TH ST. 10TH FLR. NEW YORK, NY 10036	13-3615533		1,000,000.	0.			CHARITABLE GIFT
GOOD FILMS IMPACT 1320 EAST 7TH ST., STE 260 LOS ANGELES, CA 90021	83-1501685	501(C)(3)	15,000.	0.			CHARITABLE GIFT IN SUPPORT OF REPRESENT JUSTICE CAMPAIGN
HAUGHTON FIRE DEPARTMENT 118 WEST MCKINLEY, HAUGHTON, LA 71 HAUGHTON, LA 71037	72-6064319		15,743.	0.			CHARITABLE GIFT FOR DISINFECTING SYSTEM
JUST KEEP LIVIN FOUNDATION 15260 VENTURA BLVD STE 2100, SHERMAN OAKS, CA 91403-5360 - SHERMAN OAKS, CA	20-3921057	501(C)(3)	30,000.	0.			CHARITABLE GIFT FOR SCHOLARSHIPS

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Schedule I (Form 990)

26-4245043 Page 1

#### Schedule I (Form 990) EDWARD CHARLES FOUNDATION . ....

Page 1
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26-4245043

COMPTON AVE SUITE 102 - LOS ANGELES, CA 9000245-3470911501(C)(3)15,000.0.PANTRY AND SUMMI FROGRAMTRAVIS FREDRICK'S BLOCKING OUT HUNGER FOUNDATION - 59 CAVALIER BLVD., SUITE 310 - FLORENCE, KY 4104281-3030335501(C)(3)10,000.0.CHARITABLE GIFT FEED HUNGRY STUL TO CORONAVIRUSYELLOW WORK INC 10960 WILSHIRE BLVD. FL 5 LOS ANGELES, CA 9002483-1806269501(C)(3)23,510.0.CHARITABLE GIFTWAGS AND WALKS 2236 FEDERAL AVE. LOS ANGELES, CA 9006445-3749303501(C)(3)10,000.0.CHARITABLE GIFTWESTMARK SCHOOL 8149 SANTA MONICA BLVD. #298 LOS ANGELES, CA 9007495-4616645501(C)(3)12,500.0.CHARITABLE GIFTWESTMARK SCHOOL 8149 SANTA MONICA BLVD. #238 LOS ANGELES, CA 9027495-4616645501(C)(3)12,500.0.CHARITABLE GIFTWESTMARK SCHOOL 8149 SANTA MONICA BLVD. #238 LOS ANGELES, CA 9027495-4616645501(C)(3)12,500.0.CHARITABLE GIFTWESTMARK SCHOOL 8149 SANTA MONICA BLVD. #238 LOS ANGELES, CA 9027495-4616645501(C)(3)12,500.0.CHARITABLE GIFTWORD WILDLIFE FUND64-22493838,168.0.CHARITABLE GIFTCOVID-19 PE FOI COVID-19 PE FOI COV	(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
150 UNIVERSITY ELVD, MOREHEAD, KY 40351       31-1003236       501(C)(3)       43,133.       0.       CHARITABLE GIFT         MORREHEAD, KY 40351       31-1003236       501(C)(3)       43,133.       0.       CHARITABLE GIFT         ASSISTANCE FOUNDATION - 10221       CHARITABLE GIFT       PARTY       PARTY       PARTY       PARTY         ASSISTANCE FOUNDATION - 10221       S01(C)(3)       15,000.       0.       PARTY       PARTY </td <td>MSU FOUNDATION</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	MSU FOUNDATION							
NOREHEAD, KY 4031         31-100326         501(C)(3)         43,133.         0.         PHARITABLE GIFT           OPERATION PROGRESS STUDENT         ASSISTANCE FOUNDATION - 10221         CHARITABLE GIFT         CHARITABLE GIFT           COMPENDATION AVE SUITE 102 - LOS         45-3470911         501(C)(3)         15,000.         0.         PROGRAM           ANGELES, CA 90002         45-3470911         501(C)(3)         15,000.         0.         PROGRAM           HUNCE, FOUNDATION - 59 CAVALIER         BLOC, JUITE 310 - PLORENCE, KY         81-3030335         501(C)(3)         10,000.         