Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A I	For th	e 2021	calendar year, or tax year beginning	and end	ing					
_			C Name of organization			D Employer ide	ntifica	tion numb	Br	
В	Check If s	ipplicable:	SHAWN CARTER SCHOLARSHIP FUND							
Г	Addr chan		Doing business as	_		11-3662	2240	į.		
	7	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui	ite	E Telephone nu				
\vdash	Initia	l return	1450 BRICKELL AVENUE, 18TH FL			(212)4	97-1	2073		
		return/ inated	City or town, state or province, country, and ZIP or foreign postal code			(222/1		20.0		
	Ame	nded	MIAMI, FL 33131			G Gross receipts	. \$		556	,615.
\vdash		cation	F Name and address of principal officer: DANIA DIAZ			H(a) is this a gro			Yes	X No
_	pend	ung	1450 BRICKELL AVENUE, 18TH FL, MIAMI, FL 3313	31		subordinates H(b) Are all subord		chulad?	Yes	No
$\overline{\mathbf{i}}$	Tax-ex	cempt st			527			list. See instru		
<u>J</u>		ite: 🕨		o,	027	H(c) Group exem				
<u></u>			nization: X Corporation Trust Association Other	l Va	ar of format	tion: 2002 M			nicila	NY
	art I		Immary] = 10	a: Of IOIIIIai	1011. ZUUZJIN	State (Ji legal doll	IICIIO.	NI
<u>'</u> .	1		y describe the organization's mission or most significant activities: TO HE	TD TN	DTUTDU	ALC ENGIN				
6)	1			_		ALS FACIN	J			
Š		<u>300.</u>	IO-ECONOMIC HARDSHIPS FURTHER THEIR COLLEGE ED	DUCATI	ON.					
Ĕ	,	Charl	, ship have the state of the st							
Governance	2		k this box if the organization discontinued its operations or dispose				1 1			
ජේ	1		er of voting members of the governing body (Part VI, line 1a)				3			
Activities &	4		per of independent voting members of the governing body (Part VI, line 1b),				4			
<u>×</u>	5		number of individuals employed in calendar year 2021 (Part V, fine 2a)				5			
Ç	6	lotal	number of volunteers (estimate if necessary)	• • • •			6			59
			unrelated business revenue from Part VIII, column (C), line 12				7a			NONE
	þ	Net u	nrelated business taxable income from Form 990-T, Part I, line 11				7b			NONE
	_	_				Prior Year	\rightarrow		ent Yo	
ē	8		ibutions and grants (Part VIII, line 1h)			3,673,79			<u>549</u>	<u>,580.</u>
Revenue	9		am service revenue (Part VIII, line 2g)			60,0				NONE
Re			tment income (Part VIII, column (A), lines 3, 4, and 7d),				65.			371.
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-10,35	_		3	<u>,023.</u>
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).			3,724,00)3.		552	<u>,974.</u>
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			4,362,13	34.		534	,503.
	14		its paid to or for members (Part IX, column (A), line 4)			N	ONE			NONE
8	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10).			192,66	56.		188	<u>,970.</u>
Expenses	16 a		ssional fundraising fees (Part IX, column (A), line 11e)			N-	ONE			NONE
×	b		fundraising expenses (Part IX, column (D), line 25) ▶ 29,106.							
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			69,9	70.		32	,593.
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			4,624,77	10.		756	,066.
	19	Rever	nue less expenses. Subtract line 18 from line 12	<u> </u>		-900,76	57.	_	203	,092.
200					Begin	ning of Current	/ear	End	of Yea	ir
set	20	Total	assets (Part X, line 16)		L	3,770,69	€3.	3,	559	051.
Net Assets or Fund Balances	21	Total	liabilities (Part X, line 26)		L	51,5	74.		43	,024.
컓	22	Net as	ssets or fund balances. Subtract line 21 from line 20			3,719,11	9.	3,	516	,027.
Pa	art II	Si	gnature Block							
Un	der pe	nalties o	of perjury, I declare that I have examined this return, including accompanying schedu	iles and st	latements, a	and to the best of	my k	nowledge (and be	elief, it is
-tiu	e, com	sci, and	complete. Declaration of preparer (other than officer) is based on all information of white	cn prepare	r nas any Ki	nowledge.				
٥.		N .								
Sig		8	Signature of officer			Date				
He	re		DANIA DIAZ EXE	CUTIV	E DIRE	CTOR				
		1	Type or print name and title							
D	,	Print/	Type preparer's name Preparer's signature	Date	144100	Check	if P	NIT		
Paid		ANG	ELO PIROZZI USUS FUR		1/11/202	self-employ	ed j	P00446	022	
	parer Only	Firm's	sname ▶ BDO USA, LLP			Firm's EIN		3-5381		
	. Unity		address > 1601 FORUM PLACE, 9TH FLOOR WEST PALM BEACH, FL 334	01		Phone no.		61-688		00
Ma	y the	IRS d	iscuss this return with the preparer shown above? See instructions				•••	. X Ye		No
_			Reduction Act Notice, see the separate instructions.							(2021)

Form 990 (2021)

