### PUBLIC DISCLOSURE COPY Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change KWAME CHARITABLE FOUNDATION Name change 88-4346912 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1204 WASHINGTON AVE, SUITE 300 (314) 754-5619 318,278. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return ST LOUIS, MO 63103 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ANTHONY THOMPSON for subordinates? ..... Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: **X** 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: HTTPS://KWAMECHARITABLE.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Other L Year of formation: 2022 M State of legal domicile: MO Association Part I Summary Briefly describe the organization's mission or most significant activities: TO CHANGE THE TRAJECTORY Activities & Governance LIVES OF MOTIVATED YOUNG ADULTS 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h Prior Year **Current Year** 6,325. 231,828. Contributions and grants (Part VIII, line 1h) 8 13,650. 0. Program service revenue (Part VIII, line 2g) 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. -38,022. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 6,325. 207,456. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 97,213. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 0. 70,549. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 167,762. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,325. 39,694. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 6,873. 108,818. Total assets (Part X, line 16) 0. 58,644 21 Total liabilities (Part X, line 26) 三年 6,873. 50,174Net 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 Date Sign ANTHONY THOMPSON, CHAIRMAN Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature MINDY G. KRUEGER P01290370 Paid self-employed Firm's name RUBINBROWN LLP Firm's EIN 43-0765316 Preparer Firm's address 7676 FORSYTH BLVD, SUITE 2100 Use Only Phone no. (314) 290-3300SAINT LOUIS, MO 63105 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Form	1 990 (2023) KWAME CHARITABLE FOUNDATION	88-4346912 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:  SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes." describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 156,684 • including grants of \$ 97,213 • ) (Rever	13,650.
	BY ESTABLISHING ENDOWMENTS AT INSTITUTES OF HIGHER LEARN	ING, KWAME
	CHARITABLE FOUNDATION PROVIDES AN ENDURING FUND FOR SCHO	
	FOR FIRST GENERATION, PELL GRANT ELIGIBLE STUDENTS WHO A	
	THE SCHOOLS. THE STUDENTS COMPLETE THE APPLICATION PROCE	
	SCHOOL ADHERES TO KCF'S GUIDELINES ON SELECTION PARAMETE	RS EACH
	SEMESTER.	
	ANNUAL HBCU COLLEGE TOUR TRAVELS BY CHARTERED BUS TAKING	
	SCHOOL STUDENTS TO VISIT 4-5 HISTORICALLY BLACK COLLEGES	
	UNIVERSITIES THROUGH VARIOUS REGIONS OF THE U.S. THE TOU	R, WHICH OCCURS
	COMMITTIED ON COMEDINE O	
41:	CONTINUED ON SCHEDULE O	
4b	(Code:) (Expenses \$) (Rever	ue\$)
4c	(Code:) (Expenses \$	nue \$
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
<u>4e</u>	Total program service expenses 156,684.	
		Form <b>990</b> (2023)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1.10
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
_	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
I4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
	, r		T	Ι

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19

20a

20b

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Form 990 (2023) KWAME CHARITABLE FOUNDATION

Part IV Checklist of Required Schedules (continued)

	Continued)		V	
00	Did the averagination was at asset than \$\Phi 000 of average an athern assistance to a few descriptions in dividuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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			x
04 -	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	, , ,	24c		
Ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
<b>2</b> 54	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	
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		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			177
	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			37
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	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?	36		x
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	130		<del></del>
31	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?	<del>"</del>		<del></del>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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023) KWAME CHARITABLE FOUNDATION