0.         CHARITABLE GIFT           VELLOW WORK INC         10960 WILSHIRE BLVD, FL 5         Soldcel9         501(C)(3)         10,000.         0.         CHARITABLE GIFT           VASS AND WALKS         2236 FEDERAL AVE.         Soldcel9         501(C)(3)         23,510.         0.         CHARITABLE GIFT           VASS AND WALKS         2236 FEDERAL AVE.         Soldcel9         501(C)(3)         10,000.         0.         CHARITABLE GIFT           VASS AND WALKS         2236 FEDERAL AVE.         Soldcel9         501(C)(3)         10,000.         0.         CHARITABLE GIFT           S149 SANTA MONICA ELVD. #298         Soldcel5         Sol(C)(3)         10,000.         0.         CHARITABLE GIFT <td></td> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		4						
OPERATION         PROGRESS         STUDENT           ASSISTANCE FOUNDATION - 10221         COMPTON AVE SUTTE 102 - LOS         SHATTABLE GIFT           ANGELES, CA 90002         45-3470911         501(C)(3)         15,000.         0.           TRAVIS FREDERCK 'S BLOCKING OUT         HUNDER FOUNDATION - 59 CAVALIER         HARITABLE GIFT         HEARITABLE GIFT           BLVD., SUITE 310 - FLORENCE, KY         81-3030335         501(C)(3)         10,000.         0.         PEDEM HUNGRY STUT           VELLOW WORK INC         10960 WILSHIRE BLVD, FL 5         B3-1806269         501(C)(3)         23,510.         0.         HARITABLE GIFT           WAGS AND WALKS         2236 FEDERAL AVE.         LOS ANGELES, CA 90064         45-3749303         501(C)(3)         10,000.         0.         HARITABLE GIFT           WESTMARK SCHOOL         8145 SANTA MONICA BLVD, #298         LOS ANGELES, CA 90064         95-4616645         501(C)(3)         12,500.         0.         HARITABLE GIFT           VERESP. CA 90274         46-2249383         501(C)(3)         12,500.         0.         HARITABLE GIFT           VERESP. CA 90274         84-2249383         8,168.         0.         HARITABLE GIFT         COVID-19 PPE POI           VERESP. CA 90274         84-2249383         8,168.         0.         HARITABLE		31-1003236	501(C)(3)	43 133.	0.			CHARITABLE GIFT
ASSISTANCE FOUNDATION - 10221 COMPTON AVE SUITE 102 - LOS ANGELES, CA 90002 TRAVIS FREDENCK'S BLOCKING OUT HUNDER FOUNDATION - 59 CAVALIER BLUDL, SUITE 310 - PLORENCE, XY 41042 WELLOW WORK INC 10960 WILEHTER BLUD, FL 5 LOS ANGELES, CA 90024 WASSIGNES, CA 90024 45-3749303 501(C)(3) 10,000. 0. WESTMARK SCHOOL 8149 SANTA MONICA BLVD. #298 105 ANGELES, CA 90044 45-3749303 501(C)(3) 10,000. WESTMARK SCHOOL 8149 SANTA MONICA BLVD. #298 105 ANGELES, CA 90046 95-4616645 501(C)(3) 12,500. 0. WESTMARK SCHOOL 8149 SANTA MONICA BLVD. #298 105 ANGELES, CA 90046 95-4616645 501(C)(3) 12,500. 0. WENTERMATIONAL SURGICAL ATD - 955 DEEP VALLEY DR. #2331, PALOS VERDES, CA 9074 - PALOS WERDES, CA 9074 - PALOS WORLD WILDLIFF FUND WASSINGTON, DC 20037 52-1693387 501(C)(3) 94,964. 0. CHARITABLE GIFT WASSINGTON, DC 20037 CHARITABLE GIFT WASSINGTON, DC 20037 CHARITABLE GIFT CHARITABLE GIFT								