Checklist of Required Schedules

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1 .	_X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			١
4	candidates for public office? If "Yes," complete Schedule C, Part I	3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			· ·
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		X
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Ŭ		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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			
40	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			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	1300206	X
•••	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,"	STEEL STATES	042)0490	30000000
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
'	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		v	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	X	
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		- 11	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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			
4.0	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			.,
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		<u> </u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		ж
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		,,	
JSA 1E 1021	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
1E1021	1.000 0047RB 702T		990 6	(2021)
			9	

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Par	t 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			ŀ
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		ĺ	١
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	-	X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	at the state of th	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> ^</u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	275	-	
	to defease any tax-exempt bonds?	24c	ļ	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	}		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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			
-00	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 the Schedule L,			
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		SAME.	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
h	"Yes," complete Schedule L, Part IV	28a		X
0	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
·	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
29	"Yes," complete Schedule L, Part IV	28c	7,	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	X	
	conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		J	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Dani	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
-	Check if Schedule O contains a response or note to any line in this Part V			<u></u>
4	Enter the number reported in how 2 of Form 4006. Fater 0 if and applicable	170-170 AC	Yes	No
ı al h	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
·	reportable gaming (gambling) winnings to prize winners?	9581E		SMERT
JSA 1E 1030		1c Form	Х 990	(2021)
12 1030	1.000	· Onli		(2021)

Form 990 (2021) Page 5 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. . 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. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?. . X 4a b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?....... 5a Х X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a X organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Χ b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. . Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the Sponsoring organizations maintaining donor advised funds. b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?....... 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources. (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?..... 13a Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any 17 activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?........ If "Yes," complete Form 6069.

Part VI

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	"No" tions.
Sect	ion A. Governing Body and Management	• • •	• • •	
Ject	non A. Governing body and Management	_	Yes	Ma
4.	Para the number of out and out of the control of th	963866	108	No
1a	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.			
_	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	THE R		10000
_	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	. 1		
	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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			l
	one or more members of the governing body?	7a	_	X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	_		
	stockholders, or persons other than the governing body?	7b	33963	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	2360	STREET	10000
a	The governing body?	8a	X	· ·
p	Each committee with authority to act on behalf of the governing body?	8b	Х	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	ایا		١,,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	9 Codo	1	_ X
	the internal Nevenue		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
ь		100		
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	功能力	3699	3363
12a		12a	Park School	X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12¢		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by	100	W. 6	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	No Trans.	_X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	365		
16a				
	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	F602		
	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		All fills
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY,	_		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7	(sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s >		
	KASHYAP BAKHAI 1450 BRICKELL AVENUE, 18TH FLOOR, MIAMI, FL 33131 305-373-5500		000	
ISA	200-212-3300	Form	990	(2021)

Form 99 <u>0</u> (2021)			SHAWN CARTER SCHOLARSHIP FUND						11-3662240				
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated		Page 7 and		
	Independent Co	ontra	actors			-		_	-				

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

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

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

Check this box if neither the organization no	r any related	orga	niza	ition	co	npen	sate	ed any current offic	er, director, or trus	stee.
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
c	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) DANIA DIAZ	40.00									
EXECUTIVE DIRECTOR	NONE	Х		Х				90,000.	NONE	NONE
(2) GLORIA CARTER	10.00	<u> </u>	\vdash	-					110112	
PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(3) KASHYAP BAKHAI	1.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(4) CHAKA PILGRIM	1.00									
SECRETARY	NONE	X		Х				NONE	NONE	• NONE
(5) CAROLYN ARCHER	3.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(6) NEIL SIRNI	1.00								_	
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(7)										
(8)					\vdash					
(9)			-							
(10)										
(11)										
(12)										
(13)				-	_					_
(14)		-								

Form 990 (2021)

Dana \$

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	ple	ye	es,	and l	lig	hest Compensat	ed Employees (continued)
(A) Name and title	(B) Average hours per week (list any hours for	(do i box, office	not ci unle:	Pos heck ss pe d a d	c) ition mon irson lirect	e than o is both tor/trust	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
		_								
1b Sub-total							▶	90,000.	NONE	NONE
c Total from continuation sheets to Part VII, Se	ection A 🚬						•	NONE	NONE	NONE
d Total (add lines 1b and 1c)							<u> </u>	90,000.	NONE	NONE
2 Total number of individuals (including but not l reportable compensation from the organization		hose I	liste		NO.		o re	eceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or ch ind	trı. <i>ividi</i>	ıste ual	e, I	key e	emp	oloyee, or highes	t compensated	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	eater than	\$15	0,0	00?	· If	"Yes	"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue coi	mpen	sati	on 1	from	n anv	un	related organization	on or individual	5 X
Section B. Independent Contractors										<u> </u>
 Complete this table for your five highest compensation from the organization. Report compensation. 	pensated ii ompensatio	ndepe on for	the	ent o	cont	tracto Iar ye	rs t ar e	hat received more ending with or with	than \$100,000 calls the organization	of n's tax
(A) Name and business add	ress							(B) Description of se	rvices ((C) Compensation
				_						
2 Total number of independent contractors (in	cluding bu	ıt not	lim	nited	d to	thos	e li	isted above) who	received	