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

2a Interest the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, 2a 0 b If a least one is reported on line 2a, did the organization file all required federal employment tax textures? 2b If West, Thas It filed a form 980-F for this year? If Wor's of line 3b, provide an explanation of Schedule 0 5a JA any time during the calendar year, did the organization have unitariated business gross income of \$1,000 or more during the year? 3a JA any time during the calendar year, did the organization have an interest in or a significant or offset authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5b If 1'Yes, "enter the name of the repgin country. 5c instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5c If Yes to line 5a of 5b, did the organization file Form 886-77. 5c If Yes to line 5a of 5b, did the organization file Form 886-77. 5c If Yes to line 5a of 5b, did the organization file Form 886-77. 5c If Yes to line 5a of 5b, did the organization file Form 886-77. 5c If Yes to line 5a of 5b, did the organization file Form 886-77. 5c If Yes to line 5a of 5b, did the organization file Form 886-77. 5c If Yes to line 5a of 5b, did the organization file Form 886-77. 5c If Yes to line 5a of 5b, did the organization file Form 886-77. 5c If Yes to line 5a of 5b, did the organization file Form 886-77. 5c If Yes to line 5a of 5b, did the organization file Form 8b and the organization file Fo				Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax naturas?  2b   X    3c   X    3c   If "Yes," has it filed a Form 990 T for this year? "Yes" to line 3b, provide an explanation on Schedule O  3d   A    3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If *Yea,** final field a form 900 of the riley say 1** (P**)* to final 8b, provide an explanation of Schodule 0  4c At any time during the calendar year, did the organization have an interest in, or a signatuse or other authority over, a financial account; in a foreign country such as a bank account, securities account, or other financial account;?  5c If *Yea,** final relations to fining requirements for FinCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Was the organization party to a prohibited tas shalter transaction at any time during the tax year?  5c Was the organization party to a prohibited tas shalter transaction at any time during the tax year?  5c Was the organization to party to a prohibited tas shalter transaction at any time during the tax year?  5c Was the organization to the organization that it was or is a party to a prohibited tax shalter transaction?  5c Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of antirable contributions?  5c Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of antirable contributions?  5c Was the organization shalt may receive deductible contributions under section 170(c).  6c Was the organization shalt may receive deductible contributions under section 170(c).  6c Was the organization shalt may receive deductible contributions under section 170(c).  6c Was the organization shalt may receive deductible contributions under section 170(c).  6c Was the organization shalt was received deductible contributions under section 170(c).  6c Was the were not the section of the property of the pr		filed for the calendar year ending with or within the year covered by this return			
b If Yes, 'Inset if liefed a Form 990-T for this year? If 'No' 1' for ine 3b, provide an explanation on Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry)  B If 'Yes,' enter the name of the foreign country (such as a bank account, securities account, or other financial accountry)  See instructions for filing requirements for FincENF Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  B Id was the organization a party to a prohibitor tax shelter transaction at any time during the tax year?  B ID Id any taxabile party notify the organization file Form 8886 17?  B ID Id any taxabile party notify the organization file Form 8886 17?  B If Yes, 'Id the organization include with every solicitation an express statement that such contributions origins were not tax deductible?  B If Yes, 'Id the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  B If Yes, 'Id the organization include with every solicitation are express statement that such contributions or grifts were not tax deductible?  B If Yes, 'Id the organization include with every solicitation are express statement that such contributions or grifts were not tax deductible?  B If Yes, 'Id the organization include a payment in excess of \$73 made party six a contribution and party for goods and services provided to the payor?  B If Yes, 'Id the organization include a payment in excess of \$73 made party six a contribution and party for goods and services provided to the payor.  B ID	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
4 A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (auch as a bank account, securities account, or other financial accounts (FBAR).  5 Was the organization and the price of the foreign country of the price	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
francial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if Yes, instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prolibeted tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prolibeted in twas or is a party to a prolibeted in shelter transaction?  5b DX X  c if Yes' to line Sa or Sb, did the organization file Form 8886 1?  6a Does the organization annual gross receipted that was or is a party to a prolibeted in shelter transaction?  5b DX X  b) if Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  8c Did the organization network apyment in excess of \$7s make party is a contribution and party for goods and services provided to the payor?  7c Did the organization netwer apyment in excess of \$7s make party is a contribution and party for goods and services provided to the payor?  7c Did the organization netwer apyment in excess of \$7s make party is a contribution and party for goods and services provided to the payor?  7c Did the organization netwer apyment in excess of \$7s make party is a contribution and party for goods and services provided to the payor?  7d Did the organization netwer apyment in excess of \$7s make party to the payor organization receive and contribution of undersome payor to the form 88827 for Did the organization netwer payor to the value of the payor organization receive and contribution organization receive and contribution organization organization received a contribution organization organization received a contribution organization organization received a contribution organization organization received and contribution organization organization received and contribution organization received and contribution organization	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b if Yes, "inter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  5c If Yes 1 to line 5a or 5b, did the organization the form 8886-77  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles carbriable contributions?  6a X  5b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles carbriable contributions and the such accounts of the second o	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
see instructions for filing requirements for FiniCRH Form 114, Report of Foreign Bank and Financial Accounts (FBAR),  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  It is a provided to the property of the organization that it was or is a party to a prohibited tax shelter transaction?  So X  Bo Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If it is organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282?  If If "Yes," did the organization notify the donor of the value of the goods or services provided?  To Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282?  If If Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If If the organization received a contribution of qualified intellectual property, did the organization file Form 108-07  Sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization hamilatining donor advised funds.  If the organization in the summariation is control advised funds.  If the organization is maintaining donor advised funds.  If the organization is maintaining donor advised funds.  If the organization is control the organization included to pres		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5a   X   b   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   5a   X   c   if Yes' to line 5a or 5b, did the organization file Form 8886-17   5c   c   if Yes' to line 5a or 5b, did the organization file Form 8886-17   5c   c   if Yes' to line 5a or 5b, did the organization file Form 8886-17   5c   c   v   Yes', the total that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of the contributions flat were not tax deductibles on the subject of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles   did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles   did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles   did the organization include deductible contributions under section 170(c).  a bid the organization sell, exchange, or otherwise dispose of tangible personal property for goods and services provided to the payor?  7a	b	If "Yes," enter the name of the foreign country			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  b If "Yes," to line 5a or 5b, did the organization file Form 8886.T?  a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization series a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization sell, sexhange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  to file Form 8282?  c Did the organization sell, sexhange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year  b Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make and sidributions under section 4966?  9 Sponsoring organization make and sidributions under section 4966?  9 Sponsoring organization make and sidributions under section 4966?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities  10b		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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332005 12-21-23

Form **990** (2023)

KWAME CHARITABLE FOUNDATION 88-4346912 Form 990 (2023) 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 Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form **990** (2023)

State the name, address, and telephone number of the person who possesses the organization's books and records