COMPTON AVE SUITE 102 - LOS         45-3470911         501(C)(3)         15,000         0.         PANTEY AND SUMMI PROGRAM           ANGELES, CA 90002         45-3470911         501(C)(3)         15,000         0.         PANTEY AND SUMMI PROGRAM           HUNGER FOUNDATION - 59 CAVALIER ELVD., SUITE 310 - FLORENCE, KY         81-3030335         501(C)(3)         10,000         0.         PELDW WORK SUITE 10402         81-3030335         501(C)(3)         10,000         0.         PELDW WORK SUITE 10960 WILHENE ELVD. FL 5         PELDW WORK INC 10960 WILLES, CA 90024         PELDW WORK INC 10960 WILLES, CA 9004         PELDW WORK INC 10960 WILLES, CA 9004         PELDW WORK INC 10960 WILLES, CA 9004         PELDW WORK INC 100,000         PELDW WORK INC 10,000         PELDW WORK INC 10,000         PELDW WORK INC 10,000         PELDW PROGRAM								CHARITABLE GIFT FOR FOOI
ANGELES, CA 90002       45-3470911       501(C)(3)       15,000.       0.       PROGRAM         TRAVIE FREDRICK'S BLOCKING OUT       FINORE FOUNDATION - 59 CAVALIER       S1-3030335       501(C)(3)       10,000.       0.       CHARITABLE GIFT         BLVD., SUITE 310 - FLORENCE, KY       S1-3030335       501(C)(3)       10,000.       0.       FROM CORONAVIRUS         YELLOW WORK INC       B1-3030335       501(C)(3)       23,510.       0.       CHARITABLE GIFT         WAGS AND WALKS       S3-1806269       501(C)(3)       10,000.       0.       CHARITABLE GIFT         WAGS AND WALKS       S3-1806269       501(C)(3)       10,000.       0.       CHARITABLE GIFT         WAGS AND WALKS       S3-1806269       501(C)(3)       10,000.       0.       CHARITABLE GIFT         WAGS AND WALKS       S3-1806269       501(C)(3)       10,000.       0.       CHARITABLE GIFT         WAGS AND WALKS       S3-1806269       501(C)(3)       12,500.       0.       CHARITABLE GIFT         WAGS AND WALKS       S3-1806269       501(C)(3)       12,500.       0.       CHARITABLE GIFT         WAGS AND WALKS       S3-24616645       501(C)(3)       12,500.       0.       CHARITABLE GIFT         LOS ANGELES, CA 90024       P3-46166								PANTRY AND SUMMER BRIDGE
TRAVIS FREDRICK'S BLOCKING OUT		45-3470911	501(C)(3)	15 000.	0.			
HUNGER FOUNDATION - 59 CAVALIER       CHARITABLE GIFT         BLVD., SUTE 310 - FLORENCE, KY       81-3030335       501(C)(3)       10,000.       0.       TO CORONAVIRUS         VELLOW WORK INC       10960 WILSHIRE BLVD. FL 5       83-1806269       501(C)(3)       23,510.       0.       CHARITABLE GIFT         MAGS AND WALKS       2236 FEDERAL AVE.       45-3749303       501(C)(3)       10,000.       0.       CHARITABLE GIFT         S149 SANTA MONICA BLVD. 4298       45-3749303       501(C)(3)       10,000.       0.       