more than \$100,000 in compensation from the organization

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-51
Contributions, Giffs, Grants and Other Similar Amounts	1a	Federated campaigns 1a	1000				
E E	b	Membership dues 1b					
P, E	C	Fundraising events 1c	6,998.				
돌	d	Related organizations 1d					
S.E	•	Government grants (contributions) 1e					
흥인	f	All other contributions, gifts, grants,					
돌	_	and similar amounts not included above . 1f	542,582.				
들의	9	Noncash contributions included in	42.000				
Sel		Iines 1a-1f		549,580.			
-		Total Add lines 1a-11	Business Code	345,360.			
9	2a		Education Code	MINISTER CONTRAPORT WINDS	Our revision states in Admittally	P. KIND CO. BELLEVILLE STATE OF THE SECTION	W.P. 400, TABLE 1, 400 1 100
ا ۾ څ	za b				S		
SE							_
Program Service Revenue	ď						
Page				·			
۱	f	All other program service revenue			•		
	g	Total. Add lines 2a-2f		NONE	AND ADDRESS OF THE PARTY.		
	3	Investment income (including dividends,					
		other similar amounts)		371.		NONE	371
	4	Income from investment of tax-exempt bond	proceeds . 🕨 📙	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a	1				
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c NON					Harata e de
	_ d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets	1				
		other than inventory 7a	 				
Revenue	D	Less: cost or other basis					
Š		and sales expenses 7b Gain or (loss) 7c					
		Net sein er (lose)		NONE	STATES AND STATES OF THE STATE	CONTRACTOR SERVICE PROPERTY OF STREET	Statement Control of Control
Other	8a	Gross income from fundraising	18				Explication result
ŏ	oa	events (not including \$6,998.					
l		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	3,641.				
	c	Net income or (loss) from fundraising events	▶	-3,641.			-3,641
	9a	Gross income from gaming	in the second				
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	C	Net income or (loss) from gaming activities	▶	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances <u>10a</u>	NONE				
		Less: cost of goods sold 10b	NONE				
	C	Net income or (loss) from sales of inventory,		NONE	AT ACCOUNT OF THE PARTY OF THE	Are Harrison and Area and	and the could be trained on all
SIIC		MICCELL INPOLIO TRIONE	Business Code				147.277.125.126
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	900099	6,664.			6,664
Ver	þ						
86	6	All other revenue				· .	
Σ	a	All other revenue		6,664.			SOUTH THE PARTY OF THE PARTY
	12	Total revenue. See instructions		552,974.	ALL TOTAL CONTRACTOR OF THE	NONE	3 304
				224,314.		INDIVE	3 394

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respo	nse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	293,738.	293,738.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	240,765.	240,765.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,		}		
	trustees, and key employees	90,000.	49,909.	26,591.	13,500
6	Compensation not included above to disqualified		İ		
	persons (as defined under section 4958(f)(1)) and		İ		
	persons described in section 4958(c)(3)(B)	ЙОИЕ			
7	Other salaries and wages	75,463.	41,848.	22,296.	11,319
8	The state of the s	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10,388.	5,761.	3,069.	1,558
10	Payroli taxes	13,119.	7,275.	3,876.	1,968
11	Fees for services (nonemployees):	T			-
a	Management	NONE			
	Legal	2,140.		2,140.	
c	Accounting	4,750.		4,750.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
1	Investment management fees	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	2,399.		2,399.	
12	Advertising and promotion	4,439.		4,439.	
13	Office expenses	11,565.		11,565.	
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	NONE			
17	Travel	NONE			·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates.	NONE		-	
22	Depreciation, depletion, and amortization	NONE			
23	Insurance	5,599.		5,599.	-
24	The state of the s		27,530,540,570,000	3,333.	
- •	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	OTHER EXPENSE	1,701.	877.	63.	761
b		-,,,,,,,		.00.	701
c					
d			-		
	All other expenses		_		
	Total functional expenses. Add lines 1 through 24e	756,066.	640,173.	86,787.	29,106
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	730,000.	040,173.	00, 101.	29,100
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) if				Farm 990 (2021

