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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

▶ Do not enter social security numbers on this form as it may be made public.

and ending

Inspection

B (Check if applicable	C Name of organization		D Employer identific	cation number	
	Addres	S DIEDGELING EQUIDARION				
	Name change			46-24405	94	
	Initial return	9	Room/suite			
	Final return/	2100 ABBOT KINNEY BLVD, UNIT E		310-321-		
	termin- ated			G Gross receipts \$	10,356,840.	
	Amend return			H(a) Is this a group re	turn	
	Application	for subordinates				
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
		empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) 0	or 527	If "No," attach a	list. See instructions	
		e: ▶ WWW.PLEDGELINGFOUNDATION.ORG		H(c) Group exemption		
		organization: X Corporation Trust Association Other	L Year	of formation: 2013 N	State of legal domicile: CA	
Pa		Summary				
ė	1 1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$	PLEDGE	LING FOUNDA	TION	
Activities & Governance	-	OPERATES A CLEARINGHOUSE FOR DONOR-ADVIS				
ēru		Check this box if the organization discontinued its operations or dispose	sed of more	1 1		
ĝ				3	5 5	
જ		Number of independent voting members of the governing body (Part VI, line 1b)			0	
ties		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5	
ξį		Total number of volunteers (estimate if necessary)		·····	0.	
A	1	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year	
_	8 (Contributions and grants (Part VIII, line 1h)		8,953,392.	10,356,840.	
nue	1	Program service revenue (Part VIII, line 2g)	0.	0.		
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.	
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,953,392.	10,356,840.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,395,771.	9,811,551.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
xbe	b -	Total fundraising expenses (Part IX, column (D), line 25) 571,1	<u>97.</u>			
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		390,760.	571,197.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,786,531.	10,382,748.	
	19	Revenue less expenses. Subtract line 18 from line 12		166,861.	-25,908.	
s or			Ве	ginning of Current Year	End of Year	
Net Assets or und Balances	20	Total assets (Part X, line 16)		1,793,146.	1,938,692.	
et Ind	21	Total liabilities (Part X, line 26)		1,600,613.	1,783,969. 154,723.	
<u> ~ 표</u>	22 I	Net assets or fund balances. Subtract line 21 from line 20		192,533.	134,723.	
		ties of perjury, I declare that I have examined this return, including accompanying schedule:	e and etatem	ante and to the heet of my	/ knowledge and helief it is	
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			Kilowieuge allu bellet, it is	
ii uo,	, 001100	t, and complete. Decide attent of preparer (earlier than emicer) is based on an information of wi	mon propuror	Thus arry knowledge.		
Sig	n	Signature of officer		Date		
Her	I	■ GREGORY YORKE, SECRETARY/TREASURER				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN	
Paid	d	DONITA M. JOSEPH DONITA M. JOSEPH	н 1	1/15/21 if self-employed	d №00286656	
Pre	parer	Firm's name WINDES, INC.		Firm's EIN	95-3001179	
Use	Only	Firm's address P.O. BOX 87				
		LONG BEACH, CA 90801-0087		Phone no. (5	62)435-1191	
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No	
					- OOO (0000)	

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE PLEDGELING FOUNDATION OPERATES A CLEARINGHOUSE FOR DONOR-ADVISED
	CHARITABLE DONATIONS TO UNRELATED THIRD-PARTY ORGANIZATIONS.
2	Did the examination undertake any configent average continue during the year which were not listed on the
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 \$ 9,811,551. including grants of \$ 9,811,551.) (Revenue \$
	THE FOUNDATION MADE PASS-THROUGH GRANTS TO APPROXIMATELY 8,000
	ORGANIZATIONS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 9,811,551.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			X
L	Part VI	11a		Α.
ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1110		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_~
40	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,"	19		X
20a	complete Schedule G, Part III 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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	<u> </u>

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			٠,,
	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	• • • • • • • • • • • • • • • • • • • •	240		
2 5a	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes, " complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? 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
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 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			l
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	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			X
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		22
b	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?	335		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	222	
00000	4 40 00 00	Earm	aan	(2020)

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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	0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	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								
4a	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).	_		v					
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		^					
_	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		Х					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		1					
D	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	0.5							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? 7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	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		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A					
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? N/A	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a								
a 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 N/A 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand			v					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<u> </u>						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		X					
	excess parachute payment(s) during the year?	15		_^					
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х					
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.	10							
	ii 100, complete i omi 4720, conedule o.	Forr	n 990	(2020					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 5			
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		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	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			37
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
11.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	72	
b	, , , , ,	120	Х	
12a		12a 12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	- 11	
C	in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	PLEDGELING FOUNDATION - 310-321-4025			
	2100 ABBOT KINNEY BLVD, UNIT E, VENICE, CA 90291			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization n		orga I	arııza			mpe	nsa			/= \
(A)	(B)	(C) Position			1		(D)	(E)	(F)	
Name and title	Average		(do not check more than one box, unless person is both a			Reportable	Reportable	Estimated		
	hours per week	office						compensation from	compensation from related	amount of other
	(list any	for						the	organizations	compensation
	hours for	direc				p		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			en sa t		(W-2/1099-MISC)	, , ,	organization
	organizations	Itrus	nal trı		oyee	dwo				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
-	line)	Pu	lns	i#0	Ke	Hig	윤			
(1) MATTHEW P. MINNIS	1.00			l						
CHAIRPERSON		Х		Х				0.	0.	0.
(2) SANDRA BRASS	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(3) RICHARD RODERICK	1.00									
DIRECTOR		Х						0.	0.	0.
(4) BRAD LYNCH	1.00									
DIRECTOR		Х						0.	0.	0.
(5) JOHN HAND	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JAMES CITRON	2.00									
PRESIDENT				Х				0.	0.	0.
(7) GREGORY YORKE	5.00									
SECRETARY/TREASURER				Х				0.	0.	0.
						T				
		1								
						t	\vdash			
		1								
						t	\vdash			
	1	ı	ı	ı	i	1	i	i	i	

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more erson	than is bot	th an		(E) Reportable compensatio	on		(F) stimate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organization (W-2/1099-MI		compensatio		
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n									l),000 of reportab				0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	•		•	•	•	•	•		•				
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su								ther compensation from			3		X
•	and related organizations greater than \$150	=		-					•	tric organization		4		Х
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services														
									X					
	tion B. Independent Contractors	mpopostod in	done	ndo	nt c	ont	root	oro i	that received more than	\$100,000 of oor		otion :	from	
1	Complete this table for your five highest co the organization. Report compensation for										npensa	auom	10111	
	(A) Name and business				<u> </u>				(B) Description of s		Cı		C) nsatio	n
PLI	EDGELING TECHNOLOGIES,	2100 AI	BBC	ТС	K	ΙNΙ	NE	Y	MANAGEMENT,			2.1		~~

(A) Name and business address	(B) Description of services	(C) Compensation
PLEDGELING TECHNOLOGIES, 2100 ABBOT KINNEY	MANAGEMENT,	
BLVD, UNIT E, VENICE, CA 90291	ACCOUNTING, AND LEGA	319,890.
STRIPE, 510 TOWNSEND STREET, SAN	PAYMENT CARD	
FRANCISCO, CA 94103	PROCESSING	225,079.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization > 2		

Form **990** (2020)

Form 990 (2020) PLEDGEL
Part VIII Statement of Revenue

		 Check	if Schedule O	conta	ins a resn	onse	or note to any lin	e in this Part VIII			
		Officer	il dericadic o	COITE	iiio a resp	01130	or note to arry in	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenuè excluded
									function revenue	business revenue	from tax under
40 1											sections 512 - 514
nts	1 :	Federated	campaigns .		1a						
e a	1	Membersh	ip dues		1b						
s, (Fundraisin	g events		1c						
ar,			ganizations								
Contributions, Gifts, Grants and Other Similar Amounts			nt grants (cont								
Sign			ntributions, gifts,								
E E			unts not included	-			10,356,840.				
불티						Φ.	10,330,010.				
e p			ributions included in					10 256 040			
= 		i iotai. Add	l lines 1a-1f					10,356,840.			
							Business Code				
<u>8</u>	2 8	l									
er Ye	١										
en.	(·									
ev	(l									
Program Service Revenue	(.									
ᇫ	1	All other p	rogram service	rever	nue						
			l lines 2a-2f								
	3		t income (inclu								
	•		ar amounts)	-							
	4		om investment								
	4				-	-	1				
	5	Royalties			(i) Rea		(ii) Personal				
		_		1. }	(i) Rea	li .	(II) Personal				
		Gross rent		6a							
	ı	Less: renta	al expenses	6b							
	(Rental inco	ome or (loss)	6с							
	(Net rental	income or (loss	s)							
	7 :	Gross amou	int from sales of		(i) Securi	ties	(ii) Other				
		assets other	than inventory	7a							
	-	Less: cost	or other basis	П							
e l		and sales ex	penses	7b							
len/			ss)	-							
Revenue			r (loss)								
her F			ne from fundraisi								
g	0			ily cvc							
١		including			of						
			ns reported on		•						
			e 18								
			t expenses								
			e or (loss) from		-						
	9 8	Gross inco	me from gamir	ng act	tivities. Se	∍					
		Part IV, line	e 19			9a					
	1	Less: direc	t expenses .			9b					
	(Net incom	e or (loss) from	gami	ng activitie	es					
	10 8	Gross sale	s of inventory,	less r	eturns						
			inces			10a					
			of goods sold								
			e or (loss) from								
\dashv		140111100111	C OI (1000) 110111	Juico	OT IIIVOITE	, y	Business Code				
Sno	44.						Buomicoo Gode				
nec iue	11 :										
Miscellaneous Revenue											
Re	•										
≝¯			evenue								
	(l lines 11a-11d								
	12	Total reven	ue. See instruction	ons .				10,356,840.	0.	0.	0.

