### IRS E-file Signature Authorization for a Tax Exempt Entity OMB No. 1545-0047 Form 8879-TF For calendar year 2023, or fiscal year beginning Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Servic Go to www.irs.gov/Form8879TE for the latest information. Name of filer SHAWN CARTER SCHOLARSHIP FUND EIN or SSN C/O BESSEMER TRUST COMPANY, N.A. 11-3662240 DANIA DIAZ Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter 0). But, if you entered 0 on the return, then enter 0 on the applicable line below. Do not complete more than one line in Part I. Form 990 check here 1a b Total revenue, if any (Form 990, Part VIII, column (A), line 12) th11,009,237. b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_\_ 2b Form 990-EZ check here 2a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a b Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here 5a Form 8868 check here b Balance due (Form 8868, line 3c) Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 4720 check here ..... b Total tax (Form 4720, Part III, line 1) 7a 7b Form 5227 check here 8a b FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here 9a b Tax due (Form 5330, Part II, line 19) Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 🔲 I am a person subject to tax with respect to (name \_ , (EIN)\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS. (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize CITRIN COOPERMAN ADVISORS LLC to enter my PIN 12345 **ERO firm name** Enter five numbers, but do not enter all zeros. as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔲 As an officer or person subject to tax with respect to the entity, I will enter my PiN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. serson subject to tax

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

22268012345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS <sub>e-file</sub> Providers for Business Returns.

ERO's signature

AMANDA ADAMS

Date 11/15/24

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

LHA 302521 01-05-24

# Form **990**

Return of Organization Exempt From Income Tax

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

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

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

2023 Open to Public

Form 990 (2023)

Department of the Treasury Internal Revenue Service

For the 2023 calendar year, or tax year beginning and ending C Name of organization Check if applicable: D Employer identification number SHAWN CARTER SCHOLARSHIP FUND Address change C/O BESSEMER TRUST COMPANY, N.A. Name change 11-3662240 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number ]Final return/ 1271 AVENUE OF THE AMERICAS 212-497-2073 11,800,285. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended NEW YORK, NY 10020 H(a) Is this a group return F Name and address of principal officer: DANIA DIAZ for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No 4947(a)(1) or (insert no.) 527 If "No," attach a list. See instructions WWW.SHAWNCARTERSF.COM J Website: H(c) Group exemption number K Form of organization; X Corporation Trust Association Other L Year of formation: 2002 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: TO HELP INDIVIDUALS FACING Governance SOCIO-ECONOMIC HARDSHIPS FURTHER THEIR COLLEGE EDUCATION. WE ARE 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 Number of voting members of the governing body (Part VI, line 1a) 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 2 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 2,317,746. 10,620,376. 8 Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII, line 2g) 423. 382,483. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,378. 39,702. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,357,871. 11,009,237. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 689,313. 1,815,251. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 208,342. 224,594. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 614,350. b Total fundraising expenses (Part IX, column (D), line 25) 994,939. 155,494. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,053,149. 3,034,784. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,974,453. 1,304,722. Revenue less expenses. Subtract line 18 from line 12 200 Beginning of Current Year **End of Year** 12,937,536. 4,948,214. 20 Total assets (Part X, line 16) 127,465 142,334. 21 Total liabilities (Part X, line 26) Set 4,820,749. 12,795,202. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign DANIA DIAZ, EXECUTIVE DIRECTOR Here Type or print name and title Date Print/Type preparer's name Preparer's signature 11/15/24 P00748038 AMANDA ADAMS AMANDA ADAMS Paid self-employed CITRIN COOPERMAN ADVISORS LLC Firm's EIN 87-2525370 Preparer Firm's name Firm's address 180 PARK AVENUE, SUITE 200 Use Only Phone no. 973-218-0500 FLORHAM PARK, NJ 07932 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