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	3,770,693.	1	3,559,051
2	Savings and temporary cash investments	NONE	2	NON
3	Pledges and grants receivable, net	NONE	3	NON
4	Accounts receivable, net	NONE	4	NON
5	Loans and other receivables from any current or former officer, director,		STEE 9	
	trustee, key employee, creator or founder, substantial contributor, or 35%		類無 第	
	controlled entity or family member of any of these persons	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined		Britis B	
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NON
8 7	Notes and loans receivable, net	NONE		NON
7 8 8	Inventories for sale or use	NONE		NON
و گ	Prepaid expenses and deferred charges	NONE		NON
10 a	Land, buildings, and equipment: cost or other		KSVI X	
	basis. Complete Part VI of Schedule D 10a 6,539			
l b	Less: accumulated depreciation	NORTH LA CARLANG PARKETS SEATER THE TANK TO AT	10c	
11	Investments - publicly traded securities	NONE	_	NONI
12	Investments - other securities. See Part IV, line 11	NONE	-	NON
13	Investments - program-related. See Part IV, line 11.	NONE		NON
14	Intangible assets	NONE		NON
15	Other assets. See Part IV, line 11	NONE	$\overline{}$	NON
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,770,693.		
17	Accounts payable and accrued expenses.	51,574.		3,559,051.
18	Grants payable	NONE		43,024.
19	Deferred revenue			NON
20		NONE	$\overline{}$	NON
21	Tax-exempt bond liabilities	NONE		NONI
.		NONE	21 (6	NON
	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%		MARIN S	
	controlled entity or family member of any of these persons	NONE	$\overline{}$	NONE
23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
200	of Schedule D	NONE		NONI
26	Total liabilities. Add lines 17 through 25	51,574.	26	43,024.
<u> </u>	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	3,719,119.	27	3,516,027.
28	Net assets with donor restrictions	NONE	28	NONE
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds	CALCULATION OF THE PROPERTY OF THE PARTY OF	29	
30	Paid-in or capital surplus, or land, building, or equipment fund			
31	Retained earnings, endowment, accumulated income, or other funds		30	
32	Total net assets or fund balances	2 710 110	31	0 512 000
33	Total liabilities and net assets/fund balances	3,719,119.	32	3,516,027.
	Total nationes and her assers/fully balances	3,770,693.	33	3,559,051. Form 990 (2021)

orm 99	90 (2021)				Pay	ge 12	
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				\Box	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	52,	974	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	56,	066	
3	Revenue less expenses. Subtract line 2 from line 1	3		-203,092			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,7	19,	<u>119</u> .	
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					
9	Other changes in net assets or fund balances (explain on Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	ΙI					
	32, column (B))	10		3 <u>,5</u>	<u>16,</u>	<u>027</u> .	
Part	· · · · · · · · · · · · · · · · · · ·					_	
	Check if Schedule O contains a response or note to any line in this Part XII					Щ	
					Yes	No	
1	Accounting method used to prepare the Form 990: CashX Accrual Other			900	500		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on				
	Schedule O.		İ			See 1	
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 con	npiled	or		36.53		
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi						
	separate basis, consolidated basis, or both:				3354		
	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 over	ersiah	t of				
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c		X	
	If the organization changed either its oversight process or selection process during the tax year, ex						
	Schedule O.	•					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the				
	Single Audit Act and OMB Circular A-133?			3a		Х	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not und						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b			
				Form	990	(2021)	

SCHEDULE A (Form 990)

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
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

SH	AWN	CARTER SCHOLARSHIP	FUND				11-3	662240
	ırt I	Reason for Public Cha						S
The	orga	anization is not a private fou		-		-	•	
1	Щ	A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	Щ	A school described in secti		-	-			
3	Щ	A hospital or a cooperative						
4	Ш	A medical research organize	zation operated in	conjunction with a ho	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
	_	hospital's name, city, and s						
5		An organization operated	for the benefit of	a college or universi	y owner	d or ope	rated by a governme	ntal unit described in
	_	section 170(b)(1)(A)(iv). (0	Complete Part II.)					
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norm	ally receives a sub	ostantial part of its su	ipport fro	om a go	vernmental unit or fro	om the general public
	_	described in section 170(b						
8	Ш	A community trust describe	ed in section 170(t)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	l in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the i	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investor acquired by the organization	ited to its exempt the nent income and u	functions, subject to c nrelated business tax	ertain ex able inco	ceptions ome (less	s; and (2) no more than s section 511 tax) from	1 331/3 % of its
11		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized						
		one or more publicly suppo	rted organizations	described in section 5	09(a)(1)	or secti	on 509(a)(2). See sec	tion 509(a)(3). Check
	_	the box on lines 12a through	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1.	2e, 12f, and 12g.
а		Type I. A supporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s).	typically by giving
		the supported organization						
		_ supporting organization.						
b		Type II. A supporting org				with its	supported organization	on(s), by having
		control or management of						
		organization(s). You mus						g
¢		Type III functionally inte	•	•	ited in co	onnectio	n with, and functional	ly integrated with
		its supported organization						,,,
d		Type III non-functionally						ted organization(s)
		that is not functionally inte			-			_
		requirement (see instruct						
е	$ \Box$	Check this box if the orga						I Type III
		functionally integrated, or					**	., . , po
f	En	ter the number of supported						
g		ovide the following informati						
		ame of supported organization	(ii) EIN	(III) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(VI) Amount of
				(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	Ment?	instructions)	instructions)
					100	110		
(A)								
(D)								
(B)								
(C)								
(C)		,	<u></u>					
(D)								
(D)								
(E)								
(E)			and the second second	to a second of the second second				
Tot	al	-						<u></u>
			TOTAL CONTRACTOR SECTION STATES	CARL CONTRACTOR OF THE PARTY OF	STATE OF THE PARTY.	AND DESCRIPTION OF THE PARTY OF		

Schedule A (Form 990) 2021

Page 2

Pai	t II Support Schedule for Orga (Complete only if you checke Part III. If the organization fail	d the box on li	ne 5, 7, or 8 c	f Part I or if th	e organizatio	n failed to qual	
Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ,	748,518.	966,768.	4,491,484.	3,733,793.	549,580.	10,490,143.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	748,518.	966,768.	4,491,484.	3,733,793.	549,580	10,490,143.
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, 7 4 0,958.
6	Public support. Subtract line 5 from line 4						3,749,185.
Sec	tion B. Total Support	•		•			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	748,518.	966,768	4,491,484.	3,733,793.	549,580	10,490,143.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	27.	88.	257.	565.	371.	1,308.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			432,425.			432,425.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE. SURP.PAGE				595.	6,664.	7,259.
11	Total support. Add lines 7 through 10			SALES SERVICE			10,931,135.
12	Gross receipts from related activities, etc. (s	ee instructions) .			<i>.</i>	12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		third, fourth,	or fifth tax yea	r as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup					, , , , , , , , , , , , , , , , , , ,	
14	Public support percentage for 2021 (lin						<u>34.30 %</u>
15	Public support percentage from 2020						34.60 %
16a	331/3% support test - 2021. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2020. If the org						
47-	this box and stop here. The organization	•		-			
1/a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets organization	n meets the fac the facts-and-ci	ts-and-circumst rcumstances te:	ances test, che st. The organiz	ck this box ar ation qualifies	d stop here. Es as a publicly su	xplain in ipported
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organiz in Part VI how the organization meets	zation meets the	facts-and-circu	ımstances test,	check this box	and stop here.	Explain
18	organization						∴. ▶ 🔲
	instructions						

Schedule A (Form 990) 2021

17

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.)

_		<u> </u>				/	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees		1				
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						_
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the					•	
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						İ
	organization without charge	<u> </u>					
6	Total. Add lines 1 through 5, , ,						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
þ	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000	i					
	or 1% of the amount on line 13 for the year_						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
_	line 6.)		100000000				
	tion B. Total Support						
alei	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6			<u> </u>			
iva	Gross income from interest, dividends, payments received on securities loans,				ļ		
	rents, royalties, and income from similar						
	sources		-				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						ļ
	and 12.)						
14	First 5 years. If the Form 990 is for						
	organization, check this box and stop here.			<u> </u>	<u></u>		▶
	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,					15	%
16	Public support percentage from 2020 Scher			· · · · · · · · · · · · · · · · · · ·	<u></u>	16	%
	tion D. Computation of Investment				<u></u>		
17	Investment income percentage for 2021 (lin					17	%%
8	Investment income percentage from 2020 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2021. If the org						
	17 is not more than 331/3 %, check this						
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization d	iid not check a	a box on line 1	4. 19a. or 19b.	check this box	c and see instru	ictions -

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
----------------	------------	----------------------

Secti	ion A. All Supporting Organizations	aitv	.)	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		366
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	Sec.	256
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10 a	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			

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

10b

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

	ie A (Form 990) 2021		F	Page 5
Part	Supporting Organizations (continued)			
44	Hen the organization accorded a gift or contribution from any of the following parameter	A CONTRACT	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	· · · · · · · · · · · · · · · · · · ·	Military.	557202	08/300
ь	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	11a		
	-	11b	(Challes)	250901000
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	CONTRACT OF	EDVACE:	
Secti	on B. Type I Supporting Organizations	11c		<u> </u>
	- Type		Yes	No
	Did the managing hade and the second of the	2005	163	140 1162:sh
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		被被	
	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	- Contract C	- September 1
2	Did the organization operate for the benefit of any supported organization other than the supported	(2000)		
	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		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	SEM		100
Booti		_ 1		
36011	on D. All Type III Supporting Organizations		V	N1 -
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	PERSONAL PROPERTY.	Yes	No
	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		1669	
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1001/100	8050000
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ASSARVA.	TERMS.	LETTER
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	100	建	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	THE SERVICE	5,00,003
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	POSSES.	7487S	3423
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		and the same of the
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		_
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	72.28		
	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	FACING:	MINER.	2000
	that these activities constituted substantially all of its activities.	2a	September	subverse.
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	O.L	25254	No. of Parties
•	· ·	2b	120.000	
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.	9.350	CONST	227503
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	70177.750	1500
,	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	SOUPLES!	constitution (

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI\ See
instructions. All other Type III non-functionally integrated supporting organ	nizations n	rust complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	77.5	(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	<u> </u>	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):	護馬		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1 🗒		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		197
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	1 47%		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	. 1 -	ted Type III supporting	n organization
(see instructions).	,) ha aabba((())	5 - Marine and 11

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Page 7

Part		Supporting Organizat	ions (continued)		
Secti	on D - Distributions	Current Year			
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	П	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	ations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI		5	-
6	Other distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , , ,		6	
7	Total annual distributions. Add lines 1 through 6.			7	. .
- 8	Distributions to attentive supported organizations to which	the organization is reen	oneive	\vdash	
•	(provide details in Part VI). See instructions.	the organization is resp	0113146	8	
9	Distributable amount for 2021 from Section C. line 6	 		-	
10	Line 8 amount divided by line 9 amount			9	
10	Line 8 amount divided by line 9 amount			10	4111
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				Market State of the State of
а	From 2016			396	
b	From 2017			1824	ENGINEER OF SHEET
С	From 2018			333	
d	From 2019	A SECTION AND ADMINISTRA		5861	
е	From 2020			3000	
f	Total of lines 3a through 3e			63.0	
g	Applied to underdistributions of prior years			Service Paris	
h	Applied to 2021 distributable amount			esecti	SATTON THROUGHOUSE HAY ESSENT SALES WITHOUT
	Carryover from 2016 not applied (see instructions)	The control of the co		22.3	
-	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			2053	
4	Distributions for 2021 from	TEXTS (100 CERTS 100 AND 100 AND 100 AND 100 AND 100 AND 100 AND 100 AND 100 AND 100 AND 100 AND 100 AND 100 A		diam.	
7					
	Section D, line 7: \$			disk	
a	Applied to underdistributions of prior years			1	
b	Applied to 2021 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.	HALLOW'S COLORED AND REPORT OF THE PARTY.		REAL	
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:		Market Commence	Sept.	
a	Excess from 2017			N/SU	
b	Excess from 2018	THE CONTRACTOR AND ADDRESS OF THE		(R)(S	STORY OF STREET
C	Excess from 2019			(36X)	
d	Excess from 2020			35584 35584	
				Filleria College	
<u>e</u>	LAUG33 IIUIII 2021		Property of the Property of the Co.	W500	NOT SEEL AS MADE TO VEST !

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INCOME						
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
EXCHANGE GAIN MISCELLANEOUS INCOME				595.	6,664.	595. 6,664.
TOTALS				595.	6,664.	7,259.

SCHEDULE D (Form 990)

Department of the Treasury

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

Inspection

Internal Revenue Service Name of the organization **Employer Identification number** SHAWN CARTER SCHOLARSHIP FUND 11-3662240 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) , . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.............. 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

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

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

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

Schedule D (Form 990) 2021

Pa	rt III Organizations Maintain	ing Collections of	Art, Histo	rical Tre	asures	, or Other	Similar Assets (continue	d)	
3	Using the organization's acquisition	on, accession, and	other recor	ds, check	cany o	f the follow	ing that make sigi	nificant u	se of	its
	collection items (check all that apply):									
а	Public exhibition		d [Loan	or excha	inge progra	m			
b	Scholarly research		e	Other		• • •				
C	Preservation for future gene	rations	_							_
4	Provide a description of the organ		s and expla	ain how t	hev fur	ther the or	ganization's exemp	t purpos	e in Pa	art
	XIII.				,		J			
5	During the year, did the organization	on solicit or receive o	donations o	f art. histo	orical tre	easures, or	other similar			
	assets to be sold to raise funds rati							Yes		No
Pa	rt IV Escrow and Custodial A		'		<u> </u>					_
	Complete if the organiza		es" on For	m 990, F	Part IV.	line 9, or r	eported an amou	nt on Fo	rm	
	990, Part X, line 21.			•	·	•				
1a	Is the organization an agent, trus	tee, custodian or o	ther interm	ediary fo	r contr	ibutions or	other assets not			_
	included on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement i								ш.	•
							Amount			
Ç	Beginning balance					10		•	·	
ď	Additions during the year									_
e	Distributions during the year					_				
f	Ending balance									_
2a	Did the organization include an am						account liability?	Yes	1 1	No
	If "Yes," explain the arrangement i									•••
	rt V Endowment Funds.	THE GIVE AND SECTION OF THE SECTION	010 11 1110 0	pianation	nas bec	on provided	On arran		•	_
	Complete if the organiza	ation answered "Ye	es" on For	m 990. F	Part IV	line 10.				
		(a) Current year	(b) Prio			years back	(d) Three years back	(e) Four	vears had	ck
4	Designing of year belows	(-)	(4)	. ,	(-,	,	(a) into jours out	(0) 1 001	,00.0 00.	
_	Beginning of year balance							-		_
b	Contributions									
С	Net investment earnings, gains,									
	and losses									_
	Grants or scholarships									_
e	Other expenditures for facilities									
_	and programs		1							
	Administrative expenses									
g	End of year balance		<u> </u>					<u> </u>		_
2	Provide the estimated percentage			e (line 1g,	column	(a)) held as	:			
	Board designated or quasi-endown Permanent endowment		_%							
	Term endowment	⁷⁰								
C	11.0	- ′ -	4000/							
2-	The percentages on lines 2a, 2b, a	· ·		Alam Alams	احما ممم	د ــــ د				
эa	Are there endowment funds not in	the possession of the	ne organiza	ition that	are nek	ano aomi	listered for the	Ī	Yes N	lo
	organization by:								TUS N	10
	(i) Unrelated organizations							3a(i)	_	_
	(ii) Related organizations							3a(ii)		
	If "Yes" on line 3a(ii), are the relate		•			?		3b		
4	Describe in Part XIII the intended of		ition's endo	wment fur	nds.					
Pa	rt VI Land, Buildings, and Equ Complete if the organiz	ation answered "Y	es" on For	m 990. I	Part IV.	line 11a.	See Form 990. Pa	art X. line	e 10.	
	Description of property	(a) Cost or	rother basis	(b) Cost of	or other ba	sis (c) Ac	cumulated (d) Book val		
4 =	Land		itment)	(0	ther)	dep	eciation			
_	Land	_								_
b	Buildings									_
C	Leasehold improvements						77077			
ď	Equipment			<u> </u>		NE	NONE			_
	Other		000 0 :	<u> </u>	6,53		6,539.			_
<u>ı ota</u>	I. Add lines 1a through 1e. (Column	ı (u) muşt əqual Fon	n 990, Part	x, columi	า (B), Iin	e 10c.)	▶			

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities.	"Voo" on Form 000	Dort IV line 11h See Form 000	Dod V line 40
	Complete if the organization answered (a) Description of security or category	(b) Book value	(c) Method of valuation	·
	(including name of security)	(b) Book value	Cost or end-of-year marke	
	al derivatives			
	held equity interests	 		
(3) Other_		<u> </u>		
(A) (B)				
(C)				<u></u>
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII			Planta Andrews Comment of the Commen	
rait viii	Complete if the organization answered	"Yes" on Form 990	Part IV line 11c See Form 990	Part Y line 13
	(a) Description of investment	_	1	
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1)		<u> </u>		
(2)	·			
(3)				
(4)				
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)				
(7)				
(8)		· · · · · · · · · · · · · · · · · · ·		
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)		5 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Part IX	Other Assets.	<u> </u>	ASSESSMENT VIOLENCE V	
	Complete if the organization answered	"Yes" on Form 990). Part IV. tine 11d. See Form 990.	Part X. line 15.
	· · · · · · · · · · · · · · · · · · ·	scription		(b) Book value
(1)		•		(,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.), , , , , , , ,		
Part X	Other Liabilities. Complete if the organization answered line 25.		•	n 990, Part X,
	·	at		
1. (1) Feder	ral income taxes	tion of liability		(b) Book value
	rai income taxes			
(2)				- -
(4)				
(5)				<u> </u>
(6)				
(7)	.			
(8)				
(9)	nn (h) must oqual Form 000 Part V and (D) the off			
out to the	nn (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.

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Schedule D (Form 990) 2021

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	588,554.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	100	•
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	35,580.
3	Subtract line 2e from line 1	3	552,974.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	(S) (S)	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	552,974.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	791,646.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		-
а	Donated services and use of facilities	2.44	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	35,580.
3	Subtract line 2e from line 1	3	756,066.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1200	
	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	756,066.
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	rant V, III nation.	e 4; Part X, line
		_	
-			S-MARKET S
		14	
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PART X, LINE 2:

THE SHAWN CARTER SCHOLARSHIP FUND ("FUND") IS EXEMPT FROM INCOME TAXES AS AN ORGANIZATION (NOT A PRIVATE FOUNDATION) FORMED FOR CHARITABLE PURPOSES AND IS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

DONORS MAY DEDUCT CONTRIBUTIONS MADE TO THE FUND WITHIN INTERNAL REVENUE

CODE REGULATIONS. THE FUND IS SUBJECT TO FEDERAL AND STATE TAX ON INCOME FROM ANY UNRELATED BUSINESS.

INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE

INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON

EXAMINATION BY TAXING AUTHORITIES. THE FUND HAS ANALYZED TAX POSITIONS

TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND ALL STATE

JURISDICTIONS WHERE IT OPERATES. THE FUND BELIEVES THAT INCOME TAX FILING

POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY

ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE FUND'S

FINANCIAL CONDITION, CHANGES IN UNRESTRICTED NET ASSETS OR CASH FLOWS.

ACCORDINGLY, THE FUND HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS

FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER

31, 2021 AND 2020.

THE FUND IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER,
THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

THE FUND'S FEDERAL AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN TO
EXAMINATION BEGINNING WITH FISCAL YEAR ENDED 2018.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D:

AMOUNT RELATES TO RECLASS OF FUNDRAISING EXPENSES TO NET AGAINST FUNDRAISING INCOME IN STATEMENT OF REVENUE.

PART XII, LINE 2D:

AMOUNT RELATES TO RECLASS OF FUNDRAISING EXPENSES TO NET AGAINST FUNDRAISING INCOME IN STATEMENT OF REVENUE.

SCHEDULE	(Form 990)
Š	F

Department of the Treasury Name of the organization Internal Revenue Service

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

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

► Attach to Form 990.

