Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning JUL 1 , 2022, and ending JUN 30 , 20 23

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2022

Name of filer
EDWARD CHARLES FOUNDATION

EIN or SSN
-*5043

Name and title of officer or person subject to tax KENT SETON
CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	X	**b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	39,861,685.
2a	**Form 990-EZ** check here		**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here		**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here		**b** **Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a	**Form 8868** check here		**b** **Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here		**b** **Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a	**Form 4720** check here		**b** **Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here		**b** **FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a	**Form 5330** check here		**b** **Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here		**b** **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____ , (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize BAKER TILLY US, LLP to enter my PIN 91436
ERO firm name **Enter five numbers, but do not enter all zeros**

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 95194922269
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature SHASHI MIRPURI Date 11/14/23

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 **and ending** JUN 30, 2023

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
EDWARD CHARLES FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 269 SOUTH BEVERLY DRIVE

Room/suite 338

City or town, state or province, country, and ZIP or foreign postal code
BEVERLY HILLS, CA 90212

F Name and address of principal officer: KENT SETON
SAME AS C ABOVE

D Employer identification number
-*5043

E Telephone number
310-557-1923

G Gross receipts $ 42,972,392.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.EDWARDCHARLESFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2009 **M** State of legal domicile: DE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: FISCAL SPONSORSHIP OF CHARITABLE INITIATIVES.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	37
6	Total number of volunteers (estimate if necessary)	6	0
7a	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.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	40,165,433.	39,835,746.
9	Program service revenue (Part VIII, line 2g)	1,030,251.	1,333,987.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	138,198.	20,135.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-1,328,183.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,333,882.	39,861,685.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37,537,495.	11,613,449.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,267,568.	3,516,185.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,078,258.	10,882,700.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	54,883,321.	26,012,334.
19	Revenue less expenses. Subtract line 18 from line 12	-13,549,439.	13,849,351.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	22,160,900.	35,857,794.
21	Total liabilities (Part X, line 26)	1,040,329.	1,738,776.
22	Net assets or fund balances. Subtract line 21 from line 20	21,120,571.	34,119,018.

Part II Signature Block

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

Sign Here

Signature of officer

Date

KENT SETON, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
SHASHI MIRPURI	SHASHI MIRPURI	11/14/23	☐	P00874030

Firm's name BAKER TILLY US, LLP — Firm's EIN **-***9910

Firm's address 15760 VENTURA BLVD, SUITE 1100
ENCINO, CA 91436 — Phone no. 818.981.2600

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part 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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 2,136,650. including grants of $ 2,100,000.) (Revenue $)
STARLINK INITIATIVE'S ENDEAVOR IS TO CONNECT THE UN-CONNECTED AND UNDER-CONNECTED PEOPLE AROUND THE GLOBE BRINGING THE BENEFITS OF SATELLITE BROADBAND CONNECTIVITY TO THOSE IN NEED.

4b (Code:) (Expenses $ 2,623,573. including grants of $ 404,923.) (Revenue $)
OUTSCHOOL.ORG - TO PROVIDE FREE CLASSES TO PUBLIC SCHOOL FAMILIES AFFECTED BY SCHOOL CLOSURES AS A RESUT OF CORONAVIRUS.

4c (Code:) (Expenses $ 1,397,701. including grants of $ 1,166,523.) (Revenue $)
THE 30 BIRDS FOUNDATION IS DEDICATED TO SAFEGUARDING THE FUTURE OF A GROUP OF 450 AFGHANS, PREDOMINANTLY SCHOOLGIRLS, WHO WE HAVE EVACUATED FROM TALIBAN-CONTROLLED AFGHANISTAN.

4d Other program services (Describe on Schedule O.)
(Expenses $ 17,956,413. including grants of $ 7,942,003.) (Revenue $)

4e Total program service expenses 24,114,337.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	X	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 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 on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	229		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
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?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	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**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	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
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	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	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA,KS,NY,TN

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ 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 financial 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 - 310-557-1923

269 SOUTH BEVERLY DRIVE, 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENT SETON CEO	2.00	X		X				0.	0.	0.
(2) KEVIN GRIGORENKO CTO	1.00	X		X				0.	0.	0.
(3) ANDREW ALTSULE SECRETARY	1.00	X		X				0.	0.	0.
(4) JAMES BULLARD TREASURER	1.00	X		X				0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 0

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SETON & ASSOCIATES, PLC, 269 S. BEVERLY DR. #338, BEVERLY HILLS, CA 90212	CEO SERVICES	606,851.
FLYPS SP Z.O.O, KAROLA OLSZEWSKIEGO 6, KIELCE, POLAND 25-663	PROGRAMMING SERVICES	290,515.
SETON & ASSOCIATES, PLC, 269 S. BEVERLY DR. #338, BEVERLY HILLS, CA 90212	LICENSING FEE	260,079.
CAULDRON DEVELOPMENT OY TEHTAANKAUT 14D 32, HELSINKI, FINLAND 00140	SOFTWARE DEVELOPMENT	195,763.
BANNER COLLECTIVE LLC (DBA BANNER STUDIOS), 1143 W RUNDELL PL., STE 301,	PRODUCTION OF PROGRAM CURRICULUM	171,643.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 13

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	1,307,123.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	38,528,623.			
	g Noncash contributions included in lines 1a-1f	1g	$ 6,731,001.			
	h **Total.** Add lines 1a-1f		39,835,746.			
Program Service Revenue		**Business Code**				
	2a FEE INCOME	561000	1,333,987.	1,333,987.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		1,333,987.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		46,575.			46,575.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a	1,310,844.				
	b Less: cost or other basis and sales expenses 7b	1,337,284.				
	c Gain or (loss) 7c	-26,440.				
	d Net gain or (loss)		-26,440.			-26,440.
	8a Gross income from fundraising events (not including $ 1,307,123. of contributions reported on line 1c). See Part IV, line 18 8a	440,034.				
	b Less: direct expenses 8b	1,773,423.				
	c Net income or (loss) from fundraising events		-1,333,389.			-1333389.
	9a Gross income from gaming activities. See Part IV, line 19 9a					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances 10a					
	b Less: cost of goods sold 10b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		**Business Code**				
	11a OTHER REVENUE	900099	5,206.	5,206.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		5,206.			
	12 **Total revenue.** See instructions		39,861,685.	1,339,193.	0.	-1313254.