332001 12-21-23

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2023) C/O_BESSEMER TRUST COMPANY, N.A.	11-3662240	Page 2
Pa	t III Statement of Program Service Accomplishments	<del></del> ;;	
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO HELP INDIVIDUALS FACING SOCIO-ECONOMIC HARDSHIPS FURT	מדם חטבדם	
	EDUCATION AT INSTITUTIONS OF HIGHER LEARNING BY PROVIDIN		
	EDUCATIONAL SCHOLARSHIPS AND RELATED EDUCATIONAL SUPPORT	SERVICES TO	
	ENSURE THEIR PATH TOWARDS SUCCESS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
		Vac	X No
_	If "Yes," describe these new services on Schedule O.		(NP)
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes.	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,969,683. including grants of \$ 1,727,147.) (Rever		0.)
TG	THE FUND HELPS INDIVIDUALS FACING SOCIO-ECONOMIC HARDSHI		
	THEIR EDUCATION AT INSTITUTIONS OF HIGHER LEARNING BY PR		
	WITH EDUCATIONAL SCHOLARSHIPS AND RELATED EDUCATIONAL SU		<u>es</u>
	TO ENSURE THEIR PATH TOWARD SUCCESS. SCHOLARSHIPS ALLOCA	TED TO	
	QUALIFIED APPLICANT STUDENTS IN NEED ARE SELECTED BY AN	ADMISSIONS	
	COMMITTEE COMPRISED OF THE FOUNDATION'S MANAGEMENT TEAM,	STAFF, AND	
	VOLUNTEERS. 137 NATIONAL SCHOLARSHIPS WERE AWARDED FOR T		
		TO DUBIN	
		TO DUBIN	
	FELLOWS FOR FALL 2023.		
	THE FUND ALSO MADE A GRANT OF \$1,500,000 TO THE BROOKLYN	PUBLIC LIBR	ARY
	TO SUPPORT ITS BOOKS UNBANNED INITIATIVE.		
4b	(Code:) (Expenses \$147,333. including grants of \$) (Rever	2 010	)
	TWO FINANCIAL EMPOWERMENT AND WEALTH BUILDING PROGRAMS:	1) BRIDGES T	<u>~</u> ′
	WEALTH . BRIDGES TO WEALTH (B2W) IS AN INNOVATIVE FINANCE		
		_	
	·	ED ON STUDEN	
	•	INCREASE THE	
		ERSERVED	
	NEIGHBORHOODS. B2W OFFERS A SERIES OF WORKSHOPS TO FAMIL		
	STUDENTS. 2) BITCOIN ACADEMY, FOCUSES ON FINANCIAL LITER	ACY AND BITC	OIN
	EDUCATION FOR RESIDENTS OF MARCY HOUSES IN BROOKLYN, NEW	YORK.	
	AN EXPANSION OF THE FINANCIAL EDUCATION PROGRAM WITH WHA	RTON SCHOOL	OF
		HE PROGRAM W	
	BE LAUNCHED IN 2025.	HE FROGRAM W	THH
	· · · · · · · · · · · · · · · · · · ·		
4c	(Code:) (Expenses \$ 50 , 601 . including grants of \$) (Reve		)
	FOUNDATION'S ANNUAL HISTORICALLY BLACK COLLEGE AND UNIVE		
	EXPOSING HIGH SCHOOL YOUTH TO DIFFERENT COLLEGES IN ORDE		
	INCREASED COLLEGE ATTENDANCE. IN 2023, 44 STUDENTS ATTEN	DED THE HBCU	•
	BUS TOUR.		
		· .	
	-		
	Pierre		
4d	Other program services (Describe on Schedule O.)	· ·	
-vu	(Expenses \$ 88,104. including grants of \$ 88,104.) (Revenue \$	N.	
4.	0.055.504		
<u>4e</u>	Total program service expenses 2,255,721.		200 /====
		⊢orm ₹	990 (2023)

# SHAWN CARTER SCHOLARSHIP FUND

C/O BESSEMER TRUST COMPANY, N.A.

Form 990 (2023) C/O BESSEMER
Part IV Checklist of Required Schedules

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

### SHAWN CARTER SCHOLARSHIP FUND C/O BESSEMER TRUST COMPANY, N.A.

Form 990 (2023) C/O BESSEMER TRUST
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24.0	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u>X</u>
244	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	10		
_	any tax-exempt bonds?	24c		
d	Did the organization act as an *on behalf of issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			<del>.</del>
0.7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
	instructions for applicable filing thresholds, conditions, and exceptions):		-,,	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #			}
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		-
J	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		97	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	1
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 15	fw I	, 53	1.10
b	0			F 30
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	Х	
33200	4 12-21-23	Form	990	(2023)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2	1		-
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	<u>X</u>
	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			₹.
l.	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	-	<u>X</u>
D	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).			
Ea	Mark the survey tracking and the state of th	E-		х
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	$\vdash$	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	36	<u> </u>	
04	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	-		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		JUL DU	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-	17	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
D	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.		100	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	0.0		
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		100	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	Fee	000	/2023)

Form 990 (2023) C/O BESSEMER TRUST COMPANY, N.A. 11-366224U Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

_	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year [1a] [5]			
	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.			72
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			18
_	officer director to store and second second	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers directors tructors or key employees to a management company or other person?	3		x
		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	-		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		-
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			l
	more members of the governing body?	7a		X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	_8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	$\vdash$
b		120		-
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	on Schedule O how this was done	12c	X	-
13	Did the organization have a written whistleblower policy?	13	X	-
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	Щ		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a		Х
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.		77	3
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			10
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedCA, FL, NJ, NV, PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3));	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website I Upon request Other (explain on Schedule O)			
40	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	rial	
19		a mridifik	ridi	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BESSEMER TRUST COMPANY, N.A 212-651-1091			
	1271 AVENUE OF THE AMERICAS, NEW YORK, NY 10020			

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Form 990 (2023)

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

  Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any related o	orga	niza	tion	com	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do			ition more	i than c	one	Reportable	Reportable	Estimated
	hours per	box	, unter	ss per	rson is	s both	an a	compensation	compensation	amount of
	week	-	Der all	GaG	recto	rector/trusted		from	from related	other
	(list any hours for	irecto						the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/ 1099-NEC)	compensation
	related	600	9g			sated				from the organization
	organizations	Individual trustee or director	Institutional trustee	İ	ag g	Highest compensated employee		1099·NEC)	1033-1120)	and related
	below	dual	SE SE	<u>,</u>	Кеу етрвоуее	sst co	15			organizations
	line)	ngu	Instit	Officer	Key	E B	Former			_
(1) DANIA DIAZ	40.00									
EXECUTIVE DIRECTOR	ļ	$oxed{oxed}$		Х	$ldsymbol{ldsymbol{ldsymbol{eta}}}$		_	93,462.	0.	0.
(2) CAROLYN ARCHER	3.00							]		
DIRECTOR		X			L		<u> </u>	20,000.	0.	0.
(3) GLORIA CARTER	10.00					\	ļ			
PRESIDENT		X	_	X	L	_	<u> </u>	0.	0.	0.
(4) CHAKA PILGRIM	1.00									
SECRETARY	ļ	X		Х	L			0.	0.	0.
(5) JAY BROWN	3.00	Į	l							_
DIRECTOR		X	_	ļ	<u> </u>	_	L	0.	0.	0.
(6) ALEX SPIRO	3.00	1								_
DIRECTOR		Х	_	<u> </u>	╙	┡	<u> </u>	0.	0.	0.
(7) BRIAN SCHLUSSELBERG	3.00								_	
DIRECTOR		X	_	_	$\vdash$	-	L	0.	0.	0.
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										000

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Form 990 (2023)

Form 990 (2023)

(A) Name and title	(B) (C) Average hours per (do not check more than one box, unless person is both an officer and a director/trustee)						an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)		from from organi: and re organiz	the zation lated
		Н				$\vdash$	$\vdash$			+		
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					L	┞	L			+		
						L						
				Г						$\dagger$		
1b Subtotal			10.5.13	Alexandra.	100		<u> </u>	113,462.	0	+		0.
c Total from continuation sheets to Part V	I, Section A							0.	0			0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but r							o re	113,462.	.000 of reportable	•		0.
compensation from the organization						ž.,			, oo or roportuoio			0
3 Did the organization list any former officer	. director, trust	ee k	ev e	mpi	love	e. o	r hia	nhest compensated emr	olovee on	Г	Ye	s No
line 1a? If "Yes," complete Schedule J for s	uch individual										3	х
4 For any individual listed on line 1a, is the standard related organizations greater than \$15	•								_		4	x
5 Did any person listed on line 1a receive or	accrue comper	Isati	on f	rom	any	unr	elate	ed organization or indivi	dual for services			
rendered to the organization? # "Yes." con Section B. Independent Contractors	nplete Schedul	e J fi	or si	ıch i	pers	on	4	,	,		5	X
1 Complete this table for your five highest co										satio	n from	
the organization. Report compensation for (A)	the calendar y	ear e	ndir	ng w	/ith e	or w	ithin	the organization's tax y (B)	/ear.		(C)	
Name and business								Description of	services	Cor	npensa	ition
424 KITCHEN INC, 8552 W. HOLLYWOOD, CA 60069	KNOLL D	RI	VE	•	WE	ST		 EVENT PLANNE	IR.		568.	289.
CSUITEMUSIC LLC, 14500 SI LOS ANGELES, CA 91405	HERMAN C	IR	CL	E	54	0,		DOCUMENTARY	FILMING			
ESM PRODUCTIONS								AND PRODUCTI EVENT PLANNI			117,	665.
540 W 26TH, 9TH FL, NEW 1	ORK, NY	1	00	01			_	PRODUCTION			<u>119,</u>	175.
2 Total number of independent contractors (	including but n	ot lir	nite	d to	tho	se lis	sted	I I above) who received m	ore than			
\$100,000 of compensation from the organ	ization				-	3	_			F	orm 99	0 (2023)

Form 990 (2023)
Part VIII | S

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 ons, Gifts, Grants Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 8,258,910. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,361,466. similar amounts not included above **1**f 2,026,474. Noncash contributions included in lines 1a-1f 10,620,376. h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 360,869. 360,869. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 21,614. assets other than inventory b Less: cost or other basis and sales expenses 0. Revenue l 7b 7c c Gain or (loss) 21,614. 21,614. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ \_\_\_\_\_8,258,910. of contributions reported on line 1c), See Part IV, line 18 797,426. 791,048. b Less: direct expenses 8b 6,378. 6,378. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b b Less: direct expenses Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** d All other revenue e Total. Add lines 11a-11d 11,009,237. 388,861. 0. Total revenue. See instructions Form 990 (2023) 332009 12-21-23

	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,500,280.	1,500,280.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	314,971.	314,971.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	311,3,11	322,3720		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	116,278.	63,953.	34,883.	17,442
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	81,378.	44,758.	24,413.	12,207
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
		12,851.	7,068.	3,855.	1 928
9 10	Other employee benefits	14,087.	7,748.	4,226.	1,928. 2,113.
11	Payroll taxes Fees for services (nonemployees):	14,007.	7,740.	4,220.	2,113
a	Management				
b	Legal	970.		970.	
c	Accounting	39,958.		39,958.	
	Lobbying	3373301		33,7301	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	714,548.	143,462.	2,797.	568,289
12	Advertising and promotion	22 544	6 5 4 5	22.22.4	
13	Office expenses	33,541.	2,547.	30,994.	
14	Information technology	13,223.		852.	12,371
15	Royalties				···
16	Occupancy	5.10			<u>.</u>
17	Travel	749.		749.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	288.		288.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,000.		4,000.	<u></u>
23	Insurance	7,073.		7,073.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BITCOIN ACADEMY	120,333.	120,333.		
b	BUS TOUR	50,601.	50,601.		
C	STORAGE	6,983.		6,983.	
d	EVENT PRODUCTION	2,437.		2,437.	
е		235.	0.055	235.	444
<u>25</u>	Total functional expenses. Add lines 1 through 24e	3,034,784.	2,255,721.	164,713.	614,350
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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SHAWN CARTER SCHOLARSHIP FUND C/O BESSEMER TRUST COMPANY, N.A.

al	LA	Balance Sheet					
		Check if Schedule O contains a response or note to	any line in this Part X		(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing				1	·
- 1	2	Savings and temporary cash investments			4,942,214.	2	12,332,207.
	3	Pledges and grants receivable, net		·	3		
	4	Accounts receivable, net			4	586,360.	
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substanti					
- 1		controlled entity or family member of any of these pe	ersons	[		5	
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in			6		
ຶ່	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<b>8</b>	9			7332		9	10,969.
	10a	Land, buildings, and equipment: cost or other					
-	ı	basis. Complete Part VI of Schedule D	Da	0.			
	b	Less: accumulated depreciation		0.	0.	10c	0.
	11	Investments - publicly traded securities	6,017,71		11	<u></u>	
	12	Investments - other securities. See Part IV, line 11			12	<u> </u>	
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets		6,000.	14	8,000.	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal lin			4,948,214.	16	12,937,536.
	17	Accounts payable and accrued expenses			127,465.	17	142,334.
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part			21		
ပ္ပ	22	Loans and other payables to any current or former of	officer, director,				
Liabilities		trustee, key employee, creator or founder, substant	al contributor, or 35%				
ę.		controlled entity or family member of any of these p	ersons			22	<u></u>
_	23	Secured mortgages and notes payable to unrelated	third parties			23	
	24	Unsecured notes and loans payable to unrelated this	rd parties			24	
	25	Other liabilities (including federal income tax, payab	les to related third				
		parties, and other liabilities not included on lines 17	24). Complete Part X				
		of Schedule D		F		25	<u>.</u>
	26	Total liabilities, Add lines 17 through 25			127,465.	26	142,334.
		Organizations that follow FASB ASC 958, check	here X				
Ces	1	and complete lines 27, 28, 32, and 33.					
E	27	Net assets without donor restrictions		erere.	4,820,749.	27	12,795,202.
Ö	28	Net assets with donor restrictions	ment.		28		
틸		Organizations that do not follow FASB ASC 958,	check here				
Ē		and complete lines 29 through 33.					
8	29	Capital stock or trust principal, or current funds			<del></del>	29	
ssel	30	Paid-in or capital surplus, or land, building, or equip				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incom			4 000 745	31	10 005 005
Se	32	Total net assets or fund balances			4,820,749.	32	12,795,202.
	33	Total liabilities and net assets/fund balances		CHICK!	4,948,214.	33	12,937,536.

Form 990 (2023)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	DIAMA CARTER SCHOLARSHIF FORD				
	990 (2023) C/O BESSEMER TRUST COMPANY, N.A.	11-3	562240	Pa	ge 12
Par	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,00	9,2	<u>37.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,03	4,7	84.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,97		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,82	0,7	49.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	12,79	5,2	02.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.:			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				VIII.
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				117
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch		10012		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				

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Form 990 (2023)

### **SCHEDULE A**

(Form 990)

Department of the Treasury nternal Revenue Service

## Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

**Employer identification number** 

OMB No. 1545-0047

Name of the organization SHAWN CARTER SCHOLARSHIP FUND C/O BESSEMER TRUST COMPANY, N.A.

11-3662240 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (w) is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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Schedule A (Form 990) 2023 C/O BESSEMER TRUST COMPANY, N.A. 11-3662