LYDIA HUSTON - (314) 754-5619

1204 WASHINGTON AVENUE, SAINT LOUIS

# 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

#### 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.

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

- 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.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n 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)	compensation from the organization and related organizations
(1) ANTHONY THOMPSON CHAIR	0.50	Х		х				0.	0.	0
(2) LYDIA HUSTON	40.00	^	$\vdash$	^				0.	0.	0.
SECRETARY / EXEC. DIRECTOR	40.00	х		Х				0.	0.	0.
(3) CATHEY WILLIAMSON	0.50	21						•	•	•
TREASURER		х		x				0.	0.	0.
(4) KWAME THOMPSON, ESQ.	0.50							-	-	
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2023)

88-4346912

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	otal (add lines 1b and 1c)								- 1					0.
	otal number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	!			_
С	ompensation from the organization													0
													Yes	No
<b>3</b> [	old the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on				
li	ne 1a? If "Yes," complete Schedule J for si	uch individual										3		X
	or any individual listed on line 1a, is the su													
	nd related organizations greater than \$150											4		Х
	Did any person listed on line 1a receive or a													
	• •	•				•			•	idal for Scrvices		5		Х
	endered to the organization? <i>If "Yes." com</i> on B. Independent Contractors	piete Scheaule	e J 7	or st	icn <u>r</u>	oers	on .					3		21
	·				_					100.000 (		,		
	Complete this table for your five highest con	· ·	-							· · · · · · · · · · · · · · · · · · ·	ensa	tion fro	om	
t	he organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	<u>thin</u>		ear.				
	(A)								(B)		_	(C		
	Name and business	address	N	INC	5				Description of s	ervices		comper	nsatio	n
								$\dashv$						
								$\rightarrow$						
<b>2</b> T	otal number of independent contractors (in	ncluding but no	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
	in 100,000 of compensation from the organization					(								

Form 990 (2023) KWAME C
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							300010113 3 12 3 14
nts hts		a Federated campaigns1a					
ir ou		b Membership dues 1b					
s, C		c Fundraising events 1c 2	226,859.				
ij k		d Related organizations1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions) 1e					
Sig		f All other contributions, gifts, grants, and					
he		similar amounts not included above	4,969.				
풀		g Noncash contributions included in lines 1a-1f	10,895.				
Š		b Tatal Add Bass 4s 46		231,828.			
<u> </u>			Business Code	, ,			
	•	a HBCU TOUR	611710	13,650.	13,650.		
ice			011710	13,030.	13,030.		
e e		b					
n S		<u> </u>					
za S		d					
Program Service Revenue		e					
₫		f All other program service revenue					
		g Total. Add lines 2a-2f		13,650.			
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a	(.,,				
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
		<b>b</b> Less: cost or other basis					
e		and sales expenses					
her Revenue		c Gain or (loss)7c					
- Be		d Net gain or (loss)					
ē		a Gross income from fundraising events (not					
퉏		including \$ 226,859. of					
		contributions reported on line 1c). See					
			72,800.				
			10,822.				
		- Notice		-38,022.			-38,022.
				30,022•			30,022.
	9	a Gross income from gaming activities. See					
		Part IV, line 19					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances10a					
		b Less: cost of goods sold10b					
		c Net income or (loss) from sales of inventory					
			Business Code				
Snc	11	a					
ine Due		b					
Miscellaneous Revenue		c					
Be		d All other revenue					
Σ		<del>-</del>					
		e Total Add lines 11a-11d		207,456.	13,650.	0.	-38,022.
	12	Total revenue. See instructions		401,400	TO,000.	l 0 •	JU,U44.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 92,213. 92,213. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 5,000. 5,000. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal 188. 188. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 4,465 4,465. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,932. 2,932 Office expenses 13 Information technology 14 Royalties 15 40,000. 40,000. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 15,971. 15,971. HBCU TOUR EXPENSES 3,500. TRAINING 3,500. DUES AND SUBSCRIPTIONS 3,493. 3,493. С d All other expenses 167,762. 156,684. 11,078. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2023)