CHARITABLE GIFT         S149 SANTA MONICA BLVD. 4298       501(C)(3)       10,000.       0.       CHARITABLE GIFT         NORELES, CA 90064       95-4616645       501(C)(3)       12,500.       0.       CHARITABLE GIFT         NUMEDANCE BLVD. 4298       501(C)(3)       12,500.       0.       CHARITABLE GIFT       COVID-19 PE FOI         100 S ANGELES, CA 90274       95-4616645       501(C)(3)       12,500.       0.       CHARITABLE GIFT         VERDES, CA 90274       84-2249383       8,168.       0.       CHARITABLE GIFT       COVID-19 PE FOI         VERDES, CA 90274       84-2249383       8,168.       0.       CHARITABLE GIFT       COVID-19 PE FOI         1250 24TH ST. NW       MASHINGTON, DC 20037       5	,			,				
BLVD., SUITE 310 - FLORENCE, KY         81-3030335         501(C)(3)         10,000.         0.         FEED HUNGRY STUE TO CORONAVIRUS           VELLOW WORK INC         10960 WILSHIRE BLVD. FL 5         83-1806269         501(C)(3)         23,510.         0.         CHARITABLE GIFT           WAGS AND WALKS         2236 FEDERAL AVE.         501(C)(3)         10,000.         0.         CHARITABLE GIFT           WESTMARK SCHOOL         45-3749303         501(C)(3)         10,000.         0.         CHARITABLE GIFT           WESTMARK SCHOOL         95-4616645         501(C)(3)         12,500.         0.         CHARITABLE GIFT           WORNA ONE INTERNATIONAL SURGICAL         95-4616645         501(C)(3)         12,500.         0.         CHARITABLE GIFT           WORLD WILDLIFE FUND         84-2249383         8,168.         0.         FRONTLINE WORKEE           WORLD WILDLIFE FUND         52-1693387         501(C)(3)         94,964.         0.         CHARITABLE GIFT           WORLD WILDLIFE FUND         52-1693387         501(C)(3)         94,964.         0.         CHARITABLE GIFT								CHARITABLE GIFT TO HELP
41042       81-3030335       501(C)(3)       10,000.       0.       TO CORONAVIRUS         YELLOW WORK INC       10960 WILSHIRE BLVD. FL 5       83-1806269       501(C)(3)       23,510.       0.       CHARITABLE GIFT         WASG AND WALKS       83-1806269       501(C)(3)       23,510.       0.       CHARITABLE GIFT         WASG AND WALKS       45-3749303       501(C)(3)       10,000.       0.       CHARITABLE GIFT         WESTMARK SCHOOL       45-3749303       501(C)(3)       10,000.       0.       CHARITABLE GIFT         WESTMARK SCHOOL       95-4616645       501(C)(3)       12,500.       0.       CHARITABLE GIFT         OHANA ONE INTERNATIONAL SURGICAL       95-4616645       501(C)(3)       12,500.       0.       CHARITABLE GIFT         OHANA ONE INTERNATIONAL SURGICAL       84-2249383       84,168.       0.       CHARITABLE GIFT         WORLD WILDLIFE FUND       84-2249383       8,168.       0.       CHARITABLE GIFT         WORLD WILDLIFE FUND       52-1693387       501(C)(3)       94,964.       0.       CHARITABLE GIFT         CHILDREN'S HEALTH FUND       CHARITABLE       S01(C)(3)       94,964.       0.       CHARITABLE GIFT								FEED HUNGRY STUDENTS DU