032009 12-23-20

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. (A) (B) (C) (D)										
	Crieck ii Scriedule O contains a respor	(A)	(R)	(C)						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations		САРОПОСО	general expenses	охроносо					
'	-	0 011 551	0 011 551							
	and domestic governments. See Part IV, line 21	9,811,551.	9,811,551.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
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									
8	Pension plan accruals and contributions (include									
_	section 401(k) and 403(b) employer contributions)									
9										
	Other employee benefits									
10	Payroll taxes									
11	Fees for services (nonemployees):									
а	Management									
b	Legal									
С	Accounting									
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
9	column (A) amount, list line 11g expenses on Sch O.)	571,197.			571,197.					
40	* * * * * * * * * * * * * * * * * * * *	3/1/13/1			3/1/13/1					
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20										
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance									
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A)									
	amount, list line 24e expenses on Schedule 0.)									
а										
b										
С										
d										
	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	10,382,748.	9,811,551.	0.	571,197.					
	Joint costs. Complete this line only if the organization		2,011,0010	J •	3,1,1376					
26	, , , , , , , , , , , , , , , , , , , ,									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

Pai	rt 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
	1	Cash - non-interest-bearing	1,644,737.	1	1,797,177.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	141,515.
	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	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,793,146.		1,938,692.
	17	Accounts payable and accrued expenses	65,969.	17	70,800.
	18	Grants payable	1,534,644.	18	1,713,169.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,600,613.	26	1,783,969.
ω		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions		27	154,723.
Ä	28	Net assets with donor restrictions		28	
Ĕ		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.			
ţ	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Se	32	Total net assets or fund balances		32	154,723.
	33	Total liabilities and net assets/fund balances	1,793,146.	33	1,938,692.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				40.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10			48.
3	Revenue less expenses. Subtract line 2 from line 1	3		-2	5,9	08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		19	2,5	33.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		-1	1,9	02.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		15	<u>4,7</u>	23.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
	<u> </u>		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule	0.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aı	udit			
	Act and OMB Circular A-133?			3а		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	udit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				_	Ω	· ·

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PLEDGELING FOUNDATION **Employer identification number** 46-2440594

Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck 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 or 990-EZ).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	一	A medical research organiz					•	the hospital's name	
•		city, and state:	anon operated in col	njanotion with a moopital	GOOGIIDO			the hoopital o haine,	
5		An organization operated for	or the benefit of a co	llogo or university owner	d or operat	tod by a g	overnmental unit describ	ood in	
3				nege of university owner	o opera	ted by a g	overnmentar unit descrit	Ded III	
_		section 170(b)(1)(A)(iv). (C				.	()		
6	v	A federal, state, or local gov							
7	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C							
8	\square	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	je or	
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membership fees, a	nd gross receipts from	
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of its support	from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a		ively to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or	
		more publicly supported or	•	· · · ·	•		•		
		lines 12a through 12d that	•						
а		Type I. A supporting orga				•	, ,	, aivina	
		the supported organization	· · · · · · · · · · · · · · · · · · ·	· ·					
		organization. You must o						, a p p a g	
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s), by ha	avina	
~		control or management o	•					-	
		organization(s). You mus			arric perse	ons that oc	ontrol of manage the sup	pported	
_		Type III functionally inte	-		in connoc	tion with	and functionally intograt	od with	
·		its supported organization					•	ea with,	
d		Type III non-functionally		•				ization(a)	
u								• •	
		that is not functionally int	-		-		-	iveriess	
		requirement (see instruct	•	-					
е		☐ Check this box if the orga					ı Type I, Type II, Type III		
		functionally integrated, or	* *	nally integrated support	ng organiz	zation.			
f		er the number of supported of							
g		vide the following information i) Name of supported	i about the supporte	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other	
	,	organization	(11) 2.114	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)	
				above (see instructions))	162	NO	,	, , , , , , , , , , , , , , , , , , ,	
Γota	11							I	

13

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,750,540.	5,796,543.	7,100,538.	8,953,392.	10,356,840.	33,957,853.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,750,540.	5,796,543.	7,100,538.	8,953,392.	10,356,840.	33,957,853.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						33,957,853.
	ction B. Total Support	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,750,540.	5,796,543.	7,100,538.	8,953,392.	10,356,840.	33,957,853.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			241.			241.
11							33,958,094.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir				501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2020 (line 6, column (f), d	ivided by line 11, c	olumn (f))		14	100.00 %
15	Public support percentage from 2019	Schedule A, Part I	II, line 14			15	98.68 %
16a	33 1/3% support test - 2020. If the o	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				►X
b	33 1/3% support test - 2019. If the o	organization did not	t check a box on lir	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organizat	tion			▶□
17a	10% -facts-and-circumstances tes	t - 2020. If the orga	anization did not ch	eck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop here	e. Explain in Part '	VI how the organiza	ation
	meets the facts-and-circumstances to	est. The organizatio	n qualifies as a pul	olicly supported or	rganization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the orga	anization did not ch	eck a box on line	13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	k this box and sto	p here. Explain ir	Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	e organization qua	lifies as a publicly	supported organ	ization	▶□
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	, check this box a	nd see instructions	s >
16a b 17a b	33 1/3% support test - 2020. If the costop here. The organization qualifies 33 1/3% support test - 2019. If the cost and stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test more, and if the organization meets the organization meets the organization meets the facts-and-circumstances test organization meets the facts-and-circumstances.	organization did not as a publicly support organization did not iffes as a publicly set - 2020. If the organization the organization the organization the organization the facts-and-circum umstances test. The umstances test. The organization the facts-and-circum umstances test. The	t check the box on orted organization t check a box on lir upported organization did not ches test, check this on qualifies as a pul anization did not chestances test, check organization qua	line 13, and line 1	4 is 33 1/3% or not line 15 is 33 1/3% or not line 15 is 33 1/3% or 16b, as Explain in Part reganization 13, 16a, 16b, or 10p here. Explain ir supported organ	nore, check this bo or more, check the and line 14 is 10% VI how the organization 17a, and line 15 is an Part VI how the sization	x and is box or more, ation 10% or

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support	siow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	<u> </u>	` `	` ` `
	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					1	
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
_						+	
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge					+	
	Total. Add lines 1 through 5			-	-		
/ 6	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves		<u>-</u>				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2020. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the						▶Ш and
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organizatio						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations		1	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
· a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (e <i>xplain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting org	anization (see
	instructions)	_	-	

Schedule A (Form 990 or 990-EZ) 2020

SCITE	edule A (Form 990 or 990-EZ) 2020 I BBB BB B B B B B B B B B B B B B B B			O ZIIOJJI Page /
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions	•	Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	3	
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	10		
Sect	ion E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020	

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
C	Excess from 2018			
	Excess from 2019			
e	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

	Sec (Se	tion D e instr	, lines 5, 6 uctions.)	, and 8;	and Part \	/, Sectio	on E, lines 2, 5, and 6. A	lso comp	lete this par	t for any additional information.
SCHED	ULE	Α,	PART	II,	LINE	10,	EXPLANATION	FOR	OTHER	INCOME:
OTHER	IN	COM	E							
2018	AMO	JNT	: \$	241	•					

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,

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization Employer identification number

PLEDGELING FOUNDATION 46-2440594

Organization type (check one):

J		
Filers of:	:	Section:
Form 990	or 990-EZ	$\overline{\mathbf{X}}$ 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
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special I	Rules	
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it mu	st answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

PLEDGELING FOUNDATION

46 - 2440594

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DISCOVERY COMMUNICATIONS 850 THIRD AVENUE NEW YORK, NY 10022	\$ 619,797.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

