

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHARLES HUMPHREY KEATING IV FOUNDATION		D Employer identification number ** - *** 5362
	Doing business as		E Telephone number (480) 309-2884
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 181679		G Gross receipts \$ 2,810,958.
	City or town, state or province, country, and ZIP or foreign postal code CORONADO, CA 92118		
F Name and address of principal officer: DEANN DANA SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	

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

J Website: ▶ **C4FOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2017** **M** State of legal domicile: **AZ**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SUPPORT AND RESOURCES FOR ACTIVE DUTY NAVY SEALS AND THEIR FAMILIES. THE GOAL OF THE CHARLES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	65
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	781,501.	2,284,741.
	9 Program service revenue (Part VIII, line 2g)	0.	113,364.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	1,868.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	189,975.	47,839.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	971,476.	2,447,812.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	72,237.	111,669.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 57,711.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,119,318.	1,237,402.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,191,555.	1,349,071.	
19 Revenue less expenses. Subtract line 18 from line 12	-220,079.	1,098,741.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 9,352,659.	End of Year 10,397,671.
	21 Total liabilities (Part X, line 26)	7,071,189.	6,951,374.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,281,470.	3,446,297.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 11/15/2021			
	DEANN DANA, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JENNIFER A. GLASER	Preparer's signature 	Date 11/15/21	Check <input type="checkbox"/> if self-employed	PTIN P00886843
	Firm's name ▶ LAVINE, LOFGREN, MORRIS & ENGELBERG LLP	Firm's EIN ▶ ** - *** 0020			
	Firm's address ▶ 4180 LA JOLLA VILLAGE DR, STE 300 LA JOLLA, CA 92037	Phone no. (858) 455-1200			

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