EXTENDED TO MAY 16, 2022

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	OI LITE	2020 Calendar year, or tax year beginning 000 1, 2020 and	ending C	<u> </u>							
B	Check if applicable	C Name of organization		D Employer identifi	cation number						
	Addres	EDWARD CHARLES FOUNDATION]							
	Name change	Doing business as		26-42450	43						
	Initial return		Room/suite								
	Final return/		338	310-694-							
	termin- ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	51,711,181.						
L	Ameno	BEVERUI HILLS, CA 30212		H(a) Is this a group return							
	Application pending	α		for subordinates	s? Yes X No						
	·	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No							
		empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) of	or 527	If "No," attach a	list. See instructions						
		e: WWW.EDWARDCHARLESFOUNDATION.ORG		H(c) Group exemption							
	orm of	organization: X Corporation	L Year	of formation: 2009	M State of legal domicile; DE						
•		Briefly describe the organization's mission or most significant activities: FISC	AT. SPO	NISORSHIP OF	СНАВТФАВТ.Е						
Activities & Governance	' ,	INITIATIVES.	III DIO	AND ON DITTE							
rna	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.						
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	4						
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			3						
Se Se	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	11						
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	0						
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.						
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.						
				Prior Year	Current Year						
ē	8	Contributions and grants (Part VIII, line 1h)		10,297,153.	50,712,586.						
eun	9	Program service revenue (Part VIII, line 2g)		540,925.	825,433.						
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		26,017.	38,454.						
<u></u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,864,095.	51,576,473.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,611,481.	6,141,063.						
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		667,651.	694,215.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
×	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		44.000.450						
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,968,844.	14,208,659.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,247,976.	21,043,937.						
		Revenue less expenses. Subtract line 18 from line 12		1,616,119.	30,532,536.						
Net Assets or			Ве	eginning of Current Year	End of Year						
sset	20	Total assets (Part X, line 16)		5,690,189.	37,089,595.						
A A	21	Total liabilities (Part X, line 26)		345,032.	1,026,058.						
		Net assets or fund balances. Subtract line 21 from line 20		5,345,157.	36,063,537.						
	art II	Signature Block									
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is						
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	nas any knowledge.							
٥.		Signature of officer		I Date							
Sig		KENT SETON, CEO		Duto							
Her	e	Type or print name and title									
		Print/Type preparer's name Preparer's signature		Date Check [X PTIN						
Paid	i	SHASHI MIRPURI SHASHI MIRPURI	la)1/27/22 if self-emplo							
	arer	Firm's name BAKER TILLY US, LLP		Firm's FIN	39-0859910						
	Only	Firm's address 15760 VENTURA BLVD, SUITE 1100		5 E.11							
	•	ENCINO, CA 91436		Phone no.81	8.981.2600						
May	/ the IF	RS discuss this return with the preparer shown above? See instructions		•	X Yes No						

Par	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 INITIATIVES	
	Did the control of th	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes _A_ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	Tes [21] NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	/ exnenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	
	revenue, if any, for each program service reported.	,,,po.,,ooo,, a,,,a
4a	(Code:) (Expenses \$5,972,586 • including grants of \$) (Revenue \$)
	HELP KITCHEN PROVIDES RELIEF TO THE DISTRESSED AND POOR BY PROV	VIDING
	FOOD AND OTHER ITEMS OF NOURISHMENT TO THOSE WHO DO NOT HAVE.	
	2 604 442 1 009 000 1	
4b	(Code:) (Expenses \$2,604,443. including grants of \$1,008,000.) (Revenue \$)
	AFFECTED BY SCHOOL CLOSURES AS A RESUT OF CORONAVIRUS.	TEO
	AFFECIED DI DENOON CHODORED AD A REDOT OF CORONAVIROD:	
4c	(Code:) (Expenses \$)
	MORE THAN A MEAL PROVIDES RELIEF TO THE DISTRESSED AND POOR BY	
	PROVIDING FOOD TO INSECURE POPULATION WITH FOOD AND NECESSITIES	S
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 11,053,473 • including grants of \$ 5,132,719 •) (Revenue \$)
4e		,

Form 990 (2020) EDWARD CHARLES FOUNDATION 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	_		3,7
_	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	_		, v
_	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		v	
_	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			, v
_	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?	_		3,7
	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			3,7
	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,	l		3,7
	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	l		, v
	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
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	3		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		X
40	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		<u> </u>
Ŋ	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			
		14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13	foreign organization? If "Yes," 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	"		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	 		
.,		17		X
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''		
10		18		X
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		+
IJ	,	19		X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a 20b		 ^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	domocao gorsannon on ridir in, coldinir y y, iniciri: Il res, complete ochequie I, Parts I and II			

Form 990 (2020) EDWARD CHARLES FOUNDATION
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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			₩.
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	202		X
L	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	·	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive more than \$23,000 in nor-cash contributions: If Yes, complete schedule in	25		
00	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 "Yes," complete</i>	<u> </u>		
-	Schedule N, Part II	32		х
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		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			oxdot
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С			7.7	
	(gambling) winnings to prize winners?	1c	X	Щ_