PLEDGELING FOUNDATION

46 - 2440594

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

Employer identification number

Name of organization

	LING FOUNDATION		46-2440594
t III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the ry. For organizations less for the year. (Enter this info. once.)
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- - -	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of giff	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PLEDGELING FOUNDATION

Employer identification number 46-2440594

Pai	t I Organizations Maintaining Donor Advise		or Accounts Complete if the
I al			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
	Total accomb an at an el aforca an	2533	(b) I dilds and other accounts
1	Total number at end of year	10,356,840.	
2	Aggregate value of contributions to (during year)	9,811,551.	
3	Aggregate value of grants from (during year)	1,713,169.	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	_	
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	
Do			
Pai			irt IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreated		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 qualif	ied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			****
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	•	
	listed in the National Register		
3	Number of conservation easements modified, transferred, release	eased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	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 conse	rvation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) abov		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	tatement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemer	nts that describes the
	organization's accounting for conservation easements.		0: :: 4
Pai	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for pub	, ,	•
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance 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 treat	asures, or other similar assets for financial o	gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

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	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Oth	er Si	milar Asse	e ts (continu	ued)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following that	at make	signifi	cant use of its	5	
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	the organizat	ion's exe	empt p	ourpose in Pa	rt XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arrang								line 9, or	
	reported an amount on Form 990, Par			Ü				, ,	,	
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contribution	ns or other as	ssets no	t inclu	ded		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
	, 1	•	3						Amount	
С	Beginning balance							1c		
	Additions during the year							1d		
	Distributions during the year							1e		
f	Ending balance							1f		
	Did the organization include an amount on Fo								Yes	□ No
	If "Yes," explain the arrangement in Part XIII.						-			
	t V Endowment Funds. Complete if									
		(a) Current year		rior year	(c) Two yea			ree years back	(e) Four	years back
1 a	Beginning of year balance	(a) carrein year	(6)	nor your	(6) 1110 300	io buon	(α,	noo youro buon	(C) i dui	youro buon
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
e	-									
£	and programs									
	Administrative expenses									
_	End of year balance		- /line 1	!··· /						
2	Provide the estimated percentage of the curr	ent year end baland	-	g, column (a)) rielu as.					
_	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment	%								
С		%								
•	The percentages on lines 2a, 2b, and 2c show	•								
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are neid a	and administe	erea for	tne or	ganization	Γ,	<u>, ,, </u>
	by:									Yes No
	(i) Unrelated organizations									
	(ii) Related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza				'				. 3b	
4 Do	Describe in Part XIII the intended uses of the		wment	tunas.						
Pai	t VI Land, Buildings, and Equipm		D-+ 1	/ United at /	O F 00/	0 D-4 V	/ 15 -	10		
	Complete if the organization answered	1		ı						
	Description of property	(a) Cost or o			t or other			ulated	(d) Book	value
		basis (investr	nent)	basis	(other)	de	precia	ation		
	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other			<u></u>						
Total	Add lines 1a through 1e (Column (d) must ed	aual Form QQA Dart	Y colur	nn (R) line '	7()()					0.

Schedule D (Form 990) 2020 PLEDGELING	FOUNDATION	4 (6-2440594 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security) (b) Book value	(c) Method of valuation: Cost or er	nd-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.	<u> </u>		
	all are Farmer 000. Don't IV. line	11a Cas Faura 000 Bart V line 10	
Complete if the organization answered "Yes (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
	(b) Book value	(c) Welliod of Valuation. Gost of ci	id 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.	<u>'</u>		
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(4	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.)	>	<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (Q)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

X

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	remente with	nevenue per n	eturi	••
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	10,748,015.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	391,175.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	391,175.
3	Subtract line 2e from line 1			3	10,356,840.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,356,840.
ŭ	Total revenue. Add lines 3 and 40. (This must equal to in 350, 1 art i, line 12.)			•	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements Wit	h Expenses per	•	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin	atements Wit e 12a.	h Expenses per	•	irn.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements Wit e 12a.	h Expenses per	•	
	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin	atements Wit	h Expenses per	Retu	irn.
1	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements	e 12a.	h Expenses per	Retu	irn.
1 2	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements Wit e 12a. 2a	h Expenses per	Retu	irn.
1 2	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	h Expenses per	Retu	irn.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	h Expenses per	Retu	10,773,923.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	391,175.	Retu	391,175.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2a 2b 2c 2d	391,175.	Retu	10,773,923.
1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	391,175.	Retu	391,175.
1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	391,175.	Retu	391,175.
1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	391,175.	Retu	391,175. 10,382,748.
1 2 a b c d e 3 4 a	Total expenses and losses per audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, ling Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a	391,175.	Retu	391,175.

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:

FIN 48:

THE 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 (THE CODE) AND SECTION 23701(D) OF THE REVENUE AND TAXATION CODE, RESPECTIVELY. THE FOUNDATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX POSITIONS, SUCH AS ITS FILING STATUS AS TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE FOUNDATION IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY THE STATUTE OF LIMITATIONS ANY TAXING JURISDICTION IN WHICH IT OPERATES. FOR FEDERAL PURPOSES IS THREE YEARS AND FOR CALIFORNIA PURPOSES IS FOUR

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

Open to Public Inspection

Name of the organization

PLEDGELING FOUNDATION

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

Oritoria used to grants or assistance?

No. | No.

X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) CHARITIES AID FOUNDATION AMERICA (CAFA) - 225 REINEKERS LN STE 375 - ALEXANDRIA, VA 22314-2848 43-1634280 GENERAL 501(C)(3) 206,139 0 GLOBALGIVING 1023 15TH STREET NW 12TH FLOOR GENERAL WASHINGTON, DC 20005 30-0108263 501(C)(3) 202,647 BORIS LAWRENCE HENSON FOUNDATION 2049 CENTURY PARK E STE 1400 LOS ANGELES, CA 90067 82-3814846 501(C)(3) 182,931 0 GENERAL ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 SAINT JUDE PL -MEMPHIS TN 38105-1905 62-0646012 501(C)(3) 129 305 GENERAL BLACK LIVES MATTER C/O THOUSAND CURRENTS - PO BOX 399389 - SAN 77-0071852 GENERAL FRANCISCO, CA 94139-9389 501(C)(3) 121,300 0 NAACP LEGAL DEFENSE AND EDUCATIONAL FUND - 40 RECTOR ST FL 5 - NEW YORK, NY 10006-1738 13-1655255 501(C)(3) 118 294 0 GENERAL

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

220.

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

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Schedule I (Form 990) PLEDGELIN	G FOUNDAT	TION				4	16-2440594 Page 1
Part II Continuation of Grants and Other	Assistance to De	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING AMERICA							
161 N CLARK ST STE 700							
CHICAGO, IL 60601-3389	36-3673599	501(C)(3)	93,458.	0.			GENERAL
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST							
MONTGOMERY, AL 36104	63-1135091	501(C)(3)	90,383.	0.			GENERAL
INNOCENCE PROJECT, INC. 40 WORTH ST RM 701 SUITE 701							
NEW YORK, NY 10013-2994	32-0077563	501(C)(3)	87,806.	0.			GENERAL
HERBALIFE NUTRITION FOUNDATION 800 W. OLYMPIC BLVD. SUITE 406 LOS ANGELES, CA 90015-1367	51-0523266	501(C)(3)	84,634.	0.			GENERAL
			·				
COMMUNITY ORGANIZED RELIEF EFFORT (CORE) - 6464 W SUNSET BLVD STE							
1140 - LOS ANGELES, CA 90028-8034	27-1703237	501(C)(3)	81,294.	0.			GENERAL
REBUILDING TOGETHER (NATIONAL OFFICE) - 999 N. CAPITOL STREET NE, SUITE 701 - WASHINGTON, DC							
20002	52-1585880	501(C)(3)	79,588.	0.			GENERAL
COLORADO MUSIC RELIEF FUND C/O REDLINE CONTEMPORARY ART CENTER - 2350 ARAPAHOE ST - DENVER, CO							
80205-2613	26-0317963	501(C)(3)	76,218.	0.			GENERAL
WORLD WILDLIFE FUND (PROJECT							
C.A.T.) C/O WORLD WILDLIFE FUND -							
1250 24TH STREET NW - WASHINGTON,							
DC 20037-1193	52-1693387	501(C)(3)	75,254.	0.			GENERAL
RESTAURANT EMPLOYEE RELIEF FUND							
C/O THE NATIONAL RESTAURANT							
ASSOCIATION EDU - 24405 NETWORK							
PLACE - CHICAGO, IL 60673-1244	36-6103388	501(C)(3)	72,998.	0.			GENERAL