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,574,246.	9,574,246.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	211,502.	211,502.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,827,701.	1,827,701.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,188,625.	2,870,043.	318,582.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	327,560.	296,838.	30,722.	
11 Fees for services (nonemployees):				
a Management				
b Legal	253,415.	251,847.	1,568.	
c Accounting	1,289,249.	1,120,114.	169,135.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,833,628.	2,656,201.	1,177,427.	
12 Advertising and promotion	29,175.		29,175.	
13 Office expenses	22,048.	10,034.	12,014.	
14 Information technology	940,235.	913,639.	26,596.	
15 Royalties				
16 Occupancy	222,835.	201,808.	21,027.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	311.		311.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,022.	4,022.		
23 Insurance	164,906.	80,655.	84,251.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a AWARENESS EVENT	4,026,722.	4,024,140.	2,582.	
b BANK CHARGES	46,116.	45,646.	470.	
c LICENSES AND FEES	19,746.	9,525.	10,221.	
d PRINT AND POSTAGE	16,741.	6,363.	10,378.	
e All other expenses	13,551.	10,013.	3,538.	
25 **Total functional expenses.** Add lines 1 through 24e	26,012,334.	24,114,337.	1,897,997.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		19,143,200.	1	319,288.
	2	Savings and temporary cash investments		222,214.	2	26,694,536.
	3	Pledges and grants receivable, net		770,526.	3	1,527,260.
	4	Accounts receivable, net			4	375,182.
	5	Loans and other receivables from 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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,950.	9	781,645.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,050.			
	b	Less: accumulated depreciation	10b 7,374.	5,698.	10c	1,676.
	11	Investments - publicly traded securities		1,096,312.	11	4,835,984.
	12	Investments - other securities. See Part IV, line 11		920,000.	12	499,000.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	659,945.
	15	Other assets. See Part IV, line 11		0.	15	163,278.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		22,160,900.	16	35,857,794.
Liabilities	17	Accounts payable and accrued expenses		813,511.	17	616,514.
	18	Grants payable		178,974.	18	848,466.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		38,000.	24	71,521.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		9,844.	25	202,275.
	26	**Total liabilities.** Add lines 17 through 25		1,040,329.	26	1,738,776.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		251,928.	27	944,474.
	28	Net assets with donor restrictions		20,868,643.	28	33,174,544.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		21,120,571.	32	34,119,018.
	33	Total liabilities and net assets/fund balances		22,160,900.	33	35,857,794.

Form **990** (2022)

232011 12-13-22

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,861,685.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,012,334.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,849,351.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,120,571.
5	Net unrealized gains (losses) on investments	5	-1,510,850.
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	659,946.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	34,119,018.

Part 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 ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
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	X	
	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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

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

2022

Open to Public Inspection

Name of the organization

EDWARD CHARLES FOUNDATION

Employer identification number

-*5043

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ 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: _____
5 ☐ 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).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **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.**
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.**
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.**
d ☐ **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.**
e ☐ 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.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12550289.	10297153.	50712586.	40165357.	39835746.	153561131
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	12550289.	10297153.	50712586.	40165357.	39835746.	153561131
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						27395158.
6 **Public support.** Subtract line 5 from line 4.						126165973

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	12550289.	10297153.	50712586.	40165357.	39835746.	153561131
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	34,313.	28,182.	16,728.	95,850.	46,575.	221,648.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						153782779

12 Gross receipts from related activities, etc. (see instructions) 12 3,640,820.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 82.04 %

15 Public support percentage from 2021 Schedule A, Part II, line 14 15 75.68 %

16a **33 1/3% support test - 2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2021** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

			Yes	No
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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
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.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section 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.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section 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**		

Section 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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section 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 instructions).**

- **a** ☐ 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.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**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**		

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

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

Section 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**		

Section 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):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **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**		

Section 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-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide 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 organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2022 from Section C, line 6	**9**	
10 Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2022**	**(iii) Distributable Amount for 2022**
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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 A — Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
JOSE ALBERT OR DEIDRE PUJOLS	4,265,619.	1,189,963.
OUTSCHOOL, INC.	6,185,653.	3,109,997.
FELTHEIMER FAMILY FOUNDATION	19,327,009.	16,251,353.
GREAT HEIGHTS CHARITABLE FUND	7,000,000.	3,924,344.
LIVE NATION WORLDWIDE	3,315,509.	239,853.
BRADLEY AND NICOLE BROOKS	5,681,400.	2,605,744.
RAYMOND JAMES CHARITABLE	3,149,560.	73,904.

Total Excess Contributions to Schedule A, Part II, Line 5 ..... 27,395,158.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

EDWARD CHARLES FOUNDATION

Employer identification number

-*5043

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

EDWARD CHARLES FOUNDATION

Employer identification number

-*5043

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NETWORK FOR GOOD 655 15TH ST NW, STE 650 WASHINGTON, DC 20005	$ 862,572.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	GREATER KANSAS CITY COMMUNITY FOUNDATION 1055 BROADWAY BLVD, STE 130 KANSAS CITY, MO 64105	$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	LIVE NATION WORLDWIDE, INC 9348 CIVIC CENTER DRIVE BEVERLY HILLS, CA 90210	$ 2,035,655.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	BRADLEY AND NICOLE BROOKS 301 COPA DE ORO RD LOS ANGELES, CA 90077	$ 310,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	RAYMOND JAMES CHARITABLE P.O. BOX 23559 ST. PETERSBURG, FL 33742	$ 3,149,560.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	ERIC AND MARIA TSAI 1486 WESTRIDGE WAY CHINO HILLS, CA 91709	$ 2,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

EDWARD CHARLES FOUNDATION

Employer identification number

-*5043

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NEW VENTURES FUND 1828 L ST NW, SUITE 300-A WASHINGTON, DC 20036	$ 1,340,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	SERGEY BRIN FAMILY FOUNDATION 1660 BUSH ST, STE 300 SAN FRANCISCO, CA 94109	$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	BARON FAMILY FOUNDATION 6969 W YALE AVE, UNIT 62 DENVER, CO 80227	$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	BRADLEY AND NICOLE BROOKS 301 COPA DE ORO RD LOS ANGELES, CA 90077	$ 722,300.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
11	BRADLEY AND NICOLE BROOKS 301 COPA DE ORO RD LOS ANGELES, CA 90077	$ 4,649,100.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

EDWARD CHARLES FOUNDATION

Employer identification number

-*5043

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	110,000 SHS TIGERCONNECT INC	$ 722,300.	12/29/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	500,000 SHS MEDIALAB AI INC	$ 4,649,100.	12/29/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: EDWARD CHARLES FOUNDATION

Employer identification number: **-***5043

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2022

Open to Public Inspection

Name of the organization
EDWARD CHARLES FOUNDATION

Employer identification number
-*5043

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	7	
2	Aggregate value of contributions to (during year)	3,350,000.	
3	Aggregate value of grants from (during year)	405,399.	
4	Aggregate value at end of year	3,148,250.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

[ ] Preservation of land for public use (for example, recreation or education)
[ ] Preservation of a historically important land area
[ ] Protection of natural habitat
[ ] Preservation of a certified historic structure
[ ] Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____%
b Permanent endowment _____%
c Term endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		9,050.	7,374.	1,676.
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				1,676.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)*	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CREDIT CARDS PAYABLE	14,054.
(3) LEASE LIABILITY	165,820.
(4) SALES TAX	13,001.
(5) UNEARNED REVENUE	9,400.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)*	202,275.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	39,210,781.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-1,510,850.		
b	Donated services and use of facilities	2b	200,000.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	659,946.		
e	Add lines **2a** through **2d**			2e	-650,904.
3	Subtract line **2e** from line **1**			3	39,861,685.
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	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	39,861,685.

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			1	26,212,334.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	200,000.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	200,000.
3	Subtract line **2e** from line **1**			3	26,012,334.
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	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	26,012,334.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EDWARD CHARLES FOUNDATION (FOUNDATION) HAS RECEIVED TAX-EXEMPT STATUS FROM THE INTERNAL REVENUE SERVICE AND CALIFORNIA FRANCHISE TAX BOARD UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND SECTION 2370L(D) OF THE REVENUE AND TAXATION CODE, RESPECTIVELY.