EDWARD CHARLES FOUNDATION

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

					Yes	No				
2 a	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	11							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
				3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			37				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X				
b	If "Yes," enter the name of the foreign country		+- (FDAD)							
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad		, ,	r-		Х				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			_5a 5b		X				
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
ou	any contributions that were not tax deductible as charitable contributions?									
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?		•	6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a		Х				
				7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs req	uired							
	to file Form 8282?			7с		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				Х				
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g										
h	, , , , , , , , , , , , , , , , , , , ,									
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	Sponsoring organizations maintaining donor advised funds.			0-						
				9a 9b						
10	Section 501(c)(7) organizations. Enter:			90						
	Initiation fees and capital contributions included on Part VIII, line 12	10a	I							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l	ı							
	organization is licensed to issue qualified health plans	13b								
	c Enter the amount of reserves on hand 13c									
14a Did the organization receive any payments for indoor tanning services during the tax year?										
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b						
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? If "Yes," see instructions and file Form 4720, Schedule N.									
16	6 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?									
. •	If "Yes," complete Form 4720, Schedule O.			16		X				
	, , , , , , , , , , , , , , , , , , , ,									

Form 990 (2020) EDWARD CHARLES FOUNDATION 26-4245043 Pag
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 4											
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1										
	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												
	more members of the governing body?											
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		X								
	persons other than the governing body?	7b		x								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a	Х									
b	Each committee with authority to act on behalf of the governing body?	8b	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		x								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
	This doctor brogadate information about policion for regained by the internal returned doctor.		Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х								
	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									
	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	Х									
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									
	Other officers or key employees of the organization	15b	Х									
	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		Х								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
	exempt status with respect to such arrangements?	16b										
Sec	tion C. Disclosure	•	•									
17	List the states with which a copy of this Form 990 is required to be filed ▶CA, 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):	only)	availa	ble								
	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	finan	cial									
	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											
	THE ORGANIZATION - 310-694-3734											
	269 SOUTH BEVERLY DRIVE, NO. 338, BEVERLY HILLS, CA 90212											

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per week	box offi	, unle cer ar	ss pei id a d	rson i irecto	s both or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				pg		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	ial tru:	onal t		ployee	com g				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KENT SETON	40.00	드	드	0	호	工品	E.			
CEO	1000	х		х				115,000.	0.	0.
(2) KEVIN GRIGORENKO	1.00									
СТО		Х		х				0.	0.	0.
(3) ANDREW ALTSULE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) JAMES BULLARD	1.00									
TREASURER		Х		Х				0.	0.	0.
		-								
	-									
		1								
		-								
		1								
		-								
		1								
	1	1						1	I .	

032007 12-23-20 Form **990** (2020)

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)	(C)					(D)	(E)	(E)				
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	- 1		timate		
	hours per week					s both or/trust		compensation	compensatio	- 1		nount	
	(list any							from the	from related organization			other pensa	
	hours for	direct				p		organization	(W-2/1099-MIS			om th	
	related	tee or	ustee			ensate		(W-2/1099-MISC)	•	´	org	anizat	ion
	organizations	al trus	nal tr		oyee	om p					an	d relat	ed
	below line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				orga	anizati	ons
	iiiie)	jų.	Ë	#0	Ke	E, Ţ	요			-			
										\dashv			
										\dashv			
										\neg			
1b Subtotal						l	>	115,000.		0.			0.
c Total from continuation sheets to Part VI	, Section A					l	>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	115,000.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable	;			1
compensation from the organization												V	1
										1		Yes	No
3 Did the organization list any former officer,	•		•	•	•		_		•	ŀ			v
line 1a? If "Yes," complete Schedule J for si										·····	3		X
4 For any individual listed on line 1a, is the su									•	- 1	4		Х
and related organizations greater than \$150										}	4		
5 Did any person listed on line 1a receive or a	•				•			•		ŀ	5		х
rendered to the organization? f "Yes," com	piete Scheaule	9 <i>J T</i>	or su	icn į	oers	on .					3		
Complete this table for your five highest contains the state of t	mpensated ind	long	nder	at co	ntr	actor	e th	nat received more than \$	100 000 of com		ion fr	.m	
the organization. Report compensation for t)Ci isat	.1011 110	,,,,	
(A)	ine calendar ye	oui C	, ruii	<u>19 W</u>	1011	<i>71</i>	Π	(B)	our.		(0	:)	
Name and business	address							Description of s	ervices	С	ompe		n
GEORG ACKERMANN GMBH													
GEWERBESTR. 1, WEISENBRON	N, GERM	AN	Y	97	35	5	þ	DESIGN SERVI	CES		31	5,3	20.
RAISE FOR GOOD LLC	•												
	RANCISC	Ο,	C.	Α	94	109)	FUNDRAISING :	SERVICES		20	6,9	25.
PERKINS & WILL INC.								FABRICATION A				-	
P.O. BOX 71181, CHICAGO,	IL 6069	4					_ :	INSTALLATION	AT LOND		16	3,0	00.
USTIN DENT EXECUTIVE DIRECTOR -													
36 W. 120TH ST #2, NEW YORK, NY 10027 OUTSCHOOL 150,000										00.			

DESIGN SERVICES

Form **990** (2020)

143,701.