Schedule I (Form 990) PLEDGELIN	G FOUNDAT	TION				4	6-2440594 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COACHART							
445 S. FIGUEROA ST., SUITE 3100							
LOS ANGELES, CA 90071	94-3389547	501(C)(3)	69,792.	0.			GENERAL
AMA DOO ALCHINI BIGHAN							
PO BOX 1279							
CHINLE, AZ 86503	86-0641296	501(C)(3)	57,015.	0.			GENERAL
HERBALIFE CASA PARTNERS C/O							
HERBALIFE NUTRITION FOUNDATION -							
800 W. OLYMPIC BLVD. SUITE 406 -							
LOS ANGELES, CA 90015-1367	51-0523266	501(C)(3)	56,010.	0.			GENERAL
COMEDY GIVES BACK: LAUGH AID C/O							
ROAD TO ARTDOM FOUNDATION - 119 N. FAIRFAX AVE STE 457 - LOS ANGELES,							
CA 90036	47-2064364	501(C)(3)	55,346.	0.			GENERAL
	1, 2001001		35,515.	٠.			
WORLD CENTRAL KITCHEN							
655 NEW YORK AVE NW FL 6							
WASHINGTON, DC 20001-5554	27-3521132	501(C)(3)	54,379.	0.			GENERAL
OCEANA							
1025 CONNECTICUT AVE NW SUITE 200	F1 0401200	E01/G\/3\	F2 204				COMPONE
WASHINGTON, DC 20036	51-0401308	501(C)(3)	52,304.	0.			GENERAL
DOCTORS WITHOUT BORDERS							
40 RECTOR ST FL 16							
NEW YORK, NY 10006-1751	13-3433452	501(C)(3)	52,207.	0.			GENERAL
			·				
NO KID HUNGRY C/O SHARE OUR							
STRENGTH - 1030 15TH ST NW STE							
1100W - WASHINGTON, DC 20005-1531	52-1367538	501(C)(3)	49,523.	0.			GENERAL
MEENS FOR FOOD INSTITUTE							
TEENS FOR FOOD JUSTICE							
33 W. 60TH ST., SUITE 1211 NEW YORK, NY 10023	45-3591508	501(C)(3)	48,269.	0.			GENERAL
TILIT TORK, INT TOUZS	42 2231200	POT(C)(3)	40,209.	<u> </u>			GENERAL C

Schedule I (Form 990) PLEDGELIN	G FOUNDAT	CION				4	6-2440594 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESERVATION HALL FOUNDATION 726 SAINT PETER STREET NEW ORLEANS, LA 70116	27-2910626	501(C)(3)	47,706.	0.			GENERAL
UN FOUNDATION: COVID-19 SOLIDARITY RESPONSE FUND FOR WHO C/O GIRL UP - 1750 PENNSYLVANIA AVENUE NW SUITE 300 - WASHINGTON, DC 20006	58-2368165	501(C)(3)	46,535.	0.			GENERAL
THE TREVOR PROJECT PO BOX 69232							
WEST HOLLYWOOD, CA 90069	95-4681287	501(C)(3)	46,148.	0.			GENERAL
COLOR OF CHANGE 1714 FRANKLIN ST STE 100136 OAKLAND, CA 94612-3488	45-5569879	501(C)(3)	46,008.	0.			GENERAL
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	44,252.	0.			general
BLESSINGS IN A BACKPACK PO BOX 950291 LOUISVILLE, KY 40295	26-1964620	501(C)(3)	40,131.	0.			GENERAL
AMERICAN FORESTS 1220 L ST NW SUITE 750 WASHINGTON DC 20005	53-0196544	501(C)(3)	39.647.	0.			GENERAL
WASHINGTON, DC 20005 SMALL BUSINESS LIVE RESTART GRANT FUND C/O ACCION OPPORTUNITY FUND - 111 W SAINT JOHN ST STE 800 - SAN			,				
JOSE, CA 95113-1121 AMERICAN RED CROSS 2025 E STREET, NW WASHINGTON, DC 20006	45-4127501 53-0196605	501(C)(3) 501(C)(3)	39,544.	0.			GENERAL
	1	1 = 1 = 7 1 = 7	1 22,230.	<u>. </u>	l	I .	I

Schedule I (Form 990) PLEDGELIN	IG FOUNDAT	TION				4	6-2440594 Page 1	
Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
HEARTS & HOPE								
3000 IMPERIAL DRIVE								
SAINT CHARLES, MO 63303	45-2235217	501(C)(3)	38,874.	0.			GENERAL	
,			, ,	<u> </u>				
BEST FRIENDS ANIMAL SOCIETY								
5001 ANGEL CANYON RD								
KANAB, UT 84741	23-7147797	501(C)(3)	38,443.	0.			GENERAL	
AMERICAN CANCER SOCIETY (NATIONAL								
HOME OFFICE) - 100 JAMISON COURT -								
HAGERSTOWN, MD 21740	13-1788491	501(C)(3)	34,044.	0.			GENERAL	
ACLU AMERICAN CIVIL LIBERTIES								
UNION FOUNDATION (NATIONAL HQ) -								
125 BROAD ST FL 18 - NEW YORK, NY								
10004-2427	13-6213516	501(C)(3)	32,479.	0.			GENERAL	
TARK ATR								
FARM AID								
501 CAMBRIDGE ST FLOOR 3	26 220222	E01/Q\/3\	22 242	0.			CENTED AT	
CAMBRIDGE, MA 02141-1104 THE BAIL PROJECT	36-3383233	501(C)(3)	32,343.	0.			GENERAL	
PO BOX 102592 ATTN: GIFT								
PROCESSING - PASADENA, CA 91189-2592	81-4985512	501(C)(3)	30,698.	0.			GENERAL	
AMERICAN SOCIETY FOR THE	01 4303312	501(0)(3)	30,030.	٠.			GENEKAL	
PREVENTION OF CRUELTY TO ANIMALS								
(ASPCA) - 520 8TH AVE FL 7 - NEW								
YORK, NY 10018-4195	13-1623829	501(C)(3)	29,487.	0.			GENERAL	
10M, M1 10010 1133	13 1023023	301(0)(3)	25,107.	•••				
WORLD WILDLIFE FUND								
1250 24TH STREET NW								
WASHINGTON, DC 20037-1193	52-1693387	501(C)(3)	27,549.	0.			GENERAL	
•			, , ,	<u> </u>				
DIRECT RELIEF								
6100 BECKNELL RD								
SANTA BARBARA, CA 93117-3251	95-1831116	501(C)(3)	27,529.	0.			GENERAL	

Schedule I (Form 990) PLEDGELIN	G FOUNDAT	CION				4	6-2440594 Page 1	
Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
BUNNY'S BUDDIES 6160 MISSION GORGE ROAD SUITE #205 SAN DIEGO, CA 92120	82-5393201	501(C)(3)	27,528.	0.			GENERAL	
ROOM TO READ 465 CALIFORNIA STREET, SUITE 1000 SAN FRANCISCO, CA 94104	91-2003533	501(C)(3)	27,407.	0.			GENERAL	
ANIMAL HOPE & WELLNESS FOUNDATION 15111 VENTURA BLVD UNIT 401 SHERMAN OAKS, CA 91403	46-4915929	501(C)(3)	26,903.	0.			GENERAL	
ACLU RACIAL JUSTICE PROGRAM C/O ACLU AMERICAN CIVIL LIBERTIES UNION FOUNDAT - 125 BROAD ST FL 18 - NEW YORK, NY 10004-2427	13-6213516	501(C)(3)	26,843.	0.			GENERAL	
THE NEW SCHOOL 79 5TH AVE FL 17 FL.17 NEW YORK, NY 10003-3034	13-3297197	501(C)(3)	26,499.	0.			GENERAL	
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE - 225 N. MICHIGAN AVE., FL. 17 - CHICAGO, IL 60601	13-3039601	501(C)(3)	25,465.	0.			GENERAL	
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 22172	20-3021444	501(C)(3)	24,912.	0.			GENERAL	
MEMORIAL SLOAN-KETTERING CANCER CENTER - PO BOX 27106 MATCHING GIFTS - NEW YORK, NY 10087	13-1924236	501(C)(3)	24,783.	0.			GENERAL	
HEAL THE BAY 1444 9TH ST SANTA MONICA, CA 90401-2707	95-4031055	501(C)(3)	24,200.	0.			GENERAL	