EACH YEAR, MANAGEMENT CONSIDERS WHETHER ANY MATERIAL TAX POSITION THE FOUNDATION HAS TAKEN IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY. MANAGEMENT BELIEVES THAT ANY POSITIONS THE FOUNDATION HAS TAKEN ARE SUPPORTED BY SUBSTANTIAL AUTHORITY AND, HENCE, DO NOT NEED TO BE MEASURED OR DISCLOSED IN THESE FINANCIAL STATEMENTS.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON PENSION OBLIGATION

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.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

EDWARD CHARLES FOUNDATION

Employer identification number

-*5043

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☐ **Yes** ☒ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
3 a Subtotal	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			0.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2022**

232071 10-17-22

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TO HELP A GROUP OF AT HIGH-RISK AFGHAN REFUGEES, PREDOMINANTLY	1106523.	WIRE	0.		
		NORTH AMERICA	TO PROVIDE SCHOLARSHIP FUND TO LOW INCOME STUDENTS WHO DESIRE TO PLAY	386,415.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	FUNDS TO BSFF AUSTRALIA AND SEDA SCHOLARSHIPS	110,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DONATION TO SUPPORT VISUAL SNOW RESEARCH	100,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	RECIPIENT OF TOP 10 CNN HEROES - FUTURE PROWNESS / ZANNAH MUSTAPHA	56,980.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	NEW ZEALAND DISASTER FUND: FLOODING & CYCLONE GABRIELLE RECOVERY EFFORTS	30,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DONATION TO SUPPORT MUSIC PROGRAMS IN SYDNEY	20,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DONATION TO TREKSTOCK IN HONOR OF SOMEONE WHO PASSED AWAY.	12,427.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a 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 ▶ 7

3 Enter total number of other organizations or entities ▶ 1

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
CNN HEROES PLASTIC EXCHANGE RECIPIENT	EAST ASIA AND THE PACIFIC	1	125,602.	WIRE	0.		
SCHOLARSHIP	NORTH AMERICA	1	500.	WIRE	0.		

Part IV Foreign Forms

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	☒ 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	☒ 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	☒ 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	☒ 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	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)*	☐ Yes	☒ No

Part V **Supplemental Information**

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

PART I, LINE 2:

1. THE ORGANIZATION RESEARCHES THE FOREIGN RECIPIENT BASED ON THE INFORMATION PROVIDED BY THE GRANTING FISCAL SPONSEE.

2, THE ORGANIZATION IDENTIFIES IF THE FOREIGN RECIPIENT IS AN NGO OR FOREIGN EQUIVALENT TO A US BASED CHARITY.

3. IF NO, THE ORGANIZATION REPORTS BACK TO THE FISCAL SPONSEE THAT A GRANT CANNOT BE DISTRIBUTED.

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

5. THEN, THE GRANT IS DISTRIBUTED.

PART II, COLUMN (D):

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: TO HELP A GROUP OF AT HIGH-RISK AFGHAN REFUGEES, PREDOMINANTLY HAZARA MINORITY RESETTLE IN CANADA

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: TO PROVIDE SCHOLARSHIP FUND TO LOW INCOME STUDENTS WHO DESIRE TO PLAY HOCKEY

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

EDWARD CHARLES FOUNDATION

Employer identification number

-*5043

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 VEUVE CLICQUOT 202 (event type)	(b) Event #2 FAITH FLIGHT FINISH GALA (event type)	(c) Other events 18 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	548,887.	479,824.	704,810.	1,733,521.
	2 Less: Contributions	50,000.	479,824.	534,947.	1,064,771.
	3 Gross income (line 1 minus line 2)	498,887.		169,863.	668,750.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			29,677.	29,677.
	6 Rent/facility costs		97,753.	109,927.	207,680.
	7 Food and beverages	143,430.	2,253.	298,803.	444,486.
	8 Entertainment		66,895.	69,103.	135,998.
	9 Other direct expenses	6,747.	205,380.	163,542.	375,669.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,193,510.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-524,760.

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility **13a** %

b An outside facility **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV **Supplemental Information** *(continued)*

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
EDWARD CHARLES FOUNDATION

Employer identification number
-*5043

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
STARLINK INITIATIVE LTD 1 ROCKET ROAD HAWTHORNE HAWTHORNE, CA 90250	**-***7022	501(C)(3)	2,100,000.	0.			CHARITABLE GIFT
HEART OF DINNER 13 ESSEX ST, #11 NEW YORK, NY 10022	**-***6806	501(C)(3)	1,077,316.	0.			CHARITABLE GIFT
STRUCTURAL UNEMPLOYMENT (DBA WORKING NATION) - 10880 WILSHIRE BLVD - LOS ANGELES, CA 90024	**-***8101	501(C)(3)	1,045,996.	0.			CHARITABLE GIFT
THRIVE MARKET, INC. 12130 MILLENNIUM DRIVE LOS ANGELES, CA 90094	**-***8763	501(C)(3)	605,126.	0.			CHARITABLE GIFT
CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION - 4401 PENN AVE., CENTRAL PLANT, FLR 3 - PITTSBURGH, PA 15224	**-***5744	501(C)(3)	280,000.	0.			CHARITABLE GIFT
NAISMITH MEMORIAL BASKETBALL HALL OF FAME - 1000 HALL OF FAME AVENUE - SPRINGFIELD, MA 01105	**-***8892	501(C)(3)	268,647.	0.			CHARITABLE GIFT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 105.