L.M.N.O. CREATIVE SARL, ROUTE DES FALAISES

Total number of independent contractors (including but not limited to those listed above) who received more than

64, NEUCHATAL, SWITZERLAND 2000

\$100,000 of compensation from the organization

26-4245043

Form 990 (2020) EDWARD
Part VIII Statement of Revenue

			Check if Schedule O	conta	ins a r	esponse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									Tariotion Tovonas	Basilioso lovellas	sections 512 - 514
ts ts	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
Ω, Ħ		С	Fundraising events			1c					
ar ji						1d					
nii Biik			Government grants (contri			1e	90,000.				
Š			All other contributions, gifts,								
te E			similar amounts not included			1f	50,622,586.				
풀		g	Noncash contributions included in	lines 1	a-1f	1g \$	27,312.				
Sol		-	Total. Add lines 1a-1f			-9 +		50,712,586.			
<u> </u>							Business Code	, i			
Ф	2	а	FEE INCOME				900099	825,433.	825,433.		
Š.		b						,	·		
Ser		С									
E S		d									
Program Service Revenue		е									
Pr		f	All other program service	rever	nue						
			T					825,433.			
	3		Investment income (includ								
	other similar amounts)							16,728.			16,728.
	4		Income from investment of								
	5		Royalties		-						
			•			Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss))							
	7		Gross amount from sales of		(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a	1	56,434.					
		b	Less: cost or other basis								
ē			and sales expenses	7b	1	34,708.					
ē		С	Gain or (loss)	7с		21,726.					
ther Revenue			Net gain or (loss)					21,726.	21,726.		
ē	8		Gross income from fundraising			ot 🗌					
₹			including \$	-	•	of					
			contributions reported on			e					
			Part IV, line 18			8a					
		b	Less: direct expenses								
			Net income or (loss) from				>				
	9		Gross income from gamin								
			Part IV, line 19								
		b	Less: direct expenses								
		С	Net income or (loss) from	gami	ng act	ivities					
			Gross sales of inventory, I								
			and allowances				a				
		b	Less: cost of goods sold								
			Net income or (loss) from				>				
			`				Business Code				
ous	11	а									
ane		b									
Miscellaneous Revenue		С									
Aisc		d	All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ns				51,576,473.	847,159.	0.	16,728.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 6,019,535. 6,019,535. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 87,653. 87,653. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 33,875. 33,875. Benefits paid to or for members Compensation of current officers, directors, 115,000. 115,000. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 472,276. 99,939. 372,337. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 60,000. 60,000. Other employee benefits 9 46,939. 18,356. 28,583. 10 Payroll taxes 11 Fees for services (nonemployees): Management 100,182. 88,500. 11,682. Legal 734,992. 652,395. 82,597. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,029,448. 1,792,807. 236,641. column (A) amount, list line 11g expenses on Sch O.) 247,442. 247,442. Advertising and promotion 12 23,248. 20,662. 2,586. Office expenses 13 300,553. 299,665. 888. Information technology 14 Royalties 15 79,406. 56,527. 22,879. 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 105,731. 31,758. 73,973. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 10,574,895. 10,574,895. AWARENESS EVENT LICENSES AND FEES 9,318. 9,318. 2,966. 420. PRINT AND POSTAGE 3,386. OTHER PROGRAM EXPENSES 58. 58. All other expenses 21,043,937. 20,151,351. 892,586. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2020)
Part X Balance Sheet

Par	<u>t X</u>	Balance Sheet				
		Check if Schedule O contains a response or no	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		4,227,330.	1	15,269,684.
	2	Savings and temporary cash investments		194,744.	2	19,985,376.
	3	Pledges and grants receivable, net		75,069.	3	539,690.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, sub-	stantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describe	ed in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8		
Ä	9	Prepaid expenses and deferred charges		3,150.	9	3,150.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		1,189,896.	11	1,291,695.
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must eq	5,690,189.	16	37,089,595.	
	17	Accounts payable and accrued expenses		10,099.	17	189,041.
	18	Grants payable	240,725.	18	792,993.	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
es	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, sub				
iab.		controlled entity or family member of any of the			22	
_	23	Secured mortgages and notes payable to unre		00 000	23	20 000
	24	Unsecured notes and loans payable to unrelate	[90,000.	24	38,000.
	25	Other liabilities (including federal income tax, p	-			
		parties, and other liabilities not included on line	, · ·	4,208.	۱ م	6,024.
	00			345,032.		1,026,058.
	26	Total liabilities. Add lines 17 through 25		343,032.	26	1,020,030.
S		Organizations that follow FASB ASC 958, chand complete lines 27, 28, 32, and 33.	leck nere			
nce	27	• • • • •		1,023,342.	27	599,486.
ala	28	Net assets without donor restrictions Net assets with donor restrictions		4,321,815.	28	35,464,051.
d B	20	Organizations that do not follow FASB ASC		1,321,013.	20	33,101,031.
Fun		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current fund	e		29	
ets	30	Paid-in or capital surplus, or land, building, or			30	
Ass	31	Retained earnings, endowment, accumulated i			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		5,345,157.	32	36,063,537.
Ž	33	Total liabilities and net assets/fund balances		5,690,189.	33	37,089,595.
		Total habilities and het assets/fully balafices		2,000,100.	55	57,000,000) Farm 990 (2000)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>						
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	51, 21,	043	3,9	37.			
3	Revenue less expenses. Subtract line 2 from line 1	3		30,532,536					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,345,157 185,844					
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	36,	063	3.5	37.			
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	0.							
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	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 separate	basis,							
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		. [
	Act and OMB Circular A-133?	-		За		х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	ar audita, avalain why an Cabadula O and describe any stone taken to undergo auch audita			26		ı			

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization EDWARD CHARLES FOUNDATION 26-4245043 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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	tion A. Public Support		· ·	,			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	,	, ,	, ,	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	7166079.	14364930.	12550289.	10297153.	50712586.	95091037.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	54.66050	1 1 2 5 1 2 2 2	4055000	40005450	50540506	0.5004.005
	Total. Add lines 1 through 3	7166079.	14364930.	12550289.	10297153.	50712586.	95091037.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						21520446
_	column (f)						31529446. 63561591.
Sec	Public support. Subtract line 5 from line 4.						03301331.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	7166079	14364930	12550289	10297153.	50712586	95091037
	Gross income from interest,	7100073.	14304330.	12330203.	10237133.	507125000	530310371
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,497.	9,988.	34,313.	28,182.	16,728.	90,708.
9	Net income from unrelated business		7,5,5,5				
•	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						95181745.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,419,518.
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Publi						66 50
	Public support percentage for 2020 (li					14	66.78 %
	Public support percentage from 2019					15	79.99 %
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
D	33 1/3% support test - 2019. If the condition have The argenization quality	-					
170	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test and if the organization meets the facts	-					
					raanization	· ·	ightharpoonup
h	meets the facts-and-circumstances test 10% -facts-and-circumstances test	-	-		-	17a and line 15 is	
J	more, and if the organization meets th	•				*	10/0 01
	organization meets the facts-and-circu						
18	Private foundation. If the organization				• • • • •		······································
	in the organization			,,, 17 &	,		······· F

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	now, please comp	Diete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
78	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
_	check this box and stop here						>
	ction C. Computation of Publi					 	
	Public support percentage for 2020 (li			column (f))		15	<u>%</u>
	Public support percentage from 2019					16	%
	ction D. Computation of Inves			10 1 (0)		14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 7 is not
198	a 33 1/3% support tests - 2020. If the						r is flot
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the	=	-				nd
	line 18 is not more than 33 1/3%, ched	ck this box and st	top here. The orga	ınization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	- Ga		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	อม		
	9с		
	10a		
	10b		
_		0 EZ	

Par	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	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		
Sect	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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

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

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020 EDWARD CHARLES FOUNDATION 26-424<u>5043 Page 8</u> Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EDWARD CHARLES FOUNDATION

Employer identification number 26-4245043

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(h) Fundo and other accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	0.	
2	Aggregate value of contributions to (during year)	50,000.	
3	Aggregate value of grants from (during year)	437,383.	
4	Aggregate value at end of year		ad five de
5	Did the organization inform all donors and donor advisors in wr	-	
6	are the organization's property, subject to the organization's ex Did the organization inform all grantees, donors, and donor adv		
6	for charitable purposes and not for the benefit of the donor or or		
	• •		·
Par			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreation	`	a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			•
С	Number of conservation easements on a certified historic struc		
	Number of conservation easements included in (c) acquired aft		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year ▶		
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conserva	tion easements during the year
_	> \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statement	ents that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	Art Historical Treasures or Ot	her Similar Assets
1 0	Complete if the organization answered "Yes" on Form 9		
12	If the organization elected, as permitted under FASB ASC 958,		nd halance sheet works
Iu	of art, historical treasures, or other similar assets held for public	•	
	service, provide in Part XIII the text of the footnote to its finance	· · · · · · · · · · · · · · · · · · ·	•
b	If the organization elected, as permitted under FASB ASC 958,		
-	art, historical treasures, or other similar assets held for public e	•	
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
2	If the organization received or held works of art, historical treas		
	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		

Par	t III Organizations Maintaining C	ollections of Ar	t, Historic	cal Tre	easures, o	r Other	Simila	Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any	y of the f	following that	t make sig	nificant ι	use of its	•	,
	collection items (check all that apply):									
а	Public exhibition	c	l 🔲 Loa	ın or exc	hange progra	am				
b	Scholarly research	e	e Oth	er						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how they f	urther th	ne organizatio	on's exem	pt purpos	se in Part	XIII.	
5	During the year, did the organization solicit or	•	•		-					
	to be sold to raise funds rather than to be ma		•		•			\square	Yes	☐ No
Par	t IV Escrow and Custodial Arrang								ine 9, or	
	reported an amount on Form 990, Par							,	,	
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for cont	tribution	s or other ass	sets not ir	ncluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a								_	
	3	į	3						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.						·			
Par							D.			
	ээтризэ п	(a) Current year	(b) Prior		(c) Two yea			ears hack	(e) Four y	rears hack
12	Beginning of year balance	(a) Carrent year	(8) 1 1101	you	(6) 1 W 6 y 6 a	No buok	(a) 111100 y	ouro buon	(C) rour	ouro buon
h	Contributions									
	Net investment earnings, gains, and losses									
4										
u	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
T	Administrative expenses									
g	End of year balance		- (line - 4 m - m	-1 (-1	\\					
2	Provide the estimated percentage of the curre	•	e (line 1g, co	olumn (a)) neid as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		% 								
	The percentages on lines 2a, 2b, and 2c should be a sh									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are	e held ar	nd administer	red for the	e organiza	ation	Г	
	by:									res No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organization								3b	
4 Do:	Describe in Part XIII the intended uses of the		wment fund	s.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered									
	Description of property	(a) Cost or o			t or other	1 ' '	cumulate	ed	(d) Book	value
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land									
	Buildings									
С	Leasehold improvements									
d	Equipment									
	Other									
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X column (l	B). line 1	0c)					0.