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance	ant
GO CAMPAIGN 2309 SANTA MONICA BLVD, #437 SANTA MONICA, CA 90404	20-4542914	501(C)(3)	23,708.	0.			general	
MAKE-A-WISH FOUNDATION OF AMERICA 1702 E HIGHLAND AVE STE 400 PHOENIX, AZ 85016-4630	86-0481941	501(C)(3)	23,160.	0.			GENERAL	
F*CANCER 9854 NATIONAL BLVD. #280 LOS ANGELES, CA 90034-2713	98-0699811	501(C)(3)	22,943.	0.			general	
PLEDGELA FUND FOR SOUTH LA FOUNDERS C/O ACEVEDO FOUNDATION - 1023 MAPLE ST - SANTA MONICA, CA 90405-3911	84-2377170	501(C)(3)	22,898.	0.			GENERAL	
DISCOVERY RISE - COVID RESPONSE C/O SAVE THE CHILDREN - 501 KINGS HIGHWAY EAST, SUITE 400 - FAIRFIELD, CT 06825	06-0726487	501(C)(3)	21,502.	0.			GENERAL	
KITTY BUNGALOW - CHARM SCHOOL FOR WAYWARD CATS - 2032 W MARTIN LUTHER KING JR BLVD - LOS ANGELES, CA 90062-1433	27-1297223	501(C)(3)	20,895.	0.			GENERAL	
WORTHY OF LOVE 5550 GROSVENOR BLVD APARTMENT 312 LOS ANGELES, CA 90066	32-0439132	501(C)(3)	20,108.	0.			general	
REFUGEE ARTISAN INITIATIVE 4616 25TH AVE NE, PMG 428 SEATTLE, WA 98105	82-0961407	501(C)(3)	19,329.	0.			GENERAL	
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, SUITE 300								

GENERAL

JACKSONVILLE, FL 32256

19,001.

20-2370934 501(C)(3)

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
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BABY2BABY							
LOS ANGELES, CA 90016-3109	46-4503539	501(C)(3)	18,845.	0.			GENERAL
PROJECT BEAUTIFUL - INSIDE AND OUT 511 OLDE TOWNE RD. #81731							
ROCHESTER, MN 48308-1731	47-3327241	501(C)(3)	18,533.	0.			GENERAL
SPECIAL OPERATIONS WARRIOR FOUNDATION - PO BOX 89367 - TAMPA,							
FL 33689-0406	52-1183585	501(C)(3)	18,236.	0.			GENERAL
NAACP FOUNDATION 4805 MOUNT HOPE DR							
BALTIMORE, MD 21215	13-1998814	501(C)(3)	18,226.	0.			GENERAL
SILENCE THE SHAME C/O HIP HOP PROFESSIONAL FOUNDATION - 3000 OLD ALABAMA RD STE 119 - ALPHARETTA,							
GA 30022	82-2004573	501(C)(3)	17,177.	0.			GENERAL
SECOND HARVEST FOOD BANK OF ORANGE COUNTY - 8014 MARINE WAY - IRVINE,							
CA 92618	32-0362611	501(C)(3)	17,034.	0.			GENERAL
DANA-FARBER CANCER INSTITUTE PO BOX 849168							
BOSTON, MA 02284-9168	04-2263040	501(C)(3)	17,015.	0.			GENERAL
STREET WISE PARTNERS 222 BROADWAY FLOOR 19							
NEW YORK, NY 10038	31-1571343	501(C)(3)	16,608.	0.			GENERAL
SPECIAL FORCES FOUNDATION 6881 NORTHSTAR CT			,				
CASTLE ROCK, CO 80108	81-4529349	501(C)(3)	16,507.	0.			GENERAL

46-2440594 PLEDGELING FOUNDATION Schedule I (Form 990) Page 1 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 (c) IRC section (f) Method of (g) Description of (b) EIN (d) Amount of (e) Amount of (h) Purpose of grant organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance assistance (book, FMV. appraisal, other) FLOYD FELINES AND FRIENDS PO BOX 2364 ROME, GA 30164 47-4066488 501(C)(3) 16,292 0 GENERAL THE LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573 13-5644916 501(C)(3) 16,214 0 GENERAL U4 UGANDA 23W381 GREEN TRAILS DR NAPERVILLE, IL 60540 27-4835030 501(C)(3) 16,150 0 GENERAL BOOT CAMPAIGN 535 W SOUTHWEST LOOP 323 STE 206 TYLER, TX 75701 27-4980936 501(C)(3) 15,869 0 GENERAL CREW NATION C/O HOUSE OF BLUES MUSIC FORWARD FOUNDATION - 7060 HOLLYWOOD BLVD FL 2 - HOLLYWOOD 47-4907184 501(C)(3) 0 GENERAL CA 90028-6015 15,296 FAMILY SERVICE LEAGUE 790 PARK AVENUE HUNTINGTON, NY 11743 11-1631827 501(C)(3) GENERAL 15,014 0 NATIONAL POLICE ACCOUNTABILITY PROJECT (NPAP) - 2022 SAINT BERNARD AVE - NEW ORLEANS, LA 70116-1319 13-4045142 501(C)(3) 14 202 0 GENERAL BREAST CANCER RESEARCH FOUNDATION 25 W 43RD ST STE 609 NEW YORK, NY 10036-7422 13-3727250 501(C)(3) 13,969 0 GENERAL STAND BY ME FOUNDATION 1360 BEVERLY RD STE 300

GENERAL

MCLEAN, VA 22101-3646

30-1157618

501(C)(3)

13,659

0

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Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	1
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UNCORKED ADVENTURES NFP							
2140 WASHINGTON AVE WILMETTE, IL 60091	82-1826657	501(C)(3)	13,503.	0.			GENERAL
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE STE 200							
MANHATTAN BEACH, CA 90266-3721	33-0841281	501(C)(3)	12,851.	0.			GENERAL
KRABBE CONNECT PO BOX 264							
ROSEMOUNT, MN 55068	82-2964680	501(C)(3)	12,692.	0.			GENERAL
STONE SOUP ANIMAL RESCUE 460 BILL PEARSON RD							
WOODRUFF, SC 29388	83-3594679	501(C)(3)	12,518.	0.			GENERAL
MARSHA P JOHNSON INSTITUTE C/O SOCIAL GOOD FUND (SOCIALGOOD) - 12651 SAN PABLO AVE #5473 -							
RICHMOND, CA 94805-4021	46-1323531	501(C)(3)	12,382.	0.			GENERAL
BLACK GIRLS CODE PO BOX 640926							
SAN FRANCISCO, CA 94164	45-4930539	501(C)(3)	12,294.	0.			GENERAL
MISSIONS.ME (RESCUE INTERNATIONAL) 145 S LIVERNOIS RD							
ROCHESTER HILLS, MI 48307-1837	20-0808497	501(C)(3)	12,000.	0.			GENERAL
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BLVD -							
STATEN ISLAND, NY 10306-3159	02-0554654	501(C)(3)	11,882.	0.			GENERAL
UNITED NEGRO COLLEGE FUND 1805 7TH ST NW							
WASHINGTON, DC 20001-3187	13-1624241	501(C)(3)	11,535.	0.			GENERAL

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
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MYAGRO FARMS							
200 BROADWAY, 3RD FLOOR							
NEW YORK, NY 10038	45-5267449	501(C)(3)	11,508.	0.			GENERAL
UNICEF USA							
125 MAIDEN LANE							
NEW YORK, NY 10038	13-1760110	501(C)(3)	11,474.	0.			GENERAL
EMMA BOWEN FOUNDATION							
30 ROCKEFELLER PLAZA, SUITE 28A42		504 (5) (3)	11 112				
NEW YORK, NY 10112	22-2635292	501(C)(3)	11,143.	0.			GENERAL
BILL & MELINDA GATES FOUNDATION							
PO BOX 23350							
SEATTLE, WA 98102	56-2618866	501(C)(3)	11,138.	0.			GENERAL
ASSOCIATION FOR THE TEACHING OF	00 202000		12,200.	•			
BIBLE IN KANNAPOLIS PUBLIC SCHOOLS							
- PO BOX 987 - KANNAPOLIS, NC							
28082-0987	23-7132295	501(C)(3)	11,113.	0.			GENERAL
			,				
OPERATION UNDERGROUND RAILROAD							
755 SOUTH MAIN ST., #194							
CEDAR CITY, UT 84720	46-3614979	501(C)(3)	11,037.	0.			GENERAL
INTERFAITH PRISON MINISTRY FOR							
WOMEN - 112 S SALISBURY ST -							
RALEIGH, NC 27601	27-0088330	501(C)(3)	10,932.	0.			GENERAL
DIDE INVESTOR INVESTOR							
RAPE, ABUSE & INCEST NATIONAL							
NETWORK - 1220 L ST. NW, SUITE 505	E2 1000511	E01/G)/3)	10 736				CHAIRD A I
- WASHINGTON, DC 20005	52-1886511	501(C)(3)	10,736.	0.			GENERAL
HABITAT FOR HUMANITY INTERNATIONAL							
121 HABITAT ST							
AMERICUS, GA 31709	91-1914868	501(C)(3)	10,608.	0.			GENERAL
	1 21 1214000	P = 1 (C) (S)	1 10,000.	٠.		1	