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					ĺ	
	include any "unusual grants.")	4491484.	3733793.	549,580.	2317746.	10620376.	21712979.
2	Tax revenues levied for the organ-						1
	ization's benefit and either paid to						
	or expended on its behalf		ľ				
3	The value of services or facilities						
	furnished by a governmental unit to					Í	
	the organization without charge						
4	Total, Add lines 1 through 3	4491484.	3733793.	549,580.	2317746.	10620376.	21712979.
5	The portion of total contributions					1000	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				27.100		
	on line 1 that exceeds 2% of the				Land Line Hill		
	amount shown on line 11,			- YX 1			
	column (f)				m ~ - ~ =		8972469.
6	Public support, Subtract line 5 from line 4.						12740510.
Se	ction B. Total Support					1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	4491484.	3733793.	549,580.	2317746.	10620376.	21712979.
	Gross income from interest,			- ,			
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	257.	565.	371.	423.	360,869.	362,485.
9	Net income from unrelated business					, , , , , , , , ,	
•	activities, whether or not the				ĺ		
	business is regularly carried on	432,425.				6,378.	438,803.
10	Other income. Do not include gain						
	or loss from the sale of capital					1	
	assets (Explain in Part VI.)		595.	6,664.	39,702.		46,961.
11	Total support. Add lines 7 through 10			0,0021	027.020		22561228.
12		etc. (see instruction	nns)	l	L. ,,	12	<u></u>
	First 5 years. If the Form 990 is for the			fourth, or fifth tax v	vear as a section 5		<del></del>
	organization, check this box and stop	- 22					
Se	ction C. Computation of Publi						
	Public support percentage for 2023 (I		100	column (f))		14	56.47 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	54.61 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies						
ı	33 1/3% support test - 2022. If the	organization did no	t check a box on				
	and stop here. The organization qual						
178	10% -facts-and-circumstances test	100	Ani na				
	and if the organization meets the fact	ts-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organ	ization
	meets the facts and circumstances to			•	•		
ı	10% -facts-and-circumstances test						
	more, and if the organization meets the	•				· 25 %	
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•				ns
							(Form 990) 2023

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(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.)

Sec	tion A. Public Support	sion, piodeo oonip	7000 1 001 110			·	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		}				
2	Gross receipts from admissions,						
	merchandise sold or services per					}	
	formed, or facilities furnished in any activity that is related to the						l
	organization's tax-exempt purpose		l				1
3	Gross receipts from activities that						
	are not an unrelated trade or bus-		ļ	1			
	iness under section 513			-			
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				<del>                                     </del>		<del>                                     </del>
	Amounts included on lines 1, 2, and					_	
	3 received from disqualified persons			1			
ŀ	Amounts included on lines 2 and 3 received		1				<del>                                     </del>
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				+		
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
•	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(4, 40, 10	(0,000	147221	(6) 2322	10/2020	(i) i o car
	Gross income from interest						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						<del>                                     </del>
	Net income from unrelated business		1			·	<del>                                     </del>
• •	activities not included on line 10b,		1				
	whether or not the business is						
12	regularly carried on Other income. Do not include gain				+		<del>                                     </del>
	or loss from the sale of capital						
40	assets (Explain in Part VI.)		<del>                                     </del>		-		_
	Total support. (Add lines 9, 10c, 11, and 12.)					504/-1/01	
14	First 5 years. If the Form 990 is for the	ne organization's ti	ırst, secona, tnıra,	tourtn, or ππn tax	year as a section :	out(c)(3) organizati	on,
Sa	check this box and stop here ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2023 (			column (fl)		15	%
16	Public support percentage from 2022			colariir (i))		16	%
	ction D. Computation of Inves					1 10 1	
17				ine 13. column (f)	1	17	%
18						18	%
	a 33 1/3% support tests - 2023. If the						
, ,	more than 33 1/3%, check this box a						
	33 1/3% support tests - 2022. If the						and
	line 18 is not more than 33 1/3%, che	=					estimation .
20			_	•		-	***************************************
	23 12-21-23	sia riet direct d	. DON ON MINE 17, TO	, 0. 100, 0.100, 1	work and good Hi		A (Form 990) 2023
	1.00						

Schedule A (Form 990) 2023 C/O
Part IV Supporting Organizations

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

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1 33		
	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	NEE -		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			1000
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	J. WE	12.0	201.
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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,"		E III	
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	1 - 1	11.11	
	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	-		
b	was accomplished (such as by amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
U	designated in the organization's organizing document?	5b	-	
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		$\vdash$
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		0011	
•	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?	100		13
	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		15	10
	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	-		7
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	_9b		
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			U AX
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	1		
ı.	supporting organizations)? If "Yes," answer line 10b below.	10a	W-U	
D	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

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10b Schedule A (Form 990) 2023

determine whether the organization had excess business holdings.)

C/O BESSEMER TRUST COMPANY, N.A. 11-3662240 Page 5

	[continued]		[ <sub>V</sub> ]	81-
11	Hee the organization accented a gift or contribution from any of the following persons?		Yes	No
	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			
	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
•	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1 110		
		_	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	1 880		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1 15		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			130
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	45 - 45		6.8
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			17.
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1_1_		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1175
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	1 3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	١		
a	The organization satisfied the Activities Test. Complete line 2 below.	,.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	26)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	-		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1007
	those supported organizations and explain how these activities directly furthered their exempt purposes,		110	193
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	1000	20-2	1
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	774.11	0.92	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		7	
а			DIL	
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	<u> </u>	_
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

C/O BESSEMER TRUST COMPANY, N.A. 11-3662240 Page 6 Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			I IW S DIW W
	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		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount, Subtract line 5 from line 4, unless subject to			1
•	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see
•	instructions)	,	m . The m emblering olds	

Schedule A (Form 990) 2023

C/O BESSEMER TRUST COMPANY, N.A.