YELLOW WORK INC 10960 WILSHIRE BLVD. FL 5         B3-1806269         501(C)(3)         23,510.         0.         CHARITABLE GIFT           WAGS AND WALKS 2236 FEDERAL AVE. LOS ANGELES, CA 90064         45-3749303         501(C)(3)         10,000.         0.         CHARITABLE GIFT           WESTMARK SCHOOL 8149 SANTA MONICA BLVD. #298 LOS ANGELES, CA 90046         95-4616645         501(C)(3)         12,500.         0.         CHARITABLE GIFT           ORANA ONE INTERNATIONAL SURGICAL AID - 955 DEEP VALLEY DR. #2331, PALOS VERDES, CA 90274         84-2249383         8,168.         0.         FRONTLINE WORKEN PRONTLINE WORKEN USED WILDLIFE FUND 1250 24TH ST. NW WASHINGTON, DC 20037         52-1693387         501(C)(3)         94,964.         0.         FUND		81-3030335	501(C)(3)	10 000.	0.			
10960 WILSHIRE BLVD. FL 5 LOS ANGELES, CA 9002483-1806269501(C)(3)23,510.0.CHARITABLE GIFTWAGS AND WALKS 2236 FEDERAL AVE. LOS ANGELES, CA 9006445-3749303501(C)(3)10,000.0.CHARITABLE GIFTWESTMARK SCHOOL 8149 SANTA MONICA BLVD. #298 LOS ANGELES, CA 9004695-4616645501(C)(3)12,500.0.CHARITABLE GIFTWESTMARK SCHOOL 8149 SANTA MONICA BLVD. #298 LOS ANGELES, CA 9004695-4616645501(C)(3)12,500.0.CHARITABLE GIFT COVID-19 PEF FOR FOONTLINE WORKERAND ONE INTERNATIONAL SURGICAL ALD - 955 DEEP VALLEY DR. #2331, PALOS VERDES, CA 9027484-22493838,168.0.CHARITABLE GIFT COVID-19 PEF FOR FOONTLINE WORKERWORLD WILDLIFE FUND 1250 24TH ST. NW MASHINGTON, DC 2003752-1693387501(C)(3)94,964.0.CHARITABLE GIFT AUSTRALIA FIRES MASHINGTON, DC 20037CHILDREN'S HEALTH FUND501(C)(3)94,964.0.CHARITABLE GIFT AUSTRALIA FIRES				, ,				
LOS ANGELES, CA 90024 83-1806269 501(C)(3) 23,510. 0. CHARITABLE GIFT WAGS AND WALKS 2236 FEDERAL AVE. LOS ANGELES, CA 90064 45-3749303 501(C)(3) 10,000. 0. CHARITABLE GIFT WESTMARK SCHOOL 8149 SANTA MONICA BLVD. #298 LOS ANGELES, CA 90046 95-4616645 501(C)(3) 12,500. 0. CHARITABLE GIFT OHANA ONE INTERNATIONAL SURGICAL ALD - 955 DEEP VALLEY DR. #2331, PALOS VERDES, CA 90274 - PALOS VERDES, CA 90274 - PALOS VERDES, CA 90274 - PALOS VERDES, CA 90274 - S10(C)(3) 84-2249383 8,168. 0. CHARITABLE GIFT COVID-19 PFE FOI 1250 24TH ST. NW WASHINGTON, DC 20037 52-1693387 501(C)(3) 94,964. 0. CHARITABLE GIFT CHARITABLE GIFT CHARITABLE GIFT AUSTRALIA FIRES	YELLOW WORK INC							
WAGS AND WALKS 2336 FEDERAL AVE. LOS ANGELES, CA 90064 45-3749303 501(C)(3) 10,000. 0. CHARITABLE GIFT WESTMARK SCHOOL 8149 SANTA MONICA BLVD. #298 LOS ANGELES, CA 90046 95-4616645 501(C)(3) 12,500. O. CHARITABLE GIFT COVID-19 PPE FOI COVID-19	10960 WILSHIRE BLVD. FL 5							