Form 990 (2023)
Part X | Balance Sheet

	Observation of the contract of	ata ta anni lina in thia Dant V			
	Check if Schedule O contains a response or r	iote to any line in this Part X		·····	
			(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing		6,873.	1	106,902
2				2	
3	Pledges and grants receivable, net			3	
				4	
5					
	trustee, key employee, creator or founder, sub	ostantial contributor, or 35%			
	controlled entity or family member of any of the	nese persons		5	
6	Loans and other receivables from other disqu	alified persons (as defined			
	under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D	10a			
b		•• •		10c	
11				11	
12				12	
13	Investments - program-related. See Part IV, lin	e 11		13	
			14		
15	Other assets. See Part IV, line 11				1,91
16					108,81
17				4	
18					
19					
				21	
22					
				24	
25	,	•			
		, ,			58,60
					58,64
26			0.	26	30,04
		Heck Here 22			
27			6 873.	27	50,17
					30,11
20				20	
		Joo, oncor note			
29		ts.		29	
					50,17
			6 0 0 0		108,818
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18	Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current trustee, key employee, creator or founder, subt controlled entity or family member of any of the Loans and other receivables from other disquired under section 4958(f)(1)), and persons describer Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must ed) Grants payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Loans and other payables to any current or for trustee, key employee, creator or founder, subtrontively and other payable to unrelated. Other liabilities (including federal income tax, parties, and other liabilities not included on line of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cand complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC and complete lines 29 through 33. Capital stock or trust principal, or current functions Organizations that do not follow FASB ASC and complete lines 29 through 33. Capital stock or trust principal, or current functions Organizations that do not follow FASB ASC and complete lines 29 through 33. Capital stock or trust principal, or current functions Organizations that do not follow FASB ASC and complete lines 29 through 33. Capital stock or trust principal, or current functions Organizations that do not follow FASB ASC and canned earnings, endowment, accumulated Total net assets or fund balances	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability. Complete Part IV of Schedule D 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 12 Secured mortgages and notes payable to unrelated third parties 14 Unsecured notes and loans payable to unrelated third parties 15 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 10 Total liabilities. Add lines 17 through 25 11 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 12 Net assets with donor restrictions 12 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 13 Capital stock or trust principal, or current funds 15 Paid-in or capital surplus, or land, building, or equipment fund 1	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 10 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 , 873 . 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 12 Escrow or custodial account liability. Complete Part IV of Schedule D 10 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 18 Secured mortgages and notes payable to unrelated third parties 19 Deferred revenue 20 Tax-exempt bond liabilities for founder substantial contributor, or 35% controlled entity or family member of any of these persons 19 Secured mortgages and notes payable to unrelated third parties 20 Other liabilities (including federal income tax, payables to related third parties 21 Unsecured notes and loans payable to unrelated third parties 22 Other liabilities (including federal income tax, payables to related third parties 23 Net assets without donor restrictions 24 Organizations that follow FASB ASC 958, check here and complete lines 27 t	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11c Investments - publicly traded securities 11 Investments - program-related. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Intrangible assets 14 Intrangible assets 16 Other assets. Add lines 1 through 15 (must equal line 33) 6 , 873 . 16 7 Accounts payable and accrued expenses 9 0, 17 7 acrants payable 10 Farants payable 11 Tax exempt bond liabilities 12 Escrow or custodial account liability. Complete Part IV of Schedule D 10 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of thes

Form **990** (2023)

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>62.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>94.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u>6,8</u>	73.
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		3,6	<u>07.</u>
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	5	0,1	74.
Pai	t 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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 Scho	edule O.			
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 required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

#### **SCHEDULE A**

(Form 990)

**Total** 

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		KWAM	E CHARITAB.	LE FOUNDATION	N		8	8-4346912
Pa	art I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of chi	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).	
2		A school described in secti						
3		A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	一	A medical research organization					•	the hospital's name,
		city, and state:					CAAAA	,
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in
_		section 170(b)(1)(A)(iv). (C		,		, 3		
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v)	
	X	An organization that norma	•				• •	oublic described in
'		section 170(b)(1)(A)(vi). (C		ittai part of its support if	om a gove	minentari	unit of from the general p	public described in
0				(4VAVvi) (Complete Day	. II \			
8		A community trust describe						
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the college	eor
		university:						
10		An organization that norma	• • • • • • • • • • • • • • • • • • • •	• •			• •	
		activities related to its exem		•				-
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.
		See <b>section 509(a)(2).</b> (Cor	mplete Part III.)					
11	Щ	An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r <b>section</b> :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.	
а	ı	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b	, [	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.	•			
С	;	Type III functionally inte			in connect	tion with, a	and functionally integrate	ed with.
		its supported organization	-				• •	,
d		Type III non-functionally		·				zation(s)
_		that is not functionally int						. ,
		requirement (see instructi	•	• ,	•		•	VOLICOS
е		Check this box if the orga	•	-				
٠	· L	functionally integrated, or					Type i, Type ii, Type iii	
	Ento							
,		er the number of supported or vide the following information						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10	in your governi <b>Yes</b>	No No	support (see instructions)	support (see instructions)
				above (see instructions))	163	140		

### 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>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					231,828.	231,828.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					231,828.	231,828.
	The portion of total contributions					·	•
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						103,773.
6	Public support. Subtract line 5 from line 4.						128,055.
	etion B. Total Support						120,0331
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(4) 2010	(2) 2020	(0) 2021	(4) 2022	231,828.	231,828.
	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
0	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						231,828.
	<b>Total support.</b> Add lines 7 through 10					40	13,650.
	Gross receipts from related activities,	•				12	13,030.
13	First 5 years. If the Form 990 is for the	-			•		X
Sec	organization, check this box and stop etion C. Computation of Publi						
	Public support percentage for 2023 (li			column (fl)		14	20
	Public support percentage from 2022					15	<u>%</u> %
	33 1/3% support test - 2023. If the c						
10a	* *	-					
h	stop here. The organization qualifies		~			or mare, check thi	
b	33 1/3% support test - 2022. If the condition have						
47-	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances test	-	-				
	and if the organization meets the facts			=		_	
	meets the facts-and-circumstances te	_	· · · · · ·		-		
b	10% -facts-and-circumstances test	-	-				IU% Or
	more, and if the organization meets the						
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n ala not check a	box on line 13, 16	a, 160, 1/a, or 17b	o, cneck this box a		(Form 990) 2023