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Part II Continuation of Grants and Other				,	, ,,	, 	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMON THREADS							
P.O. BOX 163930							
AUSTIN, TX 78716	20-0106847	501(C)(3)	10,523.	0.			GENERAL
CDC FOUNDATION							
600 PEACHTREE ST NE STE 1000 SUITE							
ATLANTA, GA 30308-2215	58-2106707	501(C)(3)	10,196.	0.			GENERAL
MARTHA'S KITCHEN							
311 WILLOW ST							
SAN JOSE, CA 95110	91-2091094	501(C)(3)	9,892.	0.			GENERAL
WE THE PROTESTERS							
1 WEST ST APT 2029							
NEW YORK, NY 10004-1024	81-3764408	501(C)(3)	9,845.	0.			GENERAL
10004 1024	01 3704400	501(0)(3)	3,043.	<u> </u>			
AMERICAN HEART ASSOCIATION							
7272 GREENVILLE AVE.							
DALLAS, TX 75231	13-5613797	501(C)(3)	9,788.	0.			GENERAL
ALS ASSOCIATION							
1300 WILSON BOULEVARD SUITE 600							
ARLINGTON, VA 22209	13-3271855	501(C)(3)	9,744.	0.			GENERAL
AGGOGIATION OF DEDEODMING ADDIG							
ASSOCIATION OF PERFORMING ARTS							
PROFESSIONALS - 919 18TH STREET NW	39-1131995	501(C)(3)	9,645.	0.			GENERAL
SUITE 650 - WASHINGTON, DC 20006	33-1131333	001(0/(3)	3,045.	<u> </u>			PENEKAL
JEWISH RECONSTRUCTION SOCIETY OF							
THE NORTH SHORE - 1001 PLANDOME RD							
- MANHASSET, NY 11030	11-1960513	501(C)(3)	9,559.	0.			GENERAL
AMERICAN FOUNDATION FOR SUICIDE							
PREVENTION - 199 WATER STREET, FL	4.0.0000000	504 (5) (3)	0				
11 - NEW YORK, NY 10038	13-3393329	bot(G)(3)	9,456.	0.		1	GENERAL

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
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FRISCO STUDENT FASTPACS										
3245 MAIN ST STE 235342										
FRISCO, TX 75034-4411	46-4148733	501(C)(3)	9,386.	0.			GENERAL			
ISLAMIC RELIEF USA										
3655 WHEELER AVENUE										
ALEXANDRIA, VA 22304	95-4453134	501(C)(3)	9,242.	0.			GENERAL			
THE TRAYVON MARTIN FOUNDATION 15800 NW 42ND AVE										
MIAMI GARDENS, FL 33054	46-5518442	501(C)(3)	9,229.	0.			GENERAL			
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 733 3RD AVE - NEW YORK, NY 10017-3288	13-5661935	501(C)(3)	9,225.	0.			GENERAL			
110017 3200	13 3001333	501(0)(3)	3,223.	· ·						
THURGOOD MARSHALL COLLEGE FUND 901 F ST NW STE 700 SUITE 300										
WASHINGTON, DC 20004-1436	41-1750692	501(C)(3)	9,191.	0.			GENERAL			
LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST STREET										
LOS ANGELES, CA 90058	95-3135649	501(C)(3)	9,144.	0.			GENERAL			
TRANSGENDER LAW CENTER PO BOX 741803										
LOS ANGELES, CA 90074-1803	05-0544006	501(C)(3)	9,081.	0.			GENERAL			
2020 NAM OCTOBER LEADERSHIP			,							
WEEKEND: CASA PARTNERS C/O										
HERBALIFE NUTRITION - 800 W.										
OLYMPIC BLVD. SUITE 406 - LOS	51-0523266	501(C)(3)	9,080.	0.			GENERAL			
SOUTHERN POVERTY LAW CENTER										
400 WASHINGTON AVE										
MONTGOMERY, AL 36104	63-0598743	501(C)(3)	8,868.	0.			GENERAL			

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WINGS OF RESCUE										
PO BOX 6045										
LA QUINTA, CA 92248-6045	45-3343408	501(C)(3)	8,850.	0.			GENERAL			
NATIONAL BRAIN TUMOR SOCIETY 55 CHAPEL ST., SUITE 200										
NEWTON, MA 02458	04-3068130	501(C)(3)	8,806.	0.			GENERAL			
LONELY WHALE C/O SOCIAL AND ENVIRONMENTAL ENTREPRENEURS - 23564 CALABASAS RD STE 201 -										
CALABASAS, CA 91302	95-4116679	501(C)(3)	8,763.	0.			GENERAL			
ASSOCIATION FOR THE RECOVERY OF CHILDREN - PO BOX 792 - ESTES	60 0650005									
PARK, CO 80517-0792	68-0650925	501(C)(3)	8,740.	0.			GENERAL			
RAICES (REFUGEE & IMMIGRANT CENTER FOR EDUCATION & LEGAL SERVICES) - 1305 N FLORES ST - SAN ANTONIO, TX										
78212	74-2436920	501(C)(3)	8,590.	0.			GENERAL			
MULLY CHILDRENS FAMILY USA 3000 OLD ALABAMA RD STE 119-302 ALPHARETTA, GA 30022-5860	20-4105702	501(C)(3)	8,535.	0.			GENERAL			
,	20 1200702		,,,,,,	<u> </u>						
ABVP FOUNDATION PO BOX 1868										
MT JULIET, TN 37121-1868	46-1411468	501(C)(3)	8,276.	0.			GENERAL			
NATURAL RESOURCES DEFENSE COUNCIL 40 W 20TH ST FL 11										
NEW YORK, NY 10011-4231	13-2654926	501(C)(3)	8,220.	0.			GENERAL			
NATIONAL KIDNEY FOUNDATION 30 EAST 33RD STREET										
NEW YORK, NY 10016	13-1673104	501(C)(3)	8,183.	0.			GENERAL			

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NATIONAL URBAN LEAGUE										
80 PINE ST NEW YORK, NY 10005-1720	13-1840489	501(C)(3)	8,152.	0.			GENERAL			
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD. SUITE 1500										
LOS ANGELES, CA 90025	95-3949646	501(C)(3)	8,103.	0.			GENERAL			
OCEAN CONSERVANCY INC 1300 19TH ST NW										
WASHINGTON, DC 20036-1653	23-7245152	501(C)(3)	8,030.	0.			GENERAL			
THE GOODE FOUNDATION 75 WASHINGTON ST #1622	04 0000046	501/(3)/(3)								
FAIRBURN, GA 30213	81-2009246	501(C)(3)	7,976.	0.			GENERAL			
DONNIE EDWARDS BEST DEFENSE FOUNDATION - 249 HWY 101, SUITE 312 - SOLANA BEACH, CA 92075	82-5125497	501(C)(3)	7,955.	0.			GENERAL			
NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) - 3803 FAIRFAX DR			,							
STE 100 - ARLINGTON, VA 22203-5860	43-1201653	501(C)(3)	7,917.	0.			GENERAL			
EMBRACE RELIEF FOUNDATION 18 PASSAIC AVE UNIT 1										
FAIRFIELD, NJ 07004	26-2393075	501(C)(3)	7,911.	0.			GENERAL			
LIVVY'S LOVE INC PO BOX 485										
TUCKER, GA 30085	26-3841885	501(C)(3)	7,902.	0.			GENERAL			
MINNESOTA FREEDOM FUND PO BOX 6398										
MINNEAPOLIS, MN 55406-0398	82-1214607	501(C)(3)	7,827.	0.			GENERAL			

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DALLAS HOPE CHARITIES 4740 W MOCKINGBIRD LN STE C #196006 DALLAS, TX 75209	81-2568424	501(C)(3)	7,822.	0.			GENERAL
MIRIAM'S KITCHEN 2401 VIRGINIA AVENUE NW WASHINGTON, DC 20037	52-1331552	501(c)(3)	7,668.	0.			GENERAL
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE. STE. 1100N BETHESDA, MD 20814	13-1930701	501(C)(3)	7,654.	0.			GENERAL
JDRF INTERNATIONAL 200 VESEY ST FL 28 NEW YORK, NY 10281-1071	23-1907729	501(C)(3)	7,652.	0.			GENERAL
AUTISM SPEAKS PO BOX 199 ROCKY HILL, NJ 08553-0199	20-2329938	501(C)(3)	7,588.	0.			GENERAL
THE CMA FOUNDATION 35 MUSIC SQUARE EAST STE 201 NASHVILLE, TN 37203	27-4842832	501(C)(3)	7,577.	0.			GENERAL
THE LOTUS U.S. FOUNDATION 1880 CENTURY PARK E STE 950 LOS ANGELES, CA 90067	20-2582346	501(C)(3)	7,543.	0.			general
CHARITY: WATER 40 WORTH ST RM 829 NEW YORK, NY 10013-2904	22-3936753	501(C)(3)	7,482.	0.			GENERAL
COMMUNITY HEALING GARDENS 525 S HEWITT ST LOS ANGELES, CA 90013-2217	47-4581412	501(C)(3)	7,353.	0.			general