WAGS AND WALKS 2236 FEDERAL AVE. LOS ANGELES, CA 90064 8149 SANTA MONICA BLVD. #298 LOS ANGELES, CA 90046 95-4616645 S01(C)(3) 12,500. CHARITABLE GIFT CHARITABLE GIFT CHARITABLE GIFT CHARITABLE GIFT CHARITABLE GIFT CHARITABLE GIFT COVID-19 PFE FOI VERDES, CA 90274 - FALOS VERDES, CA 90274 - 84-2249383 8,168. CHARITABLE GIFT COVID-19 PFE FOI VERDES, CA 90274 - 84-2249383 8,168. CHARITABLE GIFT COVID-19 PFE FOI COVID-19 PFE FOI CHARITABLE GIFT AUSTRALIA FIRES WASHINGTON, DC 20037 CHARITABLE GIFT AUSTRALIA FIRES CHARITABLE GIFT CHARITABLE GIFT CHARITABLE GIFT CHARITABLE GIFT CHARITABLE GIFT COVID-19 PFE FOI CHARITABLE GIFT CHARITABLE GIFT COVID-19 PFE FOI COVID-19 PFE FOI COVID-19 PFE FOI CHARITABLE GIFT AUSTRALIA FIRES CHARITABLE GIFT CHARITABLE GIFT CHARITABLE GIFT CHARITABLE GIFT COVID-19 PFE FOI COVID-19 PFE FOI CHARITABLE GIFT COVID-19 PFE FOI COVID-19 PFE FOI COVID-19 PFE FOI CHARITABLE GIFT COVID-19 PFE FOI COVID-19 PFE FOI CHARITABLE GIFT COVID-19 PFE FOI CHARITABLE GIFT COVID-19 PFE FOI CHARITABLE GIFT COVID-19 PFE FOI COVID-19 PFE FOI COVID-19 PFE FOI CHARITABLE GIFT COVID-19 PFE FOI CHARITABLE GIFT COVID-19 PFE FOI CHARITABLE GIFT COVID-19 PFE FOI CHARITABLE GIFT CHARITABLE GIFT COVID-19 PFE FOI CHARITABLE GIFT CHARITABLE GIFT COVID-19 PFE FOI CHARITABLE GIFT CHARITABLE GIFT COVID-19 PFE FOI CHARITABLE GIFT CHARITABLE GIFT CHARIT		83-1806269	501(C)(3)	23,510.	0.			CHARITABLE GIFT
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LOS ANGELES, CA 9004695-4616645501(C)(3)12,500.0.CHARITABLE GIFTOHANA ONE INTERNATIONAL SURGICAL AID - 955 DEEP VALLEY DR. #2331, PALOS VERDES, CA 90274 - PALOSKarlandKarlandCHARITABLE GIFT COVID-19 PPE FOR StatesVERDES, CA 90274 - PALOS84-22493838,168.0.CHARITABLE GIFT COVID-19 PPE FOR PE FOR COVID-19 PPE FOR PALOS 247H ST. NW WASHINGTON, DC 20037S2-1693387501(C)(3)94,964.0.CHARITABLE GIFT PALOSCHILDREN'S HEALTH FUNDS2-1693387501(C)(3)94,964.0.S10(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(	WESTMARK SCHOOL							
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PALOS VERDES, CA 90274 - PALOS VERDES, CA 90274 - PALOS VERDES, CA 90274 - PALOS VERDES, CA 90274 - PALOS VERDES, CA 90274 - PALOS 84-2249383 84-2249384 84-22498484 84-22498484 84-224984 84-224984 84								CHARITABLE GIFT FOR
VERDES, CA 90274 84-2249383 84-2249383 8,168. O. FRONTLINE WORKER WORLD WILDLIFE FUND 1250 24TH ST. NW WASHINGTON, DC 20037 52-1693387 501(C)(3) 94,964. O. CHARITABLE GIFT AUSTRALIA FIRES FUND								
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1250 24TH ST. NW WASHINGTON, DC 20037 52-1693387 501(C)(3) 94,964. 0. AUSTRALIA FIRES FUND				,				
1250 24TH ST. NW WASHINGTON, DC 20037 52-1693387 501(C)(3) 94,964. 0. AUSTRALIA FIRES FUND	WORLD WILDLIFE FUND							CHARITABLE GIFT FOR
WASHINGTON, DC 20037         52-1693387         501(C)(3)         94,964.         0.         FUND           CHILDREN'S HEALTH FUND         Image: Comparison of the second s								AUSTRALIA FIRES EMERGENO
CHILDREN'S HEALTH FUND		52-1693387	501(C)(3)	94 964	0.			
					<b>```</b>			
	CHILDREN'S HEALTH FUND							
NEW YORK, NY 10027 13-3468427 501(C)(3) 101,000. 0. CHARITABLE GIFT		13-3468427	501(C)(3)	101 000	n			CHARITABLE GIFT