11-3662240 Page 7

	dule A (Form 990) 2023 C/O BESSEMER 1 t V Type III Non-Functionally Integrated 509(	TRUST COMPANY,	N.A.	11	-3662240 Page 7
Sect	ion D - Distributions		(CO)XIII	100/	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	Ourrent rear
2	Amounts paid to perform activity that directly furthers exemp		<del>                                     </del>	-	
_	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	<del></del>
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6		·	9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
	From 2020			1	
d	From 2021				
е	From 2022		TW SILES SI		
f	Total of lines 3a through 3e			MA D	
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount			- One	
i_	Carryover from 2018 not applied (see instructions)				
	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
<u>b</u>	Applied to 2023 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			-	
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:	*		7 t	
	Excess from 2019			4,1	
	Excess from 2020				
	Excess from 2021				
	Excess from 2022			1 9	
	Excess from 2023				
				Cal	adula A (Earm 000) 2022

Schedule A (Form 990) 2023

# SHAWN CARTER SCHOLARSHIP FUND

Schedule A	Form 990) 2023 C/O BESSEMER TRUST COMPANY, N.A. II-3662240 Page 8
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.)
	(Coo marticulons.)
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<u> 19</u>	
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332028 12-21-23

### SCHEDULE G (Form 990)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Inspection

Name of the organization Employer identification number SHAWN CARTER SCHOLARSHIP FUND C/O BESSEMER TRUST COMPANY, N.A. 11-3662240 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17, Form 990 EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants а Mail solicitations Solicitation of government grants h Internet and email solicitations f Phone solicitations Special fundraising events d \_\_\_\_ In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or □ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA (event type)	(event type)	(total number)	col. (c))
nue				(	(	
Revenue	1	Gross receipts	9,056,336.			9,056,336.
	2	Less: Contributions	8,258,910.			8,258,910.
$\bot$	3	Gross income (line 1 minus line 2)	797,426.			797,426.
	4	Cash prizes	700			
	5	Noncash prizes	16,000.			16,000.
Senses	6		120,191.			120,191.
Direct Expenses	7	Food and beverages	141,430.			141,430.
٥	8	Entertainment	117,500.			117,500.
	9	Other direct expenses				395,927.
1	10	Direct expense summary, Add lines 4 through	0.11 1 10	***************************************		791,048.
	11					6,378.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
ũ			(a) birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
3 <del>8</del> 8	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	_		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	***************************************		
9	En	ter the state(s) in which the organization condu	ıcts gaming activities: _			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these :	states?		Yes No
b	lf "	No," explain:				
	_	····				
40-	10/4	ere any of the organization's gaming licenses re	nuntral augmental auto	maniferation of all colors of the decay of		Yes No
		Yes," explain:			ear?	Yes No
	_					

### SHAWN CARTER SCHOLARSHIP FUND

	chedule G (Form 990) 2023 C/O BESSEMER TRUST COMPANY,		3662240	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	2 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership of			
	to administer charitable gaming?		Yes	□ No
13	3 Indicate the percentage of gaming activity conducted in:			
	a The organization's facility		13a	04
44	<ul> <li>b An outside facility</li> <li>Enter the name and address of the person who prepares the organization's gaming/special</li> </ul>		ISD	%
14	4 Enter the name and address of the person who prepares the organization's gaming/special	events books and records:		
	Al			
	Name			
	Address			
15a	5a Does the organization have a contract with a third party from whom the organization receive	es gaming revenue?	Yes	☐ No
h	b If "Yes," enter the amount of gaming revenue received by the organization \$	and the amount		
~	of gaming revenue retained by the third party \$			
	c If "Yes," enter name and address of the third party:			
	e ii 165, Silver harre and address of the third party.			
	Nama			
	Name			
	Address			
	Address		<u>.</u>	
16	6 Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor	r		
17	7 Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gamin	g proceeds to		
	retain the state gaming license?		Yes	No No
b	b Enter the amount of distributions required under state law to be distributed to other exempt			
	organization's own exempt activities during the tax year \$			
Pa	Part IV Supplemental Information. Provide the explanations required by Part I, line	e 2b, columns (iii) and (v); and F	Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See i			, ,
	, , , , , , , , , , , , , , , , , , , ,			
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	± U67) = 32 =			
3320	32083 09-13-23	Sche	edule G (Forn	1 990) 2023

# SHAWN CARTER SCHOLARSHIP FUND C/O BESSEMER TRUST COMPANY, N.A. 11-3662240 Page 4 Schedule G (Form 990) C/O BESSEM Part IV Supplemental Information (continued)

SCHEDULET (Form 990)

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

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

2023 Open to Public Inspection

OMB No. 1545-004

Department of the Treasury Internal Revenue Service

Name of the organization

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

SHAWN CARTER SCHOLARSHIP FUND

Employer identification number C/O BESSEMER TRUST COMPANY, N.A. 11-3662240 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes ☐ No criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant (if applicable) or government cash grant noncash assistance or assistance noncash assistance BROOKLYN PUBLIC LIBRARY 10 GRAND ARMY PLAZA BROOKLYN, NY 11238 11-1904261 501(C)(3) 1,500,000. 0 BOOKS UNBANNED INITIATIVE

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

Schedule 1 (Form 990) 2023

1.