	Investments - Other Securities. Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
	on 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 he	eld equity interests			
3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) Part VIII	must equal Form 990, Part X, col. (B) line 12.) ▶ nvestments - Program Related.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b)	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
(Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	T 6.5
	(a) I	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)			
Part X	<u>n (b) must equal Form 990, Part X, col. (B) line</u> Other Liabilities.	<u> 15.)</u>		
	Complete if the organization answered "Yes" o	on Form 990 Part IV line	11e or 11f See Form 990 Part X line	25
<u>`</u> 1.	(a) Description of liability	Siiii 000, 1 dic 14, 11110		(b) Book value
	al income taxes			
	DIT CARDS PAYABLE			6,024
(3)				•
(4)				
(5)				
(6)				
(7)				
(7) (8)				
, ,				

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 0 • 4a 4b 4c 0 • 5 51,576,473 5 51,576,473 6	Par	t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	turn.	
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OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL AND CALIFORNIA STATE

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2020
Open to Public Inspection

Name of the organization

Employer identification number

EDV	NARD CHARLES	FOUNDATIO	ON			26-424504	13
Pai	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	te if the organ	ization answered "	Yes" on
	Form 990, Part I\	/, line 14b.					
1				ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis	tance? <u>X</u>	Yes No
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and otl	her assistance outs	side the
	United States.						
3				n be duplicated if additional space is no			(O.T.)
	(a) Region	(b) Number of offices in the region	employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	expenditures for and investments in the region
			in the region				in the region
3 a	Subtotal	0	0				0.
	Total from continuation						1
~	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3b)	0	0				0.

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 r	needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO SUPPORT LOCAL					
			PEOPLE IN MOROCCO					
			WITH ARTISANAL SKILLS-TRAINING SO	12,128.	WIRE	0.		
		NORTH HEREON	DRIBED TRITING DO	12,120.	WINE .	<u> </u>		
		EUROPE (INCLUDING	R&D NON-COMMERCIAL					
		ICELAND &	FUNDING FOR ONGOING					
		GREENLAND)	CLINICAL RESEARCH	21,747.	WIRE	0.		
2 Enter total number of	recipient organization	ns listed above that are i	recognized as charities by the f	oreign country,	recognized as a tax			

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a t	tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

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			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

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? If "Yes," 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)	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," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

Page 5

Part V	Supplemental	Information
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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, I	LINE	2 :
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- 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.
- 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.

PART	TT	COLUMN	(D).
EVIVI			1 1 1 1 .

REGION: MIDDLE EAST AND NORTH AFRICA

(D)	PUR	RPOSE	OF.	GRAI	И.Т. :	TO	SUL	PPORT	ГО	CAL	PEOPLE	TN	MOROCCO	MTTH	ARTISANAL	
SKI	LLS-	TRAI	NING	SO	THE	Υ (CAN	GENE	RATE	AN	INCOME					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Name of the organization EDWARD CH	ARLES FOU	NDATION					Employer identification number 26-4245043
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pre 	stance?					stance, and the selecti	₹,,
Part II Grants and Other Assistance to	-				anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than a 1 (a) Name and address of organization or government	\$5,000. Part II can (b) EIN	be duplicated if addit (c) IRC section (if applicable)	ional space is need (d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DREAM DAY FOUNDATION 2045 BISCAYNE BLVD #249 MIAMI, FL 33137	26-4245043	501(C)(3)	472,649.	0.			CHARITABLE GIFT
OUTLIER SOCIETY FELLOWSHIP 269 S. BEVERLY DR. #338 BEVERLY HILLS, CA 90212	26-4245043	501(C)(3)	50,000.	0.			CHARITABLE GIFT
THE CAMERON BOYCE FOUNDATION 269 S. BEVERLY DR. #338 BEVERLY HILLS, CA 90212	84-5049238	501(C)(3)	400,773.	0.			CHARITABLE GIFT
THRIVE MARKET, INC. 5340 ALLA RD. SUITE 105 LOS ANGELES, CA 90066	46-3408763	501(C)(3)	676,238.	0.			CHARITABLE GIFT
TROUBADOUR ENT. INC. 9081 SANTA MONICA BLVD. LOS ANGELES, CA 90069	95-2506811	501(C)(3)	250,000.	0.			CHARITABLE GIFT
RENNIE CENTER FOR EDUCATION RESEARCH AND POLICY - 45 TEMPLE PLACE - BOSTON, MA 02111	51-0548106	501(C)(3)	200,000.	0.			CHARITABLE GIFT
2 Enter total number of section 501(c)(3) a		1		0.			► 65.
= =::::::::::::::::::::::::::::::::::::	35.5	J A O O O O . I . I . I					

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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DONORSCHOOSE.ORG									
P.O. BOX 7247									
PHILADELPHIA, PA 19170	13-4129457	501(C)(3)	198,875.	0.			CHARITABLE GIFT		
SCHOOLHOUSE.WORLD INC									
269 S. BEVERLY DR. #338									
BEVERLY HILLS, CA 90212	85-3101725	501(C)(3)	665,000.	0.			CHARITABLE GIFT		
RIVERSIDE UNIFIED SCHOOL DISTRICT									
6050 INDUSTRIAL AVE									
RIVERSIDE, CA 92504	95-2883296	501(C)(3)	150,000.	0.			CHARITABLE GIFT		
IMPACT PHILANTHROPY GROUP									
5017 CHESLEY AVE.									
VIEW PARK, CA 90043	82-4614872	501(C)(3)	131,322.	0.			CHARITABLE GIFT		
CURE ADDICTION NOW									
269 S. BEVERLY DR. #338									
BEVERLY HILLS, CA 90212	82-4619548	501(C)(3)	212,009.	0.			CHARITABLE GIFT		
CEDARS SINAI GOVERNORS PLEDGE									
8700 BEVERLY BLVD., SUITE 2416	05 1644600	F01 (@) (3)	100 000						
LOS ANGELES, CA 90048	95-1644600	501(C)(3)	100,000.	0.			CHARITABLE GIFT		
NEW ORLEANS RECREATION DEVELOPMENT									
COMMISSION - 935 GRAVIER STREET									
SUITE 820 - NEW ORLEANS, LA 70112	27-4513946	501(C)(3)	100,000.	0.			CHARITABLE GIFT		
			,						
SOCIETY FOR EVIDENCE-BASED GENDER									
MEDICINE CORP - 9289 KNIGHTS RIDGE									
LN MASON, OH 45040	84-4520593	501(C)(3)	100,000.	0.			CHARITABLE GIFT		
TAOS COMMUNITY FOUNDATION									
PO BOX 1925									
TAOS, NM 87571	85-0425147	501(C)(3)	100,000.	0.			CHARITABLE GIFT		

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WASHINGTON UNIVERSITY IN ST. LOUIS										
ONE BROOKINGS DR.,										
ST. LOUIS, MO 63130	43-0653611	501(C)(3)	149,573.	0.			CHARITABLE GIFT			
2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2										
YSLETA INDEPENDENT SCHOOL DISTRICT										
9600 SIMS DR. EL PASO TX 79925										
EL PASO, TX 79925	74-6002473	501(C)(3)	100,000.	0.			CHARITABLE GIFT			
CHILDREN'S HOSPITAL OF PITTSBURGH										
FOUNDATION - 4401 PENN AVE.,										
CENTRAL PLANT, FLR 3 - PITTSBURGH,										
PA 15224	25-1865744	501(C)(3)	90,000.	0.			CHARITABLE GIFT			
LAUREUS SPORT FOR GOOD FOUNDATION										
USA - 645 FIFTH AVENUE - NEW YORK,	20 0045420	504 (5) (0)								
NY 10022	30-0047132	501(C)(3)	70,000.	0.			CHARITABLE GIFT			
NEW HARVEST, INC.										
288 NORFOLK STREET, 4TH FLOOR										
CAMBRIDGE, MA 02139	20-1425438	501(C)(3)	62,000.	0.			CHARITABLE GIFT			
CHIDRIDGE, IN CRISS	20 1123130	301(0)(3)	02,000.	••			ommillibili diri			
BOYS & GIRLS AID SOCIETY OF OREGON										
9320 SW BARBUR BLVD. #200										
PORTLAND, OR 97219	93-0386791	501(C)(3)	50,000.	0.			CHARITABLE GIFT			
BOYS & GIRLS CLUBS OF METRO										
ATLANTA - 1275 PEACHTREE ROAD NE -										
ATLANTA, GA 30309	58-0566123	501(C)(3)	50,000.	0.			CHARITABLE GIFT			
CEOKIDS & COMPANY LLC										
PO BOX 23489				_						
PORTLAND, OR 97281	32-0427629	501(C)(3)	50,000.	0.			CHARITABLE GIFT			
EVEDY VOICE CENMED / DDA CMAME										
EVERY VOICE CENTER (DBA STATE DEMOCRACY PROJECT) - 236 9TH ST.										
SE - WASHINGTON, DC 20003	52-2003442	501(C)(3)	50,000.	0.			CHARITABLE GIFT			
DE WADILINGTON, DC 20003	32-2003442	Po+(C)(3)	30,000.	<u> </u>			CHARLIABLE GIFT			

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MUSIC HEALTH ALLIANCE									
2737 LARMON DR.									
NASHVILLE, TN 37204	46-0997164	501(C)(3)	50,000.	0.			CHARITABLE GIFT		
mishviilii, in sylei	10 033,101	301(0)(3)	30,000.	•					
GIVE FOUNDATION INC.									
PO BOX 50876									
PALO ALTO, CA 94303	02-0570370	501(C)(3)	47,090.	0.			CHARITABLE GIFT		
•									
AQUALINK INC									
P.O. BOX 883									
BOLINAS, CA 94924	84-4907253	501(C)(3)	30,000.	0.			CHARITABLE GIFT		
YOUTH LIFE FOUNDATION OF RICHMOND									
PO BOX 15202									
RICHMOND, VA 23222	81-0569287	501(C)(3)	30,000.	0.			CHARITABLE GIFT		
PLAYERS PHILANTHROPY FUND DBA									
HANDS IN LEARNING - 1122									
KENILWORTH DRIVE, SUITE 201 -									
TOWSON, MD 21204	27-6601178	501(C)(3)	28,000.	0.			CHARITABLE GIFT		
FOODCORPS INC									
1140 SE 7TH AVE., STE 110	27 2000007	E01/G)/2)	F0 000				GUADIMADI E GIRM		
PORTLAND, OR 97214	27-3990987	501(C)(3)	50,000.	0.			CHARITABLE GIFT		
MID-PENINSULA BOYS & GIRLS CLUB									
400 S. EL CAMINO REAL SUITE 150									
SAN MATEO, CA 94402	94-1431583	501(C)(3)	25,000.	0.			CHARITABLE GIFT		
SIN INITEO, ON STICE	31 1131303	301(0)(3)	23,000.	•					
THE ENTERTAINMENT INDUSTRY									
FOUNDATION - 10880 WILSHIRE BLVD.									
#1400 - LOS ANGELES, CA 90024	95-1644609	501(C)(3)	45,000.	0.			CHARITABLE GIFT		
,			, ,						
RED TRUNK PROJECT, INC.									
20 N BROADWAY									
NYACK, NY 10960	81-3123885	501(C)(3)	22,000.	0.			CHARITABLE GIFT		