Schedule I (Form 990) PLEDGELIN	G FOUNDAT	TION				4	6-2440594 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORONAVIRUS RELIEF: KEEP KIDS							
LEARNING C/O DONORSCHOOSE.ORG -							
134 W. 37TH ST NEW YORK, NY							
10018	13-4129457	501(C)(3)	7,243.	0.			GENERAL
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAM ST - NEW							
YORK, NY 10038-3812	13-1644147	501(C)(3)	7,229.	0.			GENERAL
AVPFIRST 1300 QUAIL STREET, #200	01 1002070	E01/G)/3)	7,000	0			
NEWPORT BEACH, CA 92660	81-1823279	501(C)(3)	7,200.	0.			GENERAL
GIVEDIRECTLY PO BOX 3221 CHURCH STREET STN NEW YORK, NY 10008-3221	27-1661997	501(C)(3)	7,151.	0.			GENERAL
NEW TORK, NT 10000 3221	27 1001337	501(0)(3)	7,131.	٠.			GENERAL
BREAST CANCER ANGELS PO BOX 340							
LOS ALAMITOS, CA 90720	33-0937846	501(C)(3)	7,149.	0.			GENERAL
STAND UP TO CANCER C/O ENTERTAINMENT INDUSTRY FOUNDATION - 10880 WILSHIRE BLVD, SUITE 1400							
- LOS ANGELES, CA 90024	95-1644609	501(C)(3)	7,038.	0.			GENERAL
HUNTINGTON'S DISEASE SOCIETY OF AMERICA - 505 8TH AVE RM 902 - NEW							
YORK, NY 10018-6588	13-3349872	501(C)(3)	7,032.	0.			GENERAL
MOTHERS WITHOUT BORDERS 125 E MAIN ST #402							
AMERICAN FORK, UT 84003	84-1550819	501(C)(3)	7,031.	0.			GENERAL
HEIFER INTERNATIONAL 1 WORLD AVENUE							
LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	7,009.	0.			GENERAL

46-2440594 PLEDGELING FOUNDATION Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV. assistance appraisal, other) LIVING BEYOND BREAST CANCER 40 MONUMENT RD, SUITE 104 BALA CYNWYD, PA 19004 23-2734689 501(C)(3) 6,987 0 GENERAL MUSICARES FOUNDATION 3030 OLYMPIC BLVD. SANTA MONICA, CA 90404 95-4470909 501(C)(3) 6,982 0 GENERAL RELIEF INTERNATIONAL 5455 WILSHIRE BOULEVARD SUITE 1280 LOS ANGELES, CA 90036 95-4300662 501(C)(3) 6,967 0 GENERAL THE HUNGER PROJECT 110 W 30TH ST FL 6 NEW YORK, NY 10001-4073 94-2443282 501(C)(3) 6,938 0 GENERAL CALCULATED GENIUS 35 E WACKER DRIVE, SUITE 800 CHICAGO, IL 60601 0 GENERAL 81-2696675 501(C)(3) 6,904 CRENSHAW DAIRY MART C/O FRACTURED ATLAS - P.O. BOX 55 - HARTSDALE, 11-3451703 NY 10530-0055 501(C)(3) GENERAL 6,881 0 LOVELAND FOUNDATION (IL) 2575 E COUNTY ROAD 2300 LA HARPE, IL 61450 20-1463578 501(C)(3) 6 852 0 GENERAL FIRST BOOK 1319 F ST.NW, SUITE 1000 WASHINGTON, DC 20004 52-1779606 501(C)(3) 6,824 0 GENERAL GUACAMOLE FUND PO BOX 699

GENERAL

HERMOSA BEACH, CA 90254

33-0619556

501(C)(3)

6.794

0

Schedule I (Form 990) PLEDGELIN	4	6-2440594 Page 1									
Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ST PETERSBURG FREE CLINIC 863 3RD AVE N ST PETERSBURG, FL 33701	23-7208280	501(C)(3)	6,783.	0.			GENERAL				
MICHAEL J. FOX FOUNDATION PO BOX 5014 HAGERSTOWN, MD 21741-5014	13-4141945	501(C)(3)	6,769.	0.			GENERAL				
NORTH SHORE ANIMAL LEAGUE AMERICA 16 LEWYT STREET PORT WASHINGTON, NY 11050	11-1666852	501(C)(3)	6,700.	0.			general				
NATIONAL BREAST CANCER FOUNDATION 7460 WARREN PKWY STE 150 SUITE 300 FRISCO, TX 75034-4269	75-2391148	501(C)(3)	6,674.	0.			GENERAL				
ELLINGTON FUND 3500 R STREET NW WASHINGTON, DC 20007	52-1152273	501(C)(3)	6,627.	0.			general				
DIAPER BANK OF CONNECTICUT 370 STATE STREET, SUITE B NORTH HAVEN, CT 06473	20-1179912	501(C)(3)	6,523.	0.			general				
NAHANT PRESERVATION TRUST PO BOX 30 NAHANT, MA 01908	04-3377763	501(C)(3)	6,352.	0.			GENERAL				
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098	501(C)(3)	6,322.	0.			GENERAL				
FAME CENTER 1550 S. STATE STREET STE 116 CHICAGO, IL 60605	83-2170757	501(C)(3)	6,297.	0.			general				

Schedule I (Form 990) PLEDGELIN							6-2440594 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Scho	edule I (Form 990), Pa	art II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALS ASSOCIATION GOLDEN WEST CHAPTER - PO BOX 565 - AGOURA HILLS, CA 91376	95-4163338	501(C)(3)	6,291.	0.			GENERAL
BE THE BRIDGE 1151 HAMMOND DR NE STE 240 ATLANTA, GA 30346-1524	38-3992480	501(C)(3)	6,284.	0.			general
AUSTIN PETS ALIVE 1156 W CESAR CHAVEZ ST AUSTIN, TX 78703-4603	74-2893360	501(C)(3)	6,245.	0.			GENERAL
CITY HARVEST 6 E 32ND ST FL 5 NEW YORK, NY 10016-5415	13-3170676	501(C)(3)	6,204.	0.			GENERAL
WORLD VISION FOUNDATION PO BOX 9716 FEDERAL WAY, WA 98063	48-1265565	501(C)(3)	6,179.	0.			GENERAL
JOHN TRACY CLINIC 2160 WEST ADAMS BLVD LOS ANGELES, CA 90018	95-1642393	501(C)(3)	6,162.	0.			GENERAL
THE ART OF ELYSIUM 3278 WILSHIRE BOULEVARD PENTHOUSE LOS ANGELES, CA 90010	95-4673306	501(C)(3)	6,115.	0.			GENERAL
THE NATURE CONSERVANCY 4245 FAIRFAX DR STE 100 ARLINGTON, VA 22203-1650	53-0242652	501(C)(3)	6,035.	0.			GENERAL
EVERGLADES OUTPOST 35601 SW 192ND AVE HOMESTEAD, FL 33034	65-0503733	501(C)(3)	6,022.	0.			general

Schedule I (Form 990) PLEDGELIN Part II Continuation of Grants and Other			s and Domestic G	overnments (Sch	edule I (Form 990). Pa		6-2440594 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL BREAST CANCER COALITION FUND - 2001 L ST NW SUITE 500 - PMB #50111 - WASHINGTON, DC 20036	52-1782065	501(C)(3)	5,984.	0.			GENERAL
GREATER CHICAGO FOOD DEPOSITORY 4100 W 42ND PL CHICAGO, IL 60632-3920	36-2971864	501(C)(3)	5,951.	0.			GENERAL
SECOND HARVEST OF SILICON VALLEY 750 CURTNER AVENUE SAN JOSE, CA 95125	94-2614101	501(C)(3)	5,906.	0.			GENERAL
BARBELLS FOR BOOBS 25060 HANCOCK AVE STE 103-472 MURRIETA, CA 92562	27-2027629	501(C)(3)	5,869.	0.			GENERAL
GUIDE DOGS FOR THE BLIND PO BOX 151200 SAN RAFAEL, CA 94915-1200	94-1196195	501(C)(3)	5,860.	0.			GENERAL
CHOC FOUNDATION 1201 W LA VETA AVENUE ORANGE, CA 92868	95-6097416	501(C)(3)	5,835.	0.			GENERAL
ENDANGERED SPECIES INTERNATIONAL (ESI) - 2900 JUDAH ST - SAN FRANCISCO, CA 94122	30-0358349	501(C)(3)	5,800.	0.			GENERAL
DINE BE IINA PO BOX 683 WINDOW ROCK, AZ 86515	48-1305107	501(C)(3)	5,651.	0.			GENERAL
MONARCH SCHOOL PROJECT 1625 NEWTON AVENUE							

GENERAL

SAN DIEGO, CA 92113

5,618.