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

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(0) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
_		
2		
За		
- Oa		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
_		
8		
9a		
9b		
30		
9с		
10a		
. 34		
40.		
10b		

Par	art IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi	ide		
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membershi	p of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	n's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	mong the		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sect	the supported organization(s). ction D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tav		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ian		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
	, ,	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).  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 <b>Part VI</b> the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations			I
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructions)		
· a				
b				
c		tal entity (see instruction	16)	
	Activities Test. Answer lines 2a and 2b below.	ar critity (see instruction	Yes	No
				110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2023 KWAME CHARITABLE FOUNDA	ATION	8	88-4346912 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organi		V
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Employer identification number** 

KWAME CHARITABLE FOUNDATION 88-4346912 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** 

or (ii) Form 990-EZ, line 1. Complete Parts I and II.	,
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any ocontributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientificatory, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.	ïc,
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any of year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more the schecked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year	nan \$1,000. If this box aritable, etc.,

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

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

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2** 

Name of organization

Employer identification number

## KWAME CHARITABLE FOUNDATION

88-4346912

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>27,500.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>25,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,895.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

## KWAME CHARITABLE FOUNDATION

88-4346912

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$6,917.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$6,545.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$6,030.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$5,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

## KWAME CHARITABLE FOUNDATION

88-4346912

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Nume, address, and Zii + 4	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### KWAME CHARITABLE FOUNDATION

88-4346912

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	NVIDIA STOCK		
5	-		
		\$10,895.	12/31/23
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-	.   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323/153 12-26			Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **4** 

Name of organization **Employer identification number** 88-4346912 KWAME CHARITABLE FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

KWAME CHARITABLE FOUNDATION

**Employer identification number** 88-4346912

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Bonor advised funds	(b) i dilas ana otner accounts
2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	•	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relations made develop to memoring, inspecting,	Thanking or violations, and officioning con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1 3,	3	3
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2023

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

Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	ical Tre	easures, or	Other S	Similar	Assets	(contir	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	ny of the 1	following that r	nake sigr	ificant u	se of its	,	ĺ	
	collection items (check all that apply).			•	· ·	· ·					
а	Public exhibition	C	ı 🗌 Lo	an or exc	hange progran	n					
b	Scholarly research	•									
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or	-	-		-	-					
	to be sold to raise funds rather than to be ma				•				Yes		No
Par	t IV Escrow and Custodial Arrang								ne 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for co	ntribution	ns or other asse	ets not in	cluded				
	on Form 990, Part X?							$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	nas been	provided in Pa	rt XIII .					]
Par											
	·	(a) Current year	(b) Prid		(c) Two years		) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1a. a	column (a	)) held as:						
а	Board designated or quasi-endowment		%		,,,						
b	Permanent endowment	%									
c		<u></u> /-									
_	The percentages on lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posses	•	ation that a	re held ar	nd administere	d for the					
	organization by:								[	Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the									'	
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	l "Yes" on Form 990	), Part IV, I	ne 11a. S	See Form 990, I	Part X, lin	e 10.				
	Description of property	(a) Cost or o	other	(b) Cost	t or other (other)	(c) Acc	umulate	d	(d) Boo	k value	е
	Land	`			. ,						
b	Buildings	I									
C	Leasehold improvements										
d	Equipment										
	Other	I									
	. Add lines 1a through 1e. (Column (d) must ed		X line 100	column	(R))						0.
		audi i Oilli 330. Fdll	7. III E 1 UC	. colullil	٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠	<u> </u>					

Schedule D (Form 990) 2023

Part VII Investments - Other Securities	HABLE FOUNDA'I		8-4346912 Page 3
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	T
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	<b>-</b>		
Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of			
(a) Description of liability	on i onni oco, i aitiv, ilile	110 01 111. 000 1 01111 990, 1 att X, IIIIe 2	(b) Book value
(1) Federal income taxes			(-, - : : : : : : : : : : : : : : : : : :
(2) DUE TO KWAME BUILDING GROU	IP		58,604.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		58,604.
2. Liability for uncertain tax positions. In Part XIII, provide			that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2023

Pa	rt XI Reco	onciliation of Revenue per Audited Financial S	tatements With Revenue	per Return	
	Comp	lete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total revenue	, gains, and other support per audited financial statements		1	
2	Amounts incl	uded on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealize	d gains (losses) on investments	2a		
b		ices and use of facilities			
С		prior year grants			
d	Other (Descri	be in Part XIII.)	2d		
е		•			
3		2e from line 1		3	
4		uded on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		xpenses not included on Form 990, Part VIII, line 7b			
b		be in Part XIII.)	4b		
С	Add lines 4a				
<u>5</u>	Total revenue	e. Add lines 3 and 4c. (This must equal Form 990, Part I. line pnciliation of Expenses per Audited Financial S	12.)		
Ра			•	s per neturn	
		lete if the organization answered "Yes" on Form 990, Part IV			
1		es and losses per audited financial statements		1	
2		uded on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a		ices and use of facilities			
b		ustments			
C		hada Dad Will )			
d	•	be in Part XIII.)		00	
e o		through 2d			
3 4		<b>2e</b> from line <b>1</b> uded on Form 990, Part IX, line 25, but not on line 1:			
a		kpenses not included on Form 990, Part VIII, line 7b	4a		
a b		be in Part XIII.)			
	Add lines 4a			4c	
5		es. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, lin			
	rt XIII Supp	plemental Information	<u> </u>	, <u>-</u> ,	
Prov	ide the descrip	tions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; Part	V, line 4; Part X, line 2; Part	XI,
lines	2d and 4b; an	d Part XII, lines 2d and 4b. Also complete this part to provide	e any additional information.		