# SHAWN CARTER SCHOLARSHIP FUND C/O BESSEMER TRUST COMPANY, N.A.

SCHOOL EXPENSES. NO FURTHER MONITORING IS CONSIDERED NECESSARY.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (book, FMV, appraisal, other) (f) Description of noncash assistance recipients cash grant cash assistance SCHOLARSHIPS AWARDED 137 176,750. DUBIN FELLOWSHIP 50,117 TOY DRIVE 120 0. 88,104, COST roys Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: SCHOLARSHIP AWARDS FOR STUDENTS GO DIRECTLY TO THE SCHOOLS IN WHICH OUR SCHOLARSHIP RECIPIENTS ARE ENROLLED TO BE APPLIED TOWARD TUITION OR OTHER SCHOOL-RELATED EXPENSES. THE SCHOOLS' FINANCIAL AID OR REGISTRAR'S OFFICE WILL THEN APPLY THE FUNDS TOWARD THE STUDENTS' TUITION AND OR RELATED

Schedule I (Form 990) 2023

11-3662240

Page 2

Schedule I (Form 990) 2023

### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

### **Noncash Contributions**

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization SHAWN CARTER SCHOLARSHIP FUND Employer identification number C/O BESSEMER TRUST COMPANY, N.A. 11-3662240 **Types of Property** (a) (b) (d) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 8 Intellectual property 2,026,474.FMV Securities - Publicly traded X 10 Securities - Closely held stock Securities · Partnership, LLC, or trust interests 12 Securities · Miscellaneous Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other Other 27 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 0 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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Schedule M (Form 990) 2023

describe in Part II.

### SHAWN CARTER SCHOLARSHIP FUND

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and wheth is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of this part for any additional information.	her the organization both. Also complete
SCHEDULE M, PART I, COLUMN (B):	
THE AMOUNT REPORTED IN COLUMN B IS THE NUMBER OF CONTRIBUTIONS.	
	275.11110s
	72
	-
	-
332142 09-11-23	hedule M (Form 990) 202:

### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information.

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

Name of the organization

SHAWN CARTER SCHOLARSHIP FUND C/O BESSEMER TRUST COMPANY, N.A.

Open to Public Inspection Employer identification number

11-3662240

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPENING THE DOORS OF EDUCATION, TRAVEL, ENLIGHTENMENT AND EXPERIENCES TO THOSE WHO MAY NEVER HAVE THOUGHT IT POSSIBLE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OVER 3000 TOYS WERE DISTRIBUTED DURING SCF'S ANNUAL HOLIDAY GIVEAWAY, AND OVER 120 YOUTH AND COMMUNITY MEMBERS RECEIVED BACK TO SCHOOL READINESS SUPPLIES AND BASKETBALL UNIFORMS FOR THE ANNUAL MARCY BASKETBALL BACK TO SCHOOL TOURNAMENT. EXPENSES \$ 88,104. INCLUDING GRANTS OF \$ 88,104. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE INDEPENDENT MEMBERS OF THE BOARD REVIEW THE FORM 990 AND APPROVE BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: AN OFFICER OR DIRECTOR SHALL DISCLOSE TO THE BOARD OF DIRECTORS OF THE CORPORATION (THE "BOARD") WHEN ANY PROPOSED TRANSACTION OR ARRANGEMENT. INCLUDING ANY GRANT, PENDING OR TO BE BROUGHT BEFORE THE BOARD OR ANY COMMITTEE OF THE BOARD (A "COMMITTEE") INVOLVES OR MAY INVOLVE A PERSONAL PROFIT, GAIN OR OTHER FINANCIAL BENEFIT TO THAT OFFICER OR DIRECTOR, OR ANY OTHER OFFICER OR DIRECTOR, OR INVOLVES OR MAY INVOLVE A PERSONAL PROFIT, GAIN OR OTHER FINANCIAL BENEFIT TO AN INDIVIDUAL OR ENTITY WITH WHICH THAT DIRECTOR OR OFFICER, OR ANY OTHER OFFICER OR DIRECTOR, HAS A FAMILY, FINANCIAL, PROFESSIONAL OR EMPLOYMENT RELATIONSHIP (A "CONFLICT OF INTEREST MATTER").