3 Enter total number of other organizations listed in the line 1 table ..... 15.

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEREMY LIN FOUNDATION 55 WALLS DR FAIRFIELD, CT 06824 FAIRFIELD, CT 06824	**-***8790	501(C)(3)	250,000.	0.			CHARITABLE GIFT
THE SONA FOUNDATION 16027 VENTURA BLVD, SUITE 301 ENCINO, CA 91436	**-***3639	501(C)(3)	245,162.	0.			CHARITABLE GIFT
OUTSCHOOL, INC. 2261 MARKET ST, #4545 SAN FRANCISCO, CA 94114	**-***9336	501(C)(3)	180,739.	0.			CHARITABLE GIFT
BE SCHOOL, INC (DBA SV ACADEMY) DEPT LA 25036 PASADENA, CA 91185	**-***9239	501(C)(3)	173,950.	0.			CHARITABLE GIFT
MOCA - THE MUSEUM OF CONTEMPORARY ART - 250 S GRAND AVE - LOS ANGELES, CA 90012	**-***3820	501(C)(3)	162,500.	0.			CHARITABLE GIFT
DPA'S ASSIST THE OFFICER FDN. 1412 GRIFFIN ST DALLAS, TX 75215	**-***3567	501(C)(3)	150,000.	0.			CHARITABLE GIFT
CHRIS PAUL FAMILY FOUNDATION - CLUB 61 - 269 S BEVERLY DR #338 - BEVERLY HILLS, CA 90212	**-***5043	501(C)(3)	125,000.	0.			CHARITABLE GIFT
THE YMCA OF NORTHWEST NORTH CAROLINA - 301 N MAIN ST, SUITE 1900 - WINSTON SALEM, NC 27101	**-***0015	501(C)(3)	112,500.	0.			CHARITABLE GIFT
PAUL/BOOKER GOLF EVENT 269 S BEVERLY DR #338 BEVERLY HILLS, CA 90212	**-***5043	501(C)(3)	100,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY 324 BLACKWELL ST, WASHIN BLDG N DURHAM, NC 27701	**-***2129	501(C)(3)	100,000.	0.			CHARITABLE GIFT
CHICAGO PARK DISTRICT 4830 SOUTH WESTERN AVE CHICAGO, IL 60609	**-***5822	501(C)(3)	100,000.	0.			CHARITABLE GIFT
PLAYERS PHILANTHROPHY FUND DBA GREATER GOOD MUSIC - 1122 KENILWORTH DR #201 - TOWSON, MD 21204	**-***1178	501(C)(3)	98,500.	0.			CHARITABLE GIFT
PREPAID EXPENSE CARD SOLUTIONS INC (DBA PEX) - 462 7TH AVE FL 21 - NEW YORK, NY 10018	**-***9687		83,200.	0.			CHARITABLE GIFT
LSU HEALTH SCIENCES FOUNDATION IN SHREVEPORT - 920 PIERREMONT ROAD, SUITE 506 - SHREVEPORT, LA 71106	**-***2222	501(C)(3)	81,877.	0.			CHARITABLE GIFT
PHOENIX SUNS CHARITIES 201 E JEFFERSON ST PHOENIX, AZ 85004	**-***3919	501(C)(3)	80,667.	0.			CHARITABLE GIFT
CHRIS PAUL FAMILY FDN / TEAM CP3 555 BELMEADE WAY TRL LEWISVILL, NC 27023	**-***3649	501(C)(3)	80,000.	0.			CHARITABLE GIFT
PLAYING FOR CHANGE FOUNDATION 171 PIER AVE. NO 271 SANTA MONICA, CA 90405	**-***8061	501(C)(3)	77,560.	0.			CHARITABLE GIFT
ENGAGED DETROIT 4868 KENSINGTON AVE DETROIT, MI 48224	**-***8178	501(C)(3)	70,987.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLUSTER EDUCATION 269 S BEVERLY DR #338 BEVERLY HILLS, CA 90212	**-***5043	501(C)(3)	60,000.	0.			CHARITABLE GIFT
BB&D HOCKEY VENTURES LLC 25821 ATLANTIC OCEAN DR LAKE FOREST, CA 92630	**-***8870		50,049.	0.			CHARITABLE GIFT
THE DEFENSIVE LINE 1122 KENILWORTH DR, STE 201 TOWSON, MD 21204	**-***1178	501(C)(3)	50,000.	0.			CHARITABLE GIFT
COMMONWEALTH OF KENTUCKY - OFFICE OF STATE TREASURER - 1050 U.S. HWY 127 SOUTH STE 100 - FRANKFURT, KY 40601	**-***0439	501(C)(3)	50,000.	0.			CHARITABLE GIFT
CASA FAMILIAR, INC. 119 W HALL AVE SAN YSIDRO, CA 92173	**-***7898	501(C)(3)	50,000.	0.			CHARITABLE GIFT
THE PERVEEN SHAKIR FOUNDATION 903 S FRONTIER LN CEDAR PARK, TX 78613	**-***2044	501(C)(3)	49,050.	0.			CHARITABLE GIFT
WORLD CENTRAL KITCHEN INCORPORATED 200 MASSACHUSETTS AVE NW WASHINGTON, DC 20001	**-***1132	501(C)(3)	43,624.	0.			CHARITABLE GIFT
WINDWARD SCHOOL 11350 PALMS BLVD LOS ANGELES, CA 90066	**-***1337	501(C)(3)	35,000.	0.			CHARITABLE GIFT
KNOX COUNTY BOARD OF EDUCATION GIBBS HIGH SCHOOL - 7628 TAZEWELL PIKE - CORRYTON, TN 37721	**-***4781	501(C)(3)	35,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A.I.M. (ART IN MOTION) 910 W. VANBUREN ST. #315 CHICAGO, IL 60607	**-***2867	501(C)(3)	35,000.	0.			CHARITABLE GIFT
LOS ANGELES BROTHERHOOD CRUSADE 200 E SLAUSON AVE LOS ANGELES, CA 90011	**-***3819	501(C)(3)	32,500.	0.			CHARITABLE GIFT
THE ENTERTAINMENT INDUSTRY FOUNDATION - 10880 WILSHIRE BLVD. #1400 - LOS ANGELES, CA 90024	**-***4609	501(C)(3)	30,000.	0.			CHARITABLE GIFT
HANCOCK COUNTY BOARD OF EDUCATION P.O. BOX 629 SNEEDVILLE, TN 37869	**-***0644	501(C)(3)	30,000.	0.			CHARITABLE GIFT
THE CARNEGIE HALL CORPORATION 881 SEVENTH AVENUE NEW YORK, NY 10019	**-***3626	501(C)(3)	25,000.	0.			CHARITABLE GIFT
MERCY CHEFS, INC 711 WASHINGTON ST PORTSMOUTH, VA 23704	**-***0449	501(C)(3)	25,000.	0.			CHARITABLE GIFT
FOOTHILL COUNTRY DAY SCHOOL 1035 W. HARRISON AVE CLAREMONT, CA 91711	**-***6057	501(C)(3)	25,000.	0.			CHARITABLE GIFT
FOODCORPS INC 1140 SE 7TH AVE., STE 110 PORTLAND, OR 97214	**-***0987	501(C)(3)	25,000.	0.			CHARITABLE GIFT
FAMILY AND CHILD EMPOWERMENT SERVICE OF SAN FRANCISCO (FACES SF) - 1101 MASONIC AVE - SAN FRANCISCO, CA 94117	**-***7699	501(C)(3)	25,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENTERTAINMENT INDUSTRY COLLEGE OUTREACH PROGRAM - 2321 W. OLIVE AVE SUITE F - BURBANK, CA 91506	**-***0616	501(C)(3)	25,000.	0.			CHARITABLE GIFT
COLLEGE TRACK 112 LINDEN ST OAKLAND, CA 94607	**-***9613	501(C)(3)	25,000.	0.			CHARITABLE GIFT
BABY2BABY 5830 W. JEFFERSON BLVD. #200 LOS ANGELES, CA 90016	**-***3539	501(C)(3)	25,000.	0.			CHARITABLE GIFT
NOTES FOR NOTES, INC PO BOX 90632 SANTA BARBARA, CA 93190	**-***5556	501(C)(3)	24,021.	0.			CHARITABLE GIFT
MUSICARES FOUNDATION 3030 OLYMPIC BLVD SANTA MONICA, CA 90404	**-***0909	501(C)(3)	24,021.	0.			CHARITABLE GIFT
MAKE A WISH FOUNDATION OF AMERICA 1702 E HIGHLAND AVE, STE 400 PHOENIX, AZ 85016	**-***1941	501(C)(3)	21,000.	0.			CHARITABLE GIFT
CHOOSE LOVE, INC. 45 WEST 36TH STREET, 6TH FLOOR NEW YORK, NY 10018	**-***8746	501(C)(3)	21,000.	0.			CHARITABLE GIFT
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	**-***0977	501(C)(3)	21,000.	0.			CHARITABLE GIFT
TRIAD DREAM CENTER INC. 3650 N PATTERSON AVE WINSTON SALEM, NC 27015	**-***6368	501(C)(3)	20,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 409 N BROADWAY ST KNOXVILLE, TN 37917	**-***0607	501(C)(3)	20,000.	0.			CHARITABLE GIFT
SAUCY CHICK ROTISSERIE 5453 SULTANA AVE TEMPLE CITY, CA 91780	**-***7105		20,000.	0.			CHARITABLE GIFT
OBET&DEL'S X WOMANMADE LLC (DBA OBET&DEL'S COFFEE SHOP) - 5233 HOLLYWOOD BLVD - LOS ANGELES, CA 90027	**-***7164		20,000.	0.			CHARITABLE GIFT
MUUN CHI, LLC 129 VIA COLUSA REDONDO BEACH, CA 90277	**-***3194		20,000.	0.			CHARITABLE GIFT
LAIDREY LLC 20265 AETNA ST WOODLAND HILLS, CA 91367	**-***0049		20,000.	0.			CHARITABLE GIFT
LA IMPERIAL TORTILLERIA 3717 E 1ST ST LOS ANGELES, CA 90063	**-***2161		20,000.	0.			CHARITABLE GIFT
GENTEFY INC. 622 W HART PL MONTEBELLO, CA 90640	**-***0177	501(C)(3)	20,000.	0.			CHARITABLE GIFT
COFFEEPRENEUR LLC (DBA SIP & SONDER) - 108 S MARKET ST - INGELWOOD, CA 90301	**-***2289		20,000.	0.			CHARITABLE GIFT
BURRITOBREAK 175 VIRGINIA AVE. PASADENA, CA 91107	**-***2373		20,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGETOWN ROTI LLC 2029 SHERIDAN ST LOS ANGELES, CA 90033	**-***3823		20,000.	0.			CHARITABLE GIFT
BIG DOG RESCUE INC 14444 OKEECHOBEE BLVD LOXAHATCHEE GROVES, FL 33470	**-***4971	501(C)(3)	20,000.	0.			CHARITABLE GIFT
1010 WINE AND EVENTS 1010-1012 N LA BREA AVE INGELWOOD, CA 90302	**-***6510		20,000.	0.			CHARITABLE GIFT
RE:HER DC 269 S BEVERLY DR #338 BEVERLY HILLS, CA 90212	**-***5043	501(C)(3)	19,500.	0.			CHARITABLE GIFT
BISMACK BIYOMBO FOUNDATION, INC 429 SANTA MONICA BLVD, SUITE 350-B SANTA MONICA, CA 90401	**-***9562	501(C)(3)	18,000.	0.			CHARITABLE GIFT
AMPLIFY GR 1480 KALAMAZOO AVE SE GRAND RAPIDS, MI 49507	**-***2848	501(C)(3)	17,250.	0.			CHARITABLE GIFT
JUST KEEP LIVIN FDN 15260 VENTURA BLVD. STE 2100 SHERMAN OAKS, CA 91403	**-***1057	501(C)(3)	16,213.	0.			CHARITABLE GIFT
PORTAL SCHOOLS 555 S AVIATION BLVD EL SEGUNDO, CA 90245	**-***8910	501(C)(3)	15,747.	0.			CHARITABLE GIFT
MUUSE REUSE LLC (DBA MUUSE) 400 PROVIDENCE MINE RD, #N4-202 NEVADA CITY, CA 95959	**-***9192		15,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUSTICES OF THE PEACE CONSTABLE ASSC. (TEXAS PEACE OFFICER FLAG FUND) - P.O. BOX 496584 - GARLAND, TX 75049	**-***7247	501(C)(3)	15,000.	0.			CHARITABLE GIFT
PIONEER ACADEMICS PBC PO BOX 69 ARDMORE ARDMORE, PA 19003	**-***8467	501(C)(3)	13,050.	0.			CHARITABLE GIFT
K9S FOR WARRIORS, INC. 114 CAMP K9 RD PONTE VERDRA, FL 32081	**-***9467	501(C)(3)	12,500.	0.			CHARITABLE GIFT
THREE SAINTS, INC 20 COMMON ST LAWRENCE, MA 01840	**-***6580	501(C)(3)	12,000.	0.			CHARITABLE GIFT
HUMPHREY'S COUNTY DIXIE LEAGUE P.O.BOX 447 WAVERLY, TN 37185	**-***1731	501(C)(3)	11,000.	0.			CHARITABLE GIFT
POLYGENCE, INC. 333 RAVENSWOOD AVE MENLO PARK, CA 94025	**-***1156		10,124.	0.			CHARITABLE GIFT
THE SALVATION ARMY KEN CARLSON BOYS & GIRLS CLUB - 2100 REYNOLDS PARK RD. - WINSTON SALEM, NC 27107	**-***0607	501(C)(3)	10,000.	0.			CHARITABLE GIFT
THE PORCH MINISTRIES INC 8313 CLAPPS CHAPEL RD CORRYTON, TN 37721	**-***1726	501(C)(3)	10,000.	0.			CHARITABLE GIFT
THE MARFAN FOUNDATION, INC 22 MANHASSET AVE PORT WASHINGTON, NY 11050	**-***5361	501(C)(3)	10,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JAYSON TATUM FOUNDATION PO BOX 300061 ST LOUIS, MO 63130	**-***6504	501(C)(3)	10,000.	0.			CHARITABLE GIFT
THE FILM COLLABORATIVE, INC. 3405 CAZADOR ST LOS ANGELES, CA 90035	**-***5081	501(C)(3)	10,000.	0.			CHARITABLE GIFT
ROOT ELIXIRS LLC P.O. BOX 14231 SAN LUIS OBISPO, CA 93406	**-***9002		10,000.	0.			CHARITABLE GIFT
PET PARTNERS 345 118TH AVE SE, STE 100 BELLEVUE, WA 98005	**-***8281	501(C)(3)	10,000.	0.			CHARITABLE GIFT
NORTH SHORE ANIMAL LEAGUE AMERICA, INC. DBA ANIMAL LEAGUE AMERICA - 16 LEWYT ST - PORT WASHINGTON, NY 11050	**-***6852	501(C)(3)	10,000.	0.			CHARITABLE GIFT
NATIONAL CENTER FOR VICTIMS OF CRIME DBA NATIONAL COMPASSION FUND, LLC - 1450 DUKE ST - ALEXANDRIA, VA 22314	**-***2798	501(C)(3)	10,000.	0.			CHARITABLE GIFT
MCNEESE STATE UNIVERSITY FOUNDATION - BOX 91989 - LAKE CHARLES, LA 70609	**-***9144	501(C)(3)	10,000.	0.			CHARITABLE GIFT
KEENELAND ASSOCIATION, INC 4201 VERSAILLES RD LEXINGTON, KY 40510	**-***7425	501(C)(3)	10,000.	0.			CHARITABLE GIFT
JUMP N FOR THE FUTURE (THE ROBERT PACK ORGANIZATION) - 1923 THIRD STREET - NEW ORLEANS, LA 70113	**-***8139	501(C)(3)	10,000.	0.			CHARITABLE GIFT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