### **SCHEDULE G** (Form 990)

Department of the Treasury

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

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organization								lentification number	
Dowl Conducio		HARITABLE FOUNDATION					88-4346		
Part I Fundrais required to	complete this part	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, li	ne 17	'. Form 990-E	Z filers are not	
		sed funds through any of the followin	g activ	ities.	Check all that apply.				
a Mail solicitat	tions				overnment grants				
c Phone solici		g Special	fundra	aising	events				
d In-person so		or oral agreement with any individual	(includ	lina of	ficers directors trust	tees	or		
		art VII) or entity in connection with p				.000,	Ye	es No	
• • •		viduals or entities (fundraisers) pursu			~	าe fun	draiser is to t	oe	
compensated at le	east \$5,000 by the	organization.							
			(iii)	Did		(v)	Amount paid	( a) Amazount maid	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c	ustody	(iv) Gross receipts from activity	to (o	or retaine'd by) fundraiser	I to (or retained by)	
or entity (lunc	ilaisei)		or con contrib	utions?	ITOTTI ACTIVITY		ed in col. (i)	organization	
			Yes	No					
Total									
		on is registered or licensed to solicit o			or has been notified	it is e	rxempt from r	 registration	
or licensing.	ion the organizatio	in to registered of heerings to conside	OTTETIO	ations	or has been notined	10 0	xompt nom i	egiotration	

332081 09-13-23

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

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gro	oss income on Form 990-	·E∠, lines 1 and 6b. List e	vents with gross receipt	is greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events
			GALA	GOLF TOURN.		(add col. <b>(a)</b> through col. <b>(c)</b> )
a)			(event type)	(event type)	(total number)	COI. <b>(C)</b> )
Revenue				444 44-		
Zeve	1	Gross receipts	187,964.	111,695.		299,659.
_		Less: Contributions	146,364.	80,495.		226,859.
	3	Gross income (line 1 minus line 2)	41,600.	31,200.		72,800.
		Cook prizes				
	4	Cash prizes				
	5	Noncash prizes		5,250.		5,250.
es				7,200		7,200
ens	6	Rent/facility costs	25,000.	6,656.		31,656.
Direct Expenses						
ect	7	Food and beverages	36,548.	12,206.		48,754.
٦						750
		Entertainment	750. 17,236.	7,176.		750. 24,412.
	9	Other direct expenses		· · · · · · · · · · · · · · · · · · ·		110,822.
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	. ,			-38,022.
Pa	rt I			990. Part IV. line 19. or r	eported more than	30,022.
		\$15,000 on Form 990-EZ, line 6a.		, , , , , ,		
4			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Birigo	bingo/progressive bingo	(c) Other garming	col. (a) through col. (c))
Seve.						
ш	1	Gross revenue				
ses	2	Cash prizes				
ens	2	Noncash prizes				
Direct Expenses	٦	Noncasti prizes				
rect	4	Rent/facility costs				
⊡						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No	
	_					
	′	Direct expense summary. Add lines 2 through	1 5 in column (a)			
	Ω	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		Net garning income summary. Subtract line r	nomine i, column (a)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·	-	ear?	Yes No
b	lf "	Yes," explain:				
	_					_
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 KWAME CHARTTABLE FOUNDATION	<u>88-4.</u>	346912	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	<del></del>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		100	
14	Effect the fiame and address of the person who prepares the organization's garning/special events books and records	٥.		
	News			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	L No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	ount		
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10	Carring manager mornation.			
	Name			
	Coming manager companyation			
	Gaming manager compensation \$			
	Description of any incompanion of			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year \$			
Pa	TTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
				_

Schedule G	G (Form 990)	KWAME	CHARITABLE	FOUNDATION	88-4346912	Page 4
Part IV	G (Form 990) Supplemental Infor	mation 6	ontinued)			
		(Ci	Sittifiaca)			
-						
-						
i						

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

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

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	ne of the organization  KWAME CHARITABLE FOUNDATION								
Part I General Information on Grants a		OUNDATION					88-4346912		
Does the organization maintain records criteria used to award the grants or assi	to substantiate the stance?						on X Yes No		
2 Describe in Part IV the organization's pr Part II Grants and Other Assistance to recipient that received more than	Domestic Organia	zations and Domestic	C Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
CLARK ATLANTA UNIVERSITY 223 JAMES P. BRAWLEY DR. SW ATLANTA, GA 30314	58-1825259	503(C)3	10,000.	0.			SCHOLARSHIPS		
HARRIS-STOWE STATE UNIVERSITY 3026 LACLEDE AVENUE SAINT LOUIS, MO 63103	43-1631601	503(C)3	10,000.	0.			SCHOLARSHIPS		
LINCOLN UNIVERSITY 820 CHESTNUT STREET JEFFERSON CITY, MO 65101	44-6001089	503(C)3	10,000.	0.			SCHOLARSHIPS		
MARYVILLE UNIVERSITY 650 MARYVILLE UNIVERSITY DRIVE SAINT LOUIS, MO 63141	43-0653369	503(C)3	10,000.	0.			SCHOLARSHIPS		
UNIVERSITY OF KANSAS EATON HALL, 1520 W. 15TH STREET LAWRENCE, KS 66045	48-1124839	503(C)3	10,000.	0.			SCHOLARSHIPS		
WASHINGTON UNIVERSITY ST. LOUIS ONE BROOKINGS DRIVE CB 1100 SAINT LOUIS, MO 63130	43-0653611	503(C)3	10,000.	0.			SCHOLARSHIPS		
<ul> <li>Enter total number of section 501(c)(3) a</li> <li>Enter total number of other organization</li> </ul>	and government or	ganizations listed in th	· · ·				7.		

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
WEPOWER								
20 S. SARAH STREET								
SAINT LOUIS, MO 63108	82-3591958	503(C)3	8,000.	0.			SPONSORSHIP	
			,,,,,,,					
CEB GOLF LLC								
910 COLONIAL HILLS LANE								
SAINT CHARLES, MO 63303	92-2946272		7,500.	0.			SPONSORSHIP	
-								

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	ı (b); and any other ac	Iditional information.	L
PART I, LINE 2:					
CRITERIA ARE ESTABLISHED IN THE SI	GNED SCHO	LARSHIP AG	GREEMENT WI	ТН ЕАСН	
INSTITUTION. THE INSTITUTIONS STRI	CTLY ADHE	RE TO THE	GUIDELINES	AND WILL	
CONTACT US IF THERE IS A REASON TO					

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization			Employer ident	ification n	umber		
KWAME	CHARITABLE FOUNDATION	N	88-43469	38-4346912			
Part I Excess Benefit Trans	sactions (section 501(c)(3), section 50	1(c)(4), and section 501(c)(29) organ	izations only)				
Complete if the organization	n answered "Yes" on Form 990, Part IV,	line 25a or 25b; or Form 990-EZ, Par	t V, line 40b.				
1	(a) Description of them						
(a) Name of disqualified person	person and organization	(c) Description of trans	action	Yes	No		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
2 Enter the amount of tax incurred by	the organization managers or disqualifie	ed persons during the year under					
section 4958			\$				
3 Enter the amount of tax, if any, on li	ine 2, above, reimbursed by the organiza	tion	\$ <u></u>				
•							

### Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa	) In ault?	(h) Ap by bo comm	proved ard or nittee?	(i) W agreer	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					\$	_						

### Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Part IV	<b>Business Transactions Involvi</b>	ng Interested Persons				<u>g</u>
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(3	a) Name of interested person	<b>(b)</b> Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ues?
TZT.7.7.1.	E DILLI DING GDOUD	ENTERTON 2 P. OLIVIED	40 000	DENT	Yes	No
	ME BUILDING GROUP	ENTITY > 35% OWNED	40,000.	KENT.		Х
(2) (3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)					-	
(10) Part V	Supplemental Information			]	l .	
Tart V	Provide additional information for respo	nses to questions on Schedule I See i	netructions			
	1 Tovide additional information for respo	rises to questions on schedule L. See	i isti uctions.			
SCH L,	PART IV, BUSINESS TI	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NA	ME OF PERSON: KWAME I	BUILDING GROUP				
(B) RE	CLATIONSHIP BETWEEN II	NTERESTED PERSON AND	ORGANIZATI	ON:		
ENTITY	> 35% OWNED BY ANTHO	ONY THOMPSON				

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023
Open to Public Inspection

Name of the organization

KWAME CHARITABLE FOUNDATION

Employer identification number 88-4346912

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: KWAME CHARITABLE FOUNDATION STRIVES TO CHANGE THE TRAJECTORY OF THE LIVES OF MOTIVATED YOUNG ADULTS. COLLEGE EXPOSURE AND ENDOWED SCHOLARSHIPS ARE THE PRIMARY AVENUES BY WHICH WE REMOVE BARRIERS THAT CAN IMPEDE SUCCESS. WE LOOK TOWARDS A FUTURE THAT IS MORE HOPEFUL FOR SCHOLARS WHO DESERVE OF THE OPPORTUNITY TO REACH THEIR FULL POTENTIAL. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: DURING A WEEK IN MARCH, IS AN AFFORDABLE ROUTE FOR STUDENTS TO BECOME EXPOSED TO SCHOOLS OUTSIDE OF ST. LOUIS, AS WELL AS SOME OF THE LESSER KNOWN HBCU'S THAT ARE OFTEN OVERLOOKED BY HIGH SCHOOL GUIDANCE COUNSELORS. BY SHOULDERING SOME OF THE EXPENSES FOR THE TOUR, STUDENTS AND THEIR FAMILIES NEED ONLY CONTRIBUTE A MODEST AMOUNT, COMPARED TO THE GREAT VALUE THE STUDENTS RECEIVE. OCCASIONAL SUPPORT IS GIVEN TO ORGANIZATIONS WITH EDUCATIONAL COMPONENT THAT SERVE TEENS OR YOUNG ADULTS, SPECIFICALLY THOSE APPLYING TO OR ENROLLED IN COLLEGE OR IN A WORKFORCE DEVELOPMENT PROGRAM. FORM 990, PART VI, SECTION A, LINE 2: ANTHONY THOMPSON, LYDIA HUSTON, SONJA LEMMIE, AND KWAME THOMPSON HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

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

Schedule O (Form 990) 2023

ANTHONY THOMPSON AND KWAME THOMPSON HAVE A FAMILY RELATIONSHIP.