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LHA 332211 11-14-23

Schedule O (Form 990) 2023

THE BOARD SHALL DETERMINE WHETHER THE PROPOSED TRANSACTION OR ARRANGEMENT

IS, OR SHOULD BE TREATED AS, A CONFLICT OF INTEREST MATTER, AND IDENTIFY

ANY DIRECTOR WHO HAS A PERSONAL PROFIT, GAIN OR OTHER FINANCIAL INTEREST

THEREIN OR WHO HAS A FAMILY, FINANCIAL, PROFESSIONAL OR EMPLOYMENT

RELATIONSHIP WITH AN INDIVIDUAL OR ENTITY HAVING A PERSONAL PROFIT, GAIN OR

OTHER FINANCIAL INTEREST THEREIN, WHICH RELATIONSHIP WOULD, IN THE

CIRCUMSTANCES, REASONABLY BE EXPECTED TO EXERT AN INFLUENCE ON THE

DIRECTOR'S JUDGMENT WHEN VOTING THEREON (AN "INTERESTED DIRECTOR").

IF THERE ARE ONE OR MORE DIRECTORS WHO ARE NOT INTERESTED DIRECTORS WITH RESPECT TO A CONFLICT OF INTEREST MATTER, THE INTERESTED DIRECTORS SHALL LEAVE THE MEETING ROOM DURING AND REFRAIN FROM PARTICIPATING IN THE DISCUSSION OF THE MERITS OF THE CONFLICT OF INTEREST MATTER (EXCEPT AS REQUESTED BY THE OTHER DIRECTORS TO ANSWER QUESTIONS OR PROVIDE INFORMATION) AND SHALL NOT VOTE ON THE MATTER. IF THERE ARE ONE OR MORE DIRECTORS WHO ARE NOT INTERESTED DIRECTORS WITH RESPECT TO A CONFLICT OF INTEREST MATTER, BUT THEIR NUMBER IS LESS THAN THE NUMBER REQUIRED FOR A QUORUM FOR A BOARD MEETING, THE BOARD SHALL REFER THE CONFLICT OF INTEREST MATTER TO A COMMITTEE AUTHORIZED BY IT TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO THE MATTER, AND SHALL APPOINT A SUFFICIENT NUMBER OF DIRECTORS WHO ARE NOT INTERESTED DIRECTORS TO CONSTITUTE A QUORUM FOR A COMMITTEE MEETING ON THE MATTER. ANY INTERESTED DIRECTOR WHO IS A MEMBER OF THE COMMITTEE SHALL LEAVE THE MEETING ROOM DURING AND REFRAIN FROM PARTICIPATING IN THE DISCUSSION OF THE MERITS OF THE CONFLICT OF INTEREST MATTER (EXCEPT AS REQUESTED BY THE OTHER COMMITTEE MEMBERS TO ANSWER QUESTIONS OR PROVIDE INFORMATION) AND SHALL NOT VOTE ON THE MATTER. COMMITTEE'S ACTION ON THE CONFLICT OF INTEREST MATTER SHALL BE BINDING ON 332212 11-14-23 Schedule O (Form 990) 2023

C/O BESSEMER TRUST COMPANY, N.A.	Employer identification number 11 – 3662240
THE BOARD AND THE CORPORATION. IF THERE ARE NO DIRECTORS W	HO ARE NOT
INTERESTED DIRECTORS WITH RESPECT TO A CONFLICT OF INTERES	T MATTER OR THE
NUMBER THEREOF IS INSUFFICIENT TO CONSTITUTE A QUORUM FOR	A COMMITTEE
MEETING, THE BOARD SHALL DETERMINE WHETHER THE PROPOSED TR	ANSACTION OR
ARRANGEMENT IS NECESSARY OR ADVISABLE AND OF BENEFIT TO TH	E CORPORATION
AND, IF THAT DETERMINATION IS MADE, THE BOARD SHALL THEN D	ETERMINE AND
DOCUMENT THAT THE PROPOSED TRANSACTION OR ARRANGEMENT IS F	
CORPORATION AND DOES NOT REPRESENT EXCESSIVE COMPENSATION,	REIMBURSEMENT OR
PAYMENT.	
FORM 990, PART VI, SECTION B, LINE 15B:	
COMPENSATION FOR THE ORGANIZATION'S OFFICERS AND KEY EMPLO	YEES ARE REVIEWED
BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY TH	OSE DOCUMENTS
REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS.	
FORM 990, PART VII, SECTION A:	
CAROLYN ARCHER RECEIVES \$20,000 AS A YEARLY STIPEND AS SHE	HELPS TO
PLAN AND OVERSEE THE COLLEGE BUS TOUR PROGRAM AND PROVIDES	SOME
ADMINISTRATIVE OVERSIGHT ON OTHER FOUNDATION PROGRAMS.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PAYROLL PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,797.
332212 11-14-23	Schedule O (Form 990) 2023

Schedule O (Form 990) 2023  Name of the organization SHAWN CARTER SCHOLARSHIP FUND  C/O BESSEMER TRUST COMPANY, N.A.	Employer identification number 11-3662240
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,797.
CONSULTING SERVICES:	
PROGRAM SERVICE EXPENSES	27,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	27,000.
EVENT PLANNING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	568,289.
TOTAL EXPENSES	568,289.
DOCUMENTARY PRODUCTION:	
PROGRAM SERVICE EXPENSES	116,462.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	116,462.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL	A 714,548.
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