33-0871354 501(C)(3)

46-2440594 PLEDGELING FOUNDATION Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV. assistance appraisal, other) AMERICAN HUMANE (NATIONAL OFFICE) 1400 16TH STREET NW. SUITE 360 WASHINGTON, DC 20036 84-0432950 501(C)(3) 5,610 0 GENERAL ORGANIZATION FOR AUTISM RESEARCH 2111 WILSON BOULEVARD SUITE 401 ARLINGTON, VA 22201 54-2062167 501(C)(3) 5,549 0 GENERAL INTERNATIONAL RESCUE COMMITTEE 122 E 42ND ST NEW YORK, NY 10168 13-5660870 501(C)(3) 5,539 0 GENERAL OPERATION SHOWER 7382 PERSHING AVE STE 1E ST LOUIS, MO 63130 26-1244512 501(C)(3) 5,522 0 GENERAL FAMILY SUPPORTIVE HOUSING 692 N. KING ROAD SAN JOSE, CA 95133 77-0106237 0 GENERAL 501(C)(3) 5,509 SCO FAMILY OF SERVICES 1 ALEXANDER PLACE 11-2777066 GLEN COVE, NY 11542 501(C)(3) GENERAL 5,422 0 UNBOUNDED FUTURES 43 WOODLAND DR PLAINSBORO, NJ 08536 81-3918530 501(C)(3) 5 406 0 GENERAL RAINBOW RAILROAD USA 601 WEST 26TH STREET #325 41 NEW YORK, NY 10001 47-4896980 501(C)(3) 5,367 0 GENERAL SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250

GENERAL

OAKLAND, CA 94612

94-6069890

501(C)(3)

5,356.

0

Schedule I (Form 990) PLEDGELIN							6-2440594 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS (PETA) - 501 FRONT ST - NORFOLK, VA 23510	52-1218336	501(C)(3)	5,344.	0.			general
VERA INSTITUTE OF JUSTICE 34 35TH ST UNIT 26 BROOKLYN, NY 11232-2204	13-1941627	501(C)(3)	5,330.	0.			GENERAL
SHRINERS HOSPITALS FOR CHILDREN (NATIONAL OFFICE) - PO BOX 31356 - TAMPA, FL 33631	36-2193608	501(C)(3)	5,320.	0.			GENERAL
RONALD MCDONALD HOUSE CHARITIES OF ALABAMA - 1700 4TH AVE. SOUTH - BIRMINGHAM, AL 35233	63-0753358	501(C)(3)	5,302.	0.			GENERAL
CALIFORNIA FIRE FOUNDATION 1780 CREEKSIDE OAKS DR STE 200 SACRAMENTO, CA 95833	68-0118991	501(C)(3)	5,284.	0.			GENERAL
MARCH OF DIMES FOUNDATION PO BOX 18819 ATLANTA, GA 31126-0819	13-1846366	501(C)(3)	5,272.	0.			GENERAL
MARROW MATES 875 PONCE DE LEON DR SAINT PETERSBURG, FL 33715	82-5199409	501(C)(3)	5,269.	0.			GENERAL
BROOKLYN COMMUNITY BAIL FUND 195 MONTAGUE ST FL 14 BROOKLYN, NY 11201-3631	90-1014588	501(C)(3)	5,256.	0.			GENERAL
CHEETAH CONSERVATION FUND PO BOX 2496							

GENERAL

ALEXANDRIA, VA 22301

5,255.

31-1726923 501(C)(3)

Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV. assistance appraisal, other) TIGERS UNITED UNIVERSITY CONSORTIUM C/O CLEMSON UNIVERSITY FOUNDATION - 155 OLD GREENVILLE HWY STE 10 - CLEMSON, SC 29631 57-0426335 501(C)(3) 5,234 0 GENERAL SPECIAL OPERATION CARE FUND (SOC-F) - 4279 ROSWELL RD NE STE 208313 - ATLANTA, GA 30342-3769 46-3326489 501(C)(3) 5,202 0 GENERAL THE BIRTHDAY PARTY PROJECT 2143 FARRINGTON ST DALLAS, TX 75207-6501 45-4239630 501(C)(3) 5,189 0 GENERAL DIY GIRLS PO BOX 330662 PACOIMA, CA 91333 35-2681315 501(C)(3) 5,188 0 GENERAL FRATERNITY WITHOUT BORDERS US 175 ADAMS ST APT 4G GENERAL BROOKLYN, NY 11201 83-0543368 501(C)(3) 5,183 0 THE A21 CAMPAIGN 2781 W MACARTHUR BLVD STE B605 SANTA ANA, CA 92704-8300 26-3442008 501(C)(3) GENERAL 5,178 0 GREATER GOOD INTERNATIONAL 3288 21ST ST. SUITE 201 SAN FRANCISCO, CA 94110 27-4788130 501(C)(3) 5 177 0 GENERAL SEATREES C/O SUSTAINABLE SURF PO BOX 3058 MANHATTAN BCH, CA 90266 45-3220205 501(C)(3) 5,167 0 GENERAL MAKE A WISH FOUNDATION OF ARIZONA 2901 NORTH 78TH STREET SCOTTSDALE, AZ 85251 86-0409636 501(C)(3) 5 092 0 GENERAL

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REFUGEEONE							
5705 N LINCOLN							
CHICAGO, IL 60659	36-3817743	501(C)(3)	5,000.	0.			GENERAL
RE:NEW PROJECT							
483 NORTH MAIN STREET							
GLEN ELLYN, IL 60137	27-4130582	501(C)(3)	5,000.	0.			GENERAL
TURN UP: FIGHT HUNGER C/O NO KID HUNGRY - 1030 15TH ST NW STE 1100W							
- WASHINGTON, DC 20005	52-1367538	501(C)(3)	669,886.	0.			GENERAL
MOUNT SINAI HOSPITAL 1 GUSTAVE L LEVY PL BOX 1049 NEW YORK, NY 10029	13-1624096	501(C)(3)	304,577.	0.			GENERAL
THIRST PROJECT 5478 WILSHIRE BLVD. SUITE 400							
LOS ANGELES, CA 90036	35-2339840	501(C)(3)	258,642.	0.			GENERAL
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA ST. STE 400							
LOS ANGELES, CA 90012	95-3510055	501(C)(3)	234,566.	0.			GENERAL
ONE TREE PLANTED 145 PINE HAVEN SHORES ROAD STE 1000							
SHELBURNE, VT 05482	46-4664562	501(C)(3)	223,919.	0.			GENERAL

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
PLEDGELING FOUNDATION ACTS AS A DO	NOR-ADVI	SED FUND T	O RE-GRANT	DONATIONS	
PER DONOR RECOMMENDATIONS TO US 50	1(C)(3)	PUBLIC CHA	ARITIES IN	GOOD STANDING	
WITH THE IRS.					

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

PLEDGELING FOUNDATION

Employer identification number 46-2440594

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

UNRELATED THIRD-PARTY ORGANIZATIONS.

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

DID ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE HAVE A FAMILY

RELATIONSHIP OR BUSINESS RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR,

TRUSTEE, OR KEY EMPLOYEE?

MATTHEW MINNIS IS CHAIR OF PLEDGELING TECHNOLOGIES, INC., WHICH EMPLOYS

JAMES CITRON AS CEO AND GREGORY YORKE AS VICE PRESIDENT.

FORM 990, PART VI, SECTION A, LINE 3:

DID THE ORGANZATION 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?

MANAGEMENT AND ACCOUNTING SERVICES ARE PROVIDED BY PLEDGELING TECHNOLOGIES,

INC.

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

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

FORM 990 WAS PREPARED BY AN OUTSIDE CPA USING INFORMATION PROVIDED BY THE

PLEDGELING FOUNDATION. AFTER PREPARATION, THE FORM WAS REVIEWED BY

MANAGEMENT OF THE PLEDGELING FOUNDATION'S MANAGEMENT AND ACCOUNTING

SERVICES PROVIDER AND DISTRIBUTED TO THE BOARD OF DIRECTORS VIA E-MAIL.

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

DESCRIBE THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

PLEDGELING FOUNDATION	46-2440594		
OFFICERS OR KEY EMPLOYEES.			
THE FOUNDATION HAS NO PAID OFFICERS OR EMPLOYEES.			
FORM 990, PART VI, SECTION C, LINE 19:			
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST		
POLICY, AND FINANICAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.		