Schedule O (Form 990) 2023 Page **2** 

Name of the organization

KWAME CHARITABLE FOUNDATION

Employer identification number 88-4346912

PER THE BYLAWS OF THE ORGANIZATION, MEMBERSHIP OF KWAME CHARITABLE

FOUNDATION IS LIMITED TO THE MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES OF THE BOARD AUTHORIZED TO ACT ON THE BOARD'S

BEHALF.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE EXECUTIVE DIRECTOR THEN REVIEWS THE FORM 990. A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD BEFORE FILING.

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

AS NOTED IN ARTICLE VIII, SECTION C OF THE KWAME CHARITABLE FOUNDATION

BYLAWS, IF THERE IS A SUSPECTED CONFLICT OF INTEREST WITH AN INTERESTED

PARTY, THE BOARD SHALL VOTE ON THE MATTER, AND IF NECESSARY, APPOINT A

DISINTERESTED PARTY OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE

PROPOSED TRANSACTION OR ARRANGEMENT.

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

THE ARTICLES OF INCORPORATION, BYLAWS, FORM 1023 AND FORM 990 ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART VII, LINE 1

LYDIA HUSTON, THE EXECUTIVE DIRECTOR, IS AN EMPLOYEE OF A FOR PROFIT ENTITY THAT DONATES HER TIME TO SERVE AS THE EXECUTIVE DIRECTOR OF

KWAME CHARITABLE FOUNDATION. SHE IS NOT AN EMPLOYEE OF KWAME

CHARITABLE FOUNDATION AND THE ORGANIZATION PAYS NO COMPENSATION

332212 11-14-23

Schedule O (Form 990) 2023

Name of the organization	ı	CHARITABLE	FOUNDATION	Employer identification number 88-4346912
EXPENSES.				

### Form **8868**

(Rev. January 2024)

### Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electro	nic filing (e-file). You can electronically file Form 8868 to	request up	to a 6-month extension of time to f	ile any of	the forms		
listed be	elow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit Co	ontracts.	An extension		
request	for Form 8870 must be sent to the IRS in a paper format (	see instru	ctions). For more details on the elect	ronic filin	g of Form		
8868, vi	sit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.					
Caution	: If you are going to make an electronic funds withdrawal (	direct deb	it) with this Form 8868, see Form 84	53-TE and	d Form 8879-	TE for payment	
instructi	ons.						
All corp	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trusts		
must us	e Form 7004 to request an extension of time to file income	e tax returi	ns.				
Part I -	Identification						
Type or	Name of exempt organization, employer, or other filer	, see instru	see instructions. Taxpayer identification number (TIN)				
Print							
File by the due date for filing your return. See instructions.	KWAME CHARITABLE FOUNDATION 88-4346912						
	Number, street, and room or suite no. If a P.O. box, see instructions.						
	1204 WASHINGTON AVE, SUITE 300						
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	ST LOUIS, MO 63103						
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			01	
Application Is For		Return	Application Is For			Return	
		Code				Code	
Form 990 or Form 990-EZ			Form 4720 (other than individual)			09	
Form 4720 (individual)		03	Form 5227			10	
Form 990-PF		04	Form 6069			11	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 8870			12	
Form 990-T (trust other than above)		06	Form 5330 (individual)			13	
Form 990-T (corporation)		07	Form 5330 (other than individual)			14	
Form 1041-A							
<ul><li>After y</li></ul>	ou enter your Return Code, complete either Part II or Part	t III. Part III	l, including signature, is applicable o	nly for an	extension of		
time to	ile Form 5330.						
<ul><li>If this</li></ul>	application is for an extension of time to file Form 5330, y	ou must ei	nter the following information.				
P	an Name						
P	an Number						
P	an Year Ending (MM/DD/YYYY)						
	Automatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)				
The I	books are in the care of LYDIA HUSTON						
		VENUE	: - SAINT LOUIS, MC	6310	03		
Telep	phone No. <u>(314) 754-5619</u>		Fax No.				
If the organization does not have an office or place of business in the United States, check this box							
<ul><li>If this</li></ul>	s is for a Group Return, enter the organization's four-digit (	Group Exe	mption Number (GEN) I	f this is fo	or the whole g	roup, check this	
box	. If it is for part of the group, check this box		ch a list with the names and TINs of				
1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for							
th	e organization named above. The extension is for the orga	anization's	return for:				
$\overline{\mathbf{X}}$ calendar year 20 $\overline{23}$ or							
tax year beginning , 20 , and ending						, 20	
<b>2</b> If	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return						
	Change in accounting period						
3a If	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less						
<u>a</u> r	ny nonrefundable credits. See instructions.			3a	\$	0.	
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
es	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.	
c B	alance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by				
119	using FFTPS (Flectronic Federal Tax Payment System). See instructions			30	<b>s</b>	0.	