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
THE ELLEN FUND								
269 S. BEVERLY DR. #338								
BEVERLY HILLS, CA 90212	82-4122811	501(C)(3)	73,346.	0.			CHARITABLE GIFT	
LENOVO BOLINDARION								
LENOVO FOUNDATION 222 W MERCHANDISE MART PLAZA SUITE								
CHICAGO, IL 60654	52-2449153	501(C)(3)	20,000.	0.			CHARITABLE GIFT	
UNREASONABLE KIDS COLLEGE								
700 TECH CENTER PKWY STE 200 NEWPORT NEWS, VA 23606	85-4205774	501(C)(3)	20,000.	0.			CHARITABLE GIFT	
NEWFORT NEWS, VA 25000	03-4203774	501(0)(3)	20,000.	0.			CHARITABLE GIFT	
VINTON HURRICANE LAURA RECOVERY								
2582 CLEVELAND RD.								
VINTON, LA 70668	85-2885351	501(C)(3)	20,000.	0.			CHARITABLE GIFT	
AAT FOUNDATION INC								
245 E 58TH STREET, SUITE 9G NEW YORK, NY 10022	61-1798044	501(C)(3)	19,500.	0.			CHARITABLE GIFT	
NEW TORK, NI 10022	01 1730044	301(0)(3)	15,500.	0.			CHARITABLE GIFT	
HARLEM RBI, INC								
1991 SECOND AVENUE								
NEW YORK, NY 10029	13-4025290	501(C)(3)	26,000.	0.			CHARITABLE GIFT	
GIDLG ING								
GIRLS, INC. 120 WALL STREET 3RD FL								
NEW YORK, NY 10005	13-1915124	501(C)(3)	15,045.	0.			CHARITABLE GIFT	
MICHIGAN STATE UNIVERSITY								
426 AUDITORIUM RD., RM 110								
EAST LANSING, MI 02602	06-1830611	501(C)(3)	23,365.	0.			CHARITABLE GIFT	
BABY2BABY								
5830 W. JEFFERSON BLVD. #200								
LOS ANGELES, CA 90014	46-4503539	501(C)(3)	30,000.	0.			CHARITABLE GIFT	

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CHARLESTON COUNTY SCHOOL DISTRICT								
75 CALHOUN ST.								
CHARLESTON, SC 29401	57-6000322	501(C)(3)	15,000.	0.			CHARITABLE GIFT	
eminuscion, se solut	37 0000322	301(0)(3)	13,000.	••				
JUST KEEP LIVIN FOUNDATION								
15260 VENTURA BLVD. STE 2100								
SHERMAN OAKS, CA 91403	20-3921057	501(C)(3)	26,000.	0.			CHARITABLE GIFT	
SHIRU, INC								
6460 HOLLIS ST. SUITE A								
EMERYVILLE, CA 94608	84-1935652	501(C)(3)	15,000.	0.			CHARITABLE GIFT	
THE BOCH FAMILY FOUNDATION, INC.								
111 MORSE STREET	00 2400500	501/61/21	15.000	_				
NORWOOD, MA 02062	20-3429592	501(C)(3)	15,000.	0.			CHARITABLE GIFT	
INCLUSION MATTERS BY SHANES								
INSPIRATION - 15213 BURBANK BLVD -								
LOS ANGELES, CA 91411	95-4760497	501(C)(3)	12,000.	0.			CHARITABLE GIFT	
	50 1/0015/		12,000.	•				
THE ACTORS' FUND OF AMERICA								
729 SEVENTH AVE. 10TH FLR.								
NEW YORK, NY 10019	13-1635251	501(C)(3)	12,000.	0.			CHARITABLE GIFT	
CHILDREN'S HEALTH FUND								
215 W. 125TH ST. STE 301								
NEW YORK, NY 10027	13-3468427	501(C)(3)	15,138.	0.			CHARITABLE GIFT	
SOCIAL GOOD LABS INCORPORATED								
1159 19TH AVE E	05.4544045	E01/91/21	10.10	_				
SEATTLE, WA 98112	27-4541012	DOT(C)(3)	10,400.	0.			CHARITABLE GIFT	
ALUMNI AND FRIENDS OF THE								
UNIVERSIDAD CENTRAL DE VENEZUELA,								
CORP 166 CLINTON RD	81_1155692	501(C)(3)	10.000	0.			CHARITABLE GIFT	
BROOKELINE, MA 02445	81-1155682	DOT(C)(3)	10,000.	<u> </u>			CHARITABLE GIFT	

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
HAYDEN HURST FAMILY FOUNDATION,								
INC 3663 AIRLIE LANE -								
JACKSONVILLE, FL 32217	83-1847805	501(C)(3)	10,000.	0.			CHARITABLE GIFT	
LIMELOOP INC								
138 MOSS AVE.								
OAKLAND, CA 94611	82-3175517	501(C)(3)	10,000.	0.			CHARITABLE GIFT	
MORE THAN BASEBALL FOUNDATION INC. 8956 WEST BASS LAKE RD.								
CRYSTAL RIVER, FL 33604	83-2355576	501(C)(3)	10,000.	0.			CHARITABLE GIFT	
OURCALLING 1702 SOUTH CESAR CHAVEZ BLVD. DALLAS, TX 75215	26-4430860	501(C)(3)	10,000.	0.			CHARITABLE GIFT	
REPRESENT JUSTICE 777 S. ALAMEDA STREET, 2ND FLOOR								
LOS ANGELES, CA 90021	83-1501685	501(C)(3)	10,000.	0.			CHARITABLE GIFT	
THE FAMILY PLACE P.O. BOX 7999								
DALLAS, TX 75209	75-1590896	501(C)(3)	10,000.	0.			CHARITABLE GIFT	
TRIAD DREAM CENTER INC. P.O. BOX 612								
CLEMMONS, NC 27012	26-3196368	501(C)(3)	8,000.	0.			CHARITABLE GIFT	
THE CAMERON BOYCE FOUNDATION 269 S. BEVERLY DR. #338								
BEVERLY HILLS, CA 90212	84-5049247	501(C)(3)	7,941.	0.			CHARITABLE GIFT	
COVENANT HOUSE CALIFORNIA 1325 N. WESTERN AVE								
HOLLYWOOD, CA 90027	13-3391210	501(C)(3)	7,850.	0.			CHARITABLE GIFT	