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HOMES FOR OUR TROOPS, INC 6 MAIN ST TAUNTON, MA 02780	**-***3612	501(C)(3)	10,000.	0.			CHARITABLE GIFT
COMMUNITY FOUNDATION FOR GREATER BUFFALO, INC. - 726 EXCHANGE ST - BUFFALO, NY 14210	**-***3917	501(C)(3)	10,000.	0.			CHARITABLE GIFT
CHILDREN ARE PEOPLE, INC. 117 E WINCHESTER ST GALLATIN, TN 37066	**-***4354	501(C)(3)	10,000.	0.			CHARITABLE GIFT
REYES BOXING INC 38 SWAMPSCOTT RD SALEM, MA 01970	**-***2520	501(C)(3)	9,485.	0.			CHARITABLE GIFT
MATT MARTIN FOUNDATION, INC. 130 HEMPSTEAD AVE, STE 129 WEST HEMPSTEAD, NY 11552	**-***5035	501(C)(3)	7,500.	0.			CHARITABLE GIFT
SOLVE CARES FOUNDATION 725 WATERBROOK TER ROSWLL, GA 30076	**-***1345	501(C)(3)	6,900.	0.			CHARITABLE GIFT
DOERNER BROKERAGE & INVESTMENTS 2824 THREE SPRINGS DR WESTLAKE VILLAGE, CA 91361	**-***2458		6,500.	0.			CHARITABLE GIFT
USTA FDN INC. 70 W RED OAK LN WHITE PLAINS, NY 10604	**-***2331	501(C)(3)	6,270.	0.			CHARITABLE GIFT
THE UNIVERSITY OF TEXAS SOUTHWEST MEDICAL CENTER (UT SOUTHWESTERN) - 5323 HARRY HINES BLVD., MC 9029 - DALLAS, TX 75390	**-***2868	501(C)(3)	6,124.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAUGHTON MIDDLE SCHOOL 250 CHAMPION SHORES HAUGHTON, LA 71037	**-***0185	501(C)(3)	6,000.	0.			CHARITABLE GIFT
COMMUNITY COOPERATIVE, INC. 3429 DR. MARTIN LUTHER KING, JR BLV FORT MEYERS, FL 33916	**-***2772	501(C)(3)	6,000.	0.			CHARITABLE GIFT
CARMA (CALIFORNIA RETIREMENT MANAGEMENT ACCOUNT) - 285 W HUNTINGTON DRIVE - ARCADIA, CA 91007	**-***6395	501(C)(3)	6,000.	0.			CHARITABLE GIFT
CROSS ROADS PRESBYTERIAN CHURCH 4329 E EMORY RD KNOXVILLE, TN 37938	**-***4069	501(C)(3)	5,625.	0.			CHARITABLE GIFT
WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD WINSTON SALEM, NC 27109	**-***2138	501(C)(3)	5,396.	0.			CHARITABLE GIFT
AKIN'S P.A.T.H., INC. (DBA DREAMBUILDERS FOUNDATION) - 2020 WILLOWMET LANE - BRENTWOOD, TN 37027	**-***7549	501(C)(3)	5,300.	0.			CHARITABLE GIFT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION AWARD	13	20,250.	0.		
OTHER DONATIONS	26	65,650.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

1. THE ORGANIZATION RESEARCHES THE DOMESTIC RECIPIENT BASED ON THE INFORMATION PROVIDED BY THE GRANTING FISCAL SPONSEE.

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

3. IF NO, THE ORGANIZATION REPORTS BACK TO THE FISCAL SPONSEE THAT A GRANT CANNOT BE DISTRIBUTED.

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

Part IV Supplemental Information

5. IF THE GRANT IS SUBSTANTIAL, THE ORGANIZATION REQUIRES A GRANT AGREEMENT BE PUT IN PLACE.

6. THEN, THE GRANT IS DISTRIBUTED.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization

EDWARD CHARLES FOUNDATION

Employer identification number

-*5043

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 **(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
Total ..... $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KENT SETON	INDIVIDUAL IS THE C	606,851.	EDWARD CHAR		X
KENT SETON	INDIVIDUAL IS THE C	260,079.	EDWARD CHAR		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: KENT SETON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

INDIVIDUAL IS THE CEO OF EDWARD CHARLES FOUNDATION

(D) DESCRIPTION OF TRANSACTION: EDWARD CHARLES FOUNDATION MADE PAYMENTS TO THE INDIVIDUAL'S BUSINESS (SETON & ASSOCIATES, PLC) IN EXCHANGE FOR CEO SERVICES

(A) NAME OF PERSON: KENT SETON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

INDIVIDUAL IS THE CEO OF EDWARD CHARLES FOUNDATION

(D) DESCRIPTION OF TRANSACTION: EDWARD CHARLES FOUNDATION MADE PAYMENTS TO THE INDIVIDUAL'S BUSINESS (SETON & ASSOCIATES, PLC) FOR LICENSING FEES

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

EDWARD CHARLES FOUNDATION

Employer identification number

-*5043

Part 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 determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		13,735.	ACTUAL COST
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock	X	1	6,578,170.	INDEPENDENT VALUATIO
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	1	131,366.	ACTUAL COST
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

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

SERVED AS FISCAL SPONSOR FOR OTHER ORGANIZATIONS TO PERFORM CHARITABLE PURPOSES.

EXPENSES $ 17,956,413. INCLUDING GRANTS OF $ 7,942,003. REVENUE $ 0.

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

THE FORM 990 IS REVIEWED BY THE BOARD PRIOR TO FILING AND SIGNED BY THE CEO/TREASURER.

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

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

FORM 990, PART VI, SECTION B, LINE 15:

WHEN COMPENSATING DISQUALIFIED PERSONS, THE FOUNDATION ADHERES TO THE DEFINITION OF REASONABLE COMPENSATION AS SET FORTH UNDER SECTION 53.4958-(B)(1)(II) OF THE TREASURY REGULATIONS THAT SECTION PROVIDES THAT REASONABLE COMPENSATION IS THE AMOUNT THAT WOULD ORDINARILY BE PAID FOR LIKE SERVICES BY LIKE ENTERPRISES, WHETHER TAXABLE OR TAX-EXEMPT, UNDER LIKE CIRCUMSTANCES. FURTHERMORE ANY COMPENSATION THE FOUNDATION PAYS TO A DISQUALIFIED PERSON IS APPROVED IN ADVANCE BY THE FOUNDATION'S BOARD OF DIRECTORS IT IS APPROVED PURSUANT TO THE PROCEDURES FOR ESTABLISHING A

Name of the organization: EDWARD CHARLES FOUNDATION

Employer identification number: **-***5043

REBUTTABLE PROCEDURE OCCURS IN ADVANCE, BY AN INDEPENDENT GROUP OF BOARD MEMBERS BASED ON APPROPRIATE COMPARABILITY DATE IT IS ADEQUATELY DOCUMENTED THAT THE BOARD USES THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER CODE SECTION 4958 ALSO TO ENSURE THAT COMPENSATION DOES NOT CONSTITUTE PRIVATE INUREMENT.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS, FORM 1023, AND FORM 990 ARE AVAILABLE IN OFFICE AT ANY TIME.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS, FORM 1023 AND FORM 990 ARE AVAILABLE IN OFFICE AT ANY TIME.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES	2,656,201.
MANAGEMENT AND GENERAL EXPENSES	1,177,427.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,833,628.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,833,628.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN ON PENSION OBLIGATION	659,946.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING
JUNE 30, 2023

PREPARED FOR:

KENT SETON, CEO
EDWARD CHARLES FOUNDATION
269 SOUTH BEVERLY DRIVE 338
BEVERLY HILLS, CA 90212

PREPARED BY:

BAKER TILLY US, LLP
15760 VENTURA BLVD
SUITE 1100
ENCINO, CA 91436

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	$	0
LESS: PAYMENTS AND CREDITS	$	0
PLUS: OTHER AMOUNT	$	0
PLUS: INTEREST AND PENALTIES	$	0
NO PAYMENT IS REQUIRED	$	

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	$	0
OTHER AMOUNT	$	0
REFUNDED TO YOU	$	0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING
JUNE 30, 2023

PREPARED FOR:

KENT SETON, CEO
EDWARD CHARLES FOUNDATION
269 SOUTH BEVERLY DRIVE 338
BEVERLY HILLS, CA 90212

PREPARED BY:

BAKER TILLY US, LLP
15760 VENTURA BLVD
SUITE 1100
ENCINO, CA 91436

AMOUNT OF TAX:

BALANCE DUE OF $800

MAKE CHECK PAYABLE TO:

DEPARTMENT OF JUSTICE

MAIL TAX RETURN TO:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

RETURN MUST BE MAILED ON OR BEFORE:

NOVEMBER 15, 2023

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

TAXABLE YEAR **2022**

California Exempt Organization Annual Information Return

228941 01-10-23
FORM **199**

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 07/01/2022 , and ending (mm/dd/yyyy) 06/30/2023 .

Corporation/Organization name: EDWARD CHARLES FOUNDATION

California corporation number: 3191148

Additional information. See instructions.

FEIN: **-***5043

Street address (suite or room): 269 SOUTH BEVERLY DRIVE, NO. 338

PMB no.:

City: BEVERLY HILLS

State: CA

ZIP code: 90212

Foreign country name

Foreign province/state/county

Foreign postal code

A First return ..... ☐ Yes ☒ No

B Amended return ..... ● ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust ..... ☐ Yes ☒ No

D Final information return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ●

E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

F Federal return filed? (1) ● ☐ 990T (2) ● ☐ 990PF (3) ● ☐ Sch H (990)
(4) ☒ Other 990 series

G Is this a group filing? See instructions ..... ● ☐ Yes ☒ No

H Is this organization in a group exemption ..... ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions ..... ● ☐ Yes ☒ No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ..... ● ☐ Yes ☒ No

K Is the organization exempt under R&TC Section 23701g? ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources $

L Is the organization a limited liability company? ..... ● ☐ Yes ☒ No

M Did the organization file Form 100 or Form 109 to report taxable income? ..... ● ☐ Yes ☒ No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... ● ☐ Yes ☒ No

O Is federal Form 1023/1024 pending? ..... ☐ Yes ☒ No
Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●		1	3,136,646 00
	2	Gross dues and assessments from members and affiliates ●		2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1 ●		3	39,835,746 00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2 **This line must be completed.** If the result is less than $50,000, see General Information B ●		4	42,972,392 00
	5	Cost of goods sold ●	5 00		
	6	Cost or other basis, and sales expenses of assets sold ●	6 1,337,284 00		
	7	Total costs. Add line 5 and line 6		7	1,337,284 00
	8	Total gross income. Subtract line 7 from line 4 ●		8	41,635,108 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●		9	27,785,757 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●		10	13,849,351 00
Filing Fee	11	Total payments ●		11	00
	12	Use tax. See General Information K ●		12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 ●		13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ●		14	00
	15	Penalties and interest. See General Information J		15	00
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result ◉		16	00

Sign Here

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

Signature of officer ▶ | Title: CEO | Date | ● Telephone

Paid Preparer's Use Only

Preparer's signature ▶ SHASHI MIRPURI | Date: 11/14/23 | Check if self-employed ▶ ☐ | ● PTIN: P00874030

Firm's name (or yours, if self-employed) and address ▶ BAKER TILLY US, LLP
15760 VENTURA BLVD, SUITE 1100
ENCINO, CA 91436

● Firm's FEIN: **-***9910

● Telephone: 818.981.2600

May the FTB discuss this return with the preparer shown above? See instructions ..... ● ☒ Yes ☐ No

Part II **Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.**

228951 01-10-23

	1	Gross sales or receipts from all business activities. See instructions	1	440,034	00
	2	Interest	2		00
	3	Dividends	3	46,575	00
Receipts	4	Gross rents	4		00
from	5	Gross royalties	5		00
Other	6	Gross amount received from sale of assets (See instructions) STATEMENT 3	6	1,310,844	00
Sources	7	Other income SEE STATEMENT 4	7	1,339,193	00
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	3,136,646	00
	9	Contributions, gifts, grants, and similar amounts paid	9	11,613,449	00
	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	11	0	00
	12	Other salaries and wages	12	3,188,625	00
Expenses	13	Interest	13	311	00
and	14	Taxes	14	327,560	00
Disburse-	15	Rents	15	222,835	00
ments	16	Depreciation and depletion (See instructions)	16	4,022	00
	17	Other expenses and disbursements SEE STATEMENT 6	17	12,428,955	00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	27,785,757	00

Schedule L **Balance Sheet**

Assets	Beginning of taxable year (a)	Beginning of taxable year (b)	End of taxable year (c)	End of taxable year (d)
1 Cash		19,365,414		27,013,824
2 Net accounts receivable				375,182
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments STMT 7		2,016,312		5,334,984
10 a Depreciable assets	9,050		9,050	
b Less accumulated depreciation	(3,352)	5,698	(7,374)	1,676
11 Land				
12 Other assets STMT 8		773,476		3,132,128
13 **Total assets**		22,160,900		35,857,794
Liabilities and net worth				
14 Accounts payable		813,511		616,514
15 Contributions, gifts, or grants payable		178,974		848,466
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 9		47,844		273,796
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		21,120,571		34,119,018
22 **Total liabilities and net worth**		22,160,900		35,857,794

Schedule M-1 **Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1 Net income per books	12,998,447	7 Income recorded on books this year not included in this return. Attach schedule *	659,946
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains			
4 Income not recorded on books this year. Attach schedule		9 Total. Add line 7 and line 8	659,946
5 Expenses recorded on books this year not deducted in this return. Attach schedule *	1,510,850	10 Net income per return. Subtract line 9 from line 6	13,849,351
6 Total. Add line 1 through line 5	14,509,297		

* SEE STATEMENT

CA 199 CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
NETWORK FOR GOOD	655 15TH ST NW, STE 650 WASHINGTON, DC 20005		862,572.
GREATER KANSAS CITY COMMUNITY FOUNDATION	1055 BROADWAY BLVD, STE 130 KANSAS CITY, MO 64105		1,000,000.
LIVE NATION WORLDWIDE, INC	9348 CIVIC CENTER DRIVE BEVERLY HILLS, CA 90210		2,035,655.
BRADLEY AND NICOLE BROOKS	301 COPA DE ORO RD LOS ANGELES, CA 90077		310,000.
RAYMOND JAMES CHARITABLE	P.O. BOX 23559 ST. PETERSBURG, FL 33742		3,149,560.
ERIC AND MARIA TSAI	1486 WESTRIDGE WAY CHINO HILLS, CA 91709		2,000,000.
NEW VENTURES FUND	1828 L ST NW, SUITE 300-A WASHINGTON, DC 20036		1,340,600.
SERGEY BRIN FAMILY FOUNDATION	1660 BUSH ST, STE 300 SAN FRANCISCO, CA 94109		1,000,000.
BARON FAMILY FOUNDATION	6969 W YALE AVE, UNIT 62 DENVER, CO 80227		1,000,000.
TOTAL INCLUDED ON LINE 3			12,698,387.