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2021

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Employer identification number

№ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance NONE CHOLARSHIP GRANT PROGRAM SUPPORT × Yes 11-3662240 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance 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 valuation (book, FMV, appraisal, other) (d) Amount of cash cash assistance cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 275,000, 18,738 (c) IRC section (if applicable) 501(C)(3) 501(C)(3) General Information on Grants and Assistance 13-5562976 45-4378203 (b) EIN 509 SOUTH 21ST STREET PHILADELPHIA, PA 19146 1275 PEACHTREE STREET NE ATLANTA, GA 30309 SHAWN CARTER SCHOLARSHIP FUND 1 (a) Name and address of organization or government (1) BOYS AND GIRLS CLUB OF AMERICA (2) INVESTING IN OURSELVES Part II Part N මු 8 (10) (11) 4 ତ୍ର (6) (12) ପ 8

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

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Schedule I (Form 990) 2021

Schedule ! (Form 990) (2021)

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

	(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 non-cash assistance
1 EDUCATION	1 EDUCATIONAL COLLEGE BUS TOUR	42	46,765.		ACTUAL COSTS	PROGRAM SUPPORT
2 SCHOLAR	2 SCHOLARSHIPS AWARDED	188	194,000.		ACTUAL COSTS	PROGRAM SUPPORT
ო						
4			(0)			
တ						
9						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	nformation re	quired in Part I,	line 2, Part III, o	olumn (b); and any o	ther additional

LINE PART I, BOYS AND GIRLS CLUB OF AMERICA:

THE ORGANIZATION PROVIDES COLLEGE SCHOLARSHIPS TO QUALIFIED STUDENTS

AN IN NEED, STUDENTS APPLY THROUGH THE FUND'S WEBSITE BY FILLING OUT APPLICATION PACKAGE AND WRITING AN ESSAY. CANDIDATES ARE SELECTED BY

A TEAM COMPRISED OF THE PRESIDENT AND EXECUTIVE DIRECTOR OF THE

ORGANIZATION ALONG WITH A GROUP OF VOLUNTEERS. STUDENTS GET THE

ASSISTANCE ON NEED BASIS. THE SCHOLARSHIP AWARD IS PAID DIRECTLY TO THE

EDUCATIONAL INSTITUTIONS,

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

Part III

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(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV

INVESTING IN OURSELVES:

GRANT IS MADE TO UNDERWRITE THE COST OF FINANCIAL EMPOWERMENT AND WEALTH

BUILDING INSTRUCTION TO UNDESERVED COMMUNITIES INCLUDING SHAWN CARTER

THE ORGANIZATION RECEIVED A PROJECTED FOUNDATION SCHOLARS AND FAMILIES.

BUDGET AND ACTUAL COSTS OF DELIVERY OF SERVICES FROM THE GRANTEE.

SCHEDULE M (Form 990)

Part I

Department of the Treasury Internal Revenue Service Name of the organization

Noncash Contributions

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SHAWN CARTER SCHOLARSHIP FUND 11-3662240 **Types of Property**

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con	(d) f deteri tributio	mining n amo) unts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests			<u> </u>				
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property ,							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,			,				
	or trust interests		_					
12	Securities - Miscellaneous							
13	Qualified conservation		-	· · · ·				
	contribution - Historic							
	structures							
14								
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other		-					
18	Collectibles			· · ·				
19	Food inventory							
20	Drugs and medical supplies			·· ·				
21	Taxidermy							
22	Historical artifacts	-		-	(8%			
23	Scientific specimens							
24	Archeological artifacts							
25			1	42,000.	EM417			
26	Other ►(COGNAC)			42,000.	FMV			
27	Other ►() Other ►()						-	
28	Other ►()		-					
		h 46aa						
29	Number of Forms 8283 received which the organization completed F				20			
	which the organization completed i	-om 8283,	Part V, Donee Acknowledge	ement	29		Vaal	Ma
20-	During the year did the averagest		har namhaileadinn nua manna	and an analysis of the state of	. 4 11 1.	A558058	Yes	No
JUA	During the year, did the organizat							
	28, that it must hold for at least the					Bridge S	05-55	ANS ST
	to be used for exempt purposes for		olding period?	• • • • • • • • • • • • • • • • • • • •		30a	1058888	Х
	If "Yes," describe the arrangement i							
31	Does the organization have a					31		
• •	contributions?							Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash]	
	contributions?					32a	Х	
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in o	column (c) for a type of proj	perty for which column (a)) is checked,			
	describe in Part II.					42.5	45.2	YEAR.

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

Schedule M (Form 990) 2021

Part II

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

PART II, LINE 32A:

ORGANIZATION ENGAGED SOTHEBY'S WINE TO SELL DONATED BOTTLE OF LIMITED

EDITION 1969 COGNAC AT NO COST TO THE ORGANIZATION.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EŽ) and its instructions is at www.irs.gov/form990. Employer identification number

11-3662240

SHAWN CARTER SCHOLARSHIP FUND

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

UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS.

Name of the organization

SHAWN CARTER SCHOLARSHIP FUND

Employer Identification number

11-3662240

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO HELP INDIVIDUALS FACING SOCIO-ECONOMIC HARDSHIPS FURTHER THEIR EDUCATION AT INSTITUTIONS OF HIGHER LEARNING BY PROVIDING THEM WITH EDUCATIONAL SCHOLARSHIPS AND RELATED EDUCATIONAL SUPPORT SERVICES TO ENSURE THEIR PATH TOWARDS SUCCESS. SCHOLARSHIPS ARE GRANTED TO INSTITUTIONS THEY ATTEND.