Schedule I (Form 990)

## EDWARD CHARLES FOUNDATION Schedule I (Form 990)

26-	-4245043	Page 1
20	4242042	Page I

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILDREN'S HOSPITAL OF PITTSBURGH							
UNDATION - 4401 PENN AVE.,							
NTRAL PLANT, FLR 3 - PITTSBURGH,							
15224	25-1865744	501(C)(3)	110,000.	0.			CHARITABLE GIFT

Page 2

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION AWARD	11	90,825.	0.		
DONATION: FOOD AND ESSENTIALS	1	1,674.	0.		
DONATION: HELP SKYPE FIGHT CANCER	1	275.	0.		
DONATION: WALK FOR STEPHEN SMITH	1	250.	0.		
DONATION: TO SUPPORT FOR PAUL HENDERSON	1	250.	0.		

PART I, LINE 2:

## 1. THE ORGANIZATION RESEARCHES THE DOMESTIC RECIPIENT BASED ON THE

INFORMATION PROVIDED BY THE GRANTING FISCAL SPONSEE.

# 2. THE ORGANIZATION ENSURES THAT THE DOMESTIC RECIPIENT IS IN GOOD STANDING

## WITH THE IRS.

# 3. IF NO, THE ORGANIZATION REPORTS BACK TO THE FISCAL SPONSEE THAT A GRANT

# CANNOT BE DISTRIBUTED.

# 4. IF YES, THE ORGANIZATION GATHERS SUPPORTING DOCUMENTS AND BANKING

# INFORMATION.

	TOONDATT	010			
Part III Continuation of Grants and Other Assistance to Individ	duals in the Unit	ed States (Schedul	e I (Form 990), Part II	I.)	
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
DONATION: TOWARDS SOCCER EQUIPMENT	1.	250.	. 0.		
DONATION: BOYS & GIRLS CLUB END OF SUMMER COOKOUT	1.	406,	. 0.		
DONATION: HURRICANE FLORENCE REPAIRS	1.	13,519.	. 0.		
DONATION: TOWARDS SPORTS EQUIPMENT	1.	1,911.	. 0.		
DONAMION MONADDA CONDUMED DUDAUA DE		1 947			
DONATION: TOWARDS COMPUTER PURCHASE	1.	1,847	. 0.		
DONATION: COVID-19 IMPACT	1.	1,000	. 0.		

26-4245043

Page 2

Schedule I (Form 990)

Schedule I	(Form	99

Sche	dule I	(Form	990)			EDWARD rmation	CHARL	ES FO	OUNDATION			26-424	15043 Page 2
Pa	rt IV	Sup	opleme	ental	Info	rmation							
5.	IF	THE	GRA	NT	IS	SUBSTA	NTIAL,	THE	ORGANIZATION	REQUIRES	A	GRANT	AGREEMENT
BE	PU	r in	I PLA	ACE.	•								
6.	TH	EN,	THE	GR <i>I</i>	ANT	IS DIS	TRIBUT	ED.					
												Sch	edule I (Form 990)
93229 04-01	1 19												. ,

SCHEDULE O

(Form 990 or 990-EZ)

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

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

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

EZ 2019 Open to Public Inspection Employer identification number

OMB No 1545-0047

26-4245043

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDWARD CHARLES FOUNDATION

SERVED AS FISCAL SPONSOR FOR OTHER ORGANIZATIONS TO PERFORM CHARITABLE

PURPOSES.

EXPENSES \$ 6,917,852. INCLUDING GRANTS OF \$ 3,445,541. REVENUE \$ 0.

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

THE FORM 990 IS REVIEWED BY THE BOARD PRIOR TO FILING AND SIGNED BY THE

CEO/TREASURER.

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

EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF THE COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

FORM 990, PART VI, SECTION B, LINE 15: WHEN COMPENSATING DISQUALIFIED PERSONS, THE FOUNDATION ADHERES TO THE DEFINITION OF REASONABLE COMPENSATION AS SET FORTH UNDER SECTION 53.4958-(B)(1)(II) OF THE TREASURY REGULATIONS THAT SECTION PROVIDES THAT REASONABLE COMPENSATION IS THE AMOUNT THAT WOULD ORDINARILY BE PAID FOR LIKE SERVICES BY LIKE ENTERPRISES, WHETHER TAXABLE OR TAX-EXEMPT, UNDER LIKE CIRCUMSTANCES. FURTHERMORE ANY COMPENSATION THE FOUNDATION PAYS TO A DISQUALIFIED PERSON IS APPROVED IN ADVANCE BY THE FOUNDATION'S BOARD OF DIRECTORS IT IS APPROVED PURSUANT TO THE PROCEDURES FOR ESTABLISHING A LHA FOR PAPEWORK Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 92211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization EDWARD CHARLES FOUNDATION	Employer identification number 26-4245043
REBUTTABLE PROCEDURE OCCURS IN ADVANCE, BY AN INDEPENDENT	GROUP OF BOARD
MEMBERS BASED ON APPROPRIATE COMPARABILITY DATE IT IS ADE	QUATELY DOCUMENTED
THAT THE BOARD USES THE REBUTTABLE PRESUMPTION OF REASONA	BLENESS UNDER CODE
SECTION 4958 ALSO TO ENSURE THAT COMPENSATION DOES NOT CO	NSTITUTE PRIVATE
INUREMENT.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND
FINANCIAL STATEMENTS, FORM 1023, AND FORM 990 ARE AVAILAB	LE IN OFFICE AT
ANY TIME.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND
FINANCIAL STATEMENTS, FORM 1023 AND FORM 990 ARE AVAILABL	E IN OFFICE AT ANY
TIME.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING:	
PROGRAM SERVICE EXPENSES	680,891.
MANAGEMENT AND GENERAL EXPENSES	278,110.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	959,001.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	959,001.

932212 09-06-19

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