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
STEP UP WOMEN'S NETWORK 510 S. HEWITT ST. #111 LOS ANGELES, CA 90013	95-4701468	501(C)(3)	6,018.	0.			CHARITABLE GIFT	
HAUGHTON HIGH SCHOOL FOOTBALL HAUGHTON HIGH SCHOOL C/O BRENDA BRAMLETT 210 E. MCKINLEY DR			6 000	0.			CHARITABLE GIFT	
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAM STREET - NEW YORK, NY 10038	13-1644147	501(C)(3)	6,000. 5,349.	0.			CHARITABLE GIFT	
THE CAMERON BOYCE FOUNDATION 269 S. BEVERLY DR. #338 BEVERLY HILLS, CA 90212	84-5049248		5,306.	0.			CHARITABLE GIFT	
COUNCIL FOR A STRONG AMERICA 1212 NEW YORK AVE NW STE 300 WASHINGTON, DC 20005	13-3840271	501(C)(3)	5,500.	0.			CHARITABLE GIFT	
INGLEWOOD EDUCATION FOUNDATION 401 S. INGLEWOOD AVE INGLEWOOD, CA 90301	95-4722534	501(C)(3)	5,800.	0.			CHARITABLE GIFT	
ANONYMOUS PHILANTHROPY LLC 23091 MILL CREEK DRIVE LAGUNA HILLS, CA 92653			893,500.	0.			GRANT FOR VARIOUS CHARITABLE INITIATIVES	

Schedule I (Form 990) 2020 EDWARD CHARLES	FOUNDATION TO THE PROPERTY OF	NC			26-4245043	Page
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.			ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	assistance
TUITION AWARD	10	70,803.	0.			
OTHER DONATIONS	28	16,850.	0.			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ne 2; Part III, column	(b); and any other ac	Iditional information.		
PART I, LINE 2:						
1. THE ORGANIZATION RESEARCHES THE	DOMESTIC	RECIPIENT	BASED ON	THE		
INFORMATION PROVIDED BY THE GRANTIN	NG FISCAL	SPONSEE.				
2. THE ORGANIZATION ENSURES THAT THE	HE DOMEST	IC RECIPIE	ENT IS IN G	OOD STANDING		
WITH THE IRS.						
3. IF NO, THE ORGANIZATION REPORTS	BACK TO	THE FISCAL	SPONSEE T	HAT A GRANT		
CANNOT BE DISTRIBUTED.						
4. IF YES, THE ORGANIZATION GATHERS	S SUPPORT	ING DOCUME	ENTS AND BA	NKING		
TNFORMATION.						

Pai	rt IV	Sup	plem	ental	Into	rmati	on																	
5.	IF	THE	GRA	NT :	ıs	SUB	STAI	NTI.	AL,	THE	0	RGAN	IZA	TIO	N R	EQU	IRE	s A	GR.	ANT	AG	REE	MEN'	т
BE	PUT	IN	PLA	CE.																				
6.	THE	N, :	PHE	GRAI	NT	IS 1	DIS	TRI	BUT	ED.														

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

Name of the organization EDWARD CHARLES FOUNDATION Employer identification number 26-4245043

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut		_	
1	Art - Works of art			, ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \dots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	2,205	27,312.	FAIR MARKET	VALU	JE_	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organization appropriate of Forms 8283	-	•					
	for which the organization completed Form 82	os, Part V, L	onee Acknowledg	ement 29			,T	
200	During the year did the examination receive by	, contributio	n any proporty rop	arted in Dort L lines 1 throug	h 20 that it	Y	'es	No
Sua	During the year, did the organization receive by							
	must hold for at least three years from the date				i i	30a		Х
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.	·				Sua		
31	Does the organization have a gift acceptance	nolicy that re	auires the review (of any nonstandard contribut	ions?	31		Х
	Does the organization hire or use third parties				10115?	31	\dashv	
JEU	contributions?			· ·		32a		Х
b						2=4		
33	•	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II.	(-)), <u> </u>	(-) 0,100	, , , , , , , , , , , , , , , , , , ,			
	If "Yes," describe in Part II. If the organization didn't report an amount in c describe in Part II.	olumn (c) foi	a type of property	η for which column (a) is chec	ked,			

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

Schedule M (Form 990) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

EDWARD CHARLES FOUNDATION

Employer identification number 26-4245043

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SERVED AS FISCAL SPONSOR FOR OTHER ORGANIZATIONS TO PERFORM CHARITABLE PURPOSES. EXPENSES \$ 11,053,473. INCLUDING GRANTS OF \$ 5,132,719. 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, 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

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 ADEQ	UATELY DOCUMENTED
THAT THE BOARD USES THE REBUTTABLE PRESUMPTION OF REASONAB	LENESS UNDER CODE
SECTION 4958 ALSO TO ENSURE THAT COMPENSATION DOES NOT CON	STITUTE PRIVATE
INUREMENT.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY, AND
FINANCIAL STATEMENTS, FORM 1023, AND FORM 990 ARE AVAILABL	E IN OFFICE AT
ANY TIME.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY, AND
FINANCIAL STATEMENTS, FORM 1023 AND FORM 990 ARE AVAILABLE	IN OFFICE AT ANY
TIME.	