CA 199 NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 2

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
BRADLEY AND NICOLE BROOKS	301 COPA DE ORO RD LOS ANGELES, CA 90077		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
110,000 SHS TIGERCONNECT INC	12/29/22	722,300.	722,300.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
BRADLEY AND NICOLE BROOKS	301 COPA DE ORO RD LOS ANGELES, CA 90077		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
500,000 SHS MEDIALAB AI INC	12/29/22	4,649,100.	4,649,100.
TOTAL INCLUDED ON LINE 3		5,371,400.	5,371,400.

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
PUBLICLY TRADED SECURITES			PURCHASED	1,337,284.	0.	0.	1,310,844.
TOTAL TO FORM 199, PAGE 2, LN 6				1,337,284.	0.	0.	1,310,844.

CA 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
OTHER REVENUE	5,206.
FEE INCOME	1,333,987.
TOTAL TO FORM 199, PART II, LINE 7	1,339,193.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
KENT SETON 269 SOUTH BEVERLY DRIVE, 338 BEVERLY HILLS, CA 90212	CEO 2.00	0.
KEVIN GRIGORENKO 269 SOUTH BEVERLY DRIVE, 338 BEVERLY HILLS, CA 90212	CTO 1.00	0.
ANDREW ALTSULE 269 SOUTH BEVERLY DRIVE, 338 BEVERLY HILLS, CA 90212	SECRETARY 1.00	0.
JAMES BULLARD 269 SOUTH BEVERLY DRIVE, 338 BEVERLY HILLS, CA 90212	TREASURER 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199 OTHER EXPENSES STATEMENT 6

DESCRIPTION	AMOUNT
AWARENESS EVENT	4,026,722.
BANK CHARGES	46,116.
LICENSES AND FEES	19,746.
PRINT AND POSTAGE	16,741.
DIRECT EXPENSES OF FUNDRAISING EVENTS	1,773,423.
LEGAL FEES	253,415.
ACCOUNTING FEES	1,289,249.
OTHER PROFESSIONAL FEES	3,833,628.
ADVERTISING AND PROMOTION	29,175.
OFFICE EXPENSES	22,048.
INFORMATION TECHNOLOGY	940,235.
INSURANCE	164,906.
ALL OTHER EXPENSES	13,551.
TOTAL TO FORM 199, PART II, LINE 17	12,428,955.

CA 199 OTHER INVESTMENTS STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	1,096,312.	4,835,984.
OUTSCHOOL INVESTMENT	920,000.	499,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	2,016,312.	5,334,984.

CA 199 OTHER ASSETS STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	770,526.	1,527,260.
PREPAID EXPENSES AND DEFERRED CHARGES	2,950.	781,645.
INTANGIBLE ASSETS	0.	659,945.
RIGHT OF USE ASSET	0.	163,278.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	773,476.	3,132,128.

CA 199 OTHER LIABILITIES STATEMENT 9

DESCRIPTION	BEG. OF YEAR	END OF YEAR
CREDIT CARDS PAYABLE	6,049.	14,054.
DEFERRED RENT	3,795.	0.
LEASE LIABILITY	0.	165,820.
SALES TAX	0.	13,001.
UNEARNED REVENUE	0.	9,400.
UNSECURED NOTES AND LOANS PAYABLE	38,000.	71,521.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	47,844.	273,796.

CA 199 EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN STATEMENT 10

DESCRIPTION	AMOUNT
UNREALIZED LOSSES	1,510,850.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5	1,510,850.

CA 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN STATEMENT 11

DESCRIPTION	AMOUNT
GAIN ON PENSION OBLIGATON	659,946.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	659,946.

CA 199 FUND BALANCES STATEMENT 12

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	251,928.	944,474.
NET ASSETS WITH DONOR RESTRICTIONS	20,868,643.	33,174,544.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	21,120,571.	34,119,018.

022

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2022**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name	Identifying number
EDWARD CHARLES FOUNDATION	**-***5043

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	42,972,392
2	Total gross income (Form 199, line 8)	2	41,635,108
3	Total expenses and disbursements (Form 199, line 9)	3	27,785,757

Part II Settle Your Account Electronically for Taxable Year 2022

4 ☐ Electronic funds withdrawal **4a** Amount **4b** Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____

6 Account number **7** Type of account: ☐ Checking ☐ Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here ▶ _____ (Signature of officer) _____ (Date) ▶ CEO (Title)

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ SHASHI MIRPURI | Date | Check if also paid preparer [X] | Check if self-employed [ ] | ERO's PTIN P00874030

Firm's name (or yours if self-employed) and address ▶ BAKER TILLY US, LLP, 15760 VENTURA BLVD, SUITE 1100, ENCINO, CA | Firm's FEIN **-***9910 | ZIP code 91436

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶ | Date | Check if self-employed [ ] | Paid preparer's PTIN

Firm's name (or yours if self-employed) and address ▶ | Firm's FEIN | ZIP code

FTB 8453-EO 2022

229021 11-10-22

STATE OF CALIFORNIA
RRF-1
(Rev. 02/2021)

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916)210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE
(For Registry Use Only)

EDWARD CHARLES FOUNDATION
Name of Organization

List all DBAs and names the organization uses or has used

269 SOUTH BEVERLY DRIVE, NO. 338
Address (Number and Street)

BEVERLY HILLS, CA 90212
City or Town, State, and ZIP Code

310-557-1923
Telephone Number

E-mail Address

Check if:
☐ Change of address
☐ Amended report

State Charity Registration Number CT 0151577

Corporation or Organization No. 3191148

Federal Employer ID No. **-***5043

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than $50,000	$25	Between $250,001 and $1 million	$100	Between $20,000,001 and $100 million	$800
Between $50,000 and $100,000	$50	Between $1,000,001 and $5 million	$200	Between $100,000,001 and $500 million	$1,000
Between $100,001 and $250,000	$75	Between $5,000,001 and $20 million	$400	Greater than $500 million	$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2022 **ending** 06/30/2023 **) list:**

Total Revenue (including noncash contributions) $ 39,861,685 **Noncash Contributions $** 6,731,001 **Total Assets $** 35,857,794

Program Expenses $ 24,114,337 **Total Expenses $** 26,012,334

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

		Yes	No
1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 13	X	
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4.	During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5.	During this reporting period, did the organization receive any governmental funding?		X
6.	During this reporting period, did the organization hold a raffle for charitable purposes?		X
7.	Does the organization conduct a vehicle donation program?		X
8.	Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9.	At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

KENT SETON	CEO	
Signature of Authorized Agent	Printed Name	Title	Date

229291
04-01-22

CA RRF-1 EXPLANATION OF FINANCIAL TRANSACTIONS STATEMENT 13
PART B, LINE 1

THE ORGANIZATION MADE PAYMENTS TO THE CEO'S LAW FIRM FOR SERVICES AND LICENSING FEES.