

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Form **990**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service**A For the 2022 calendar year, or tax year beginning** 07/01/2022 **and ending** 06/30/2023

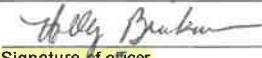
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KNOWLEDGEWORKS FOUNDATION		D Employer identification number 31-1321973
	Doing Business As		E Telephone number (513) 929-4777
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	312 PLUM STREET	950	
City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45202			G Gross receipts \$ 7,495,465.
F Name and address of principal officer: WILLIAM HITE 312 PLUM STREET, SUITE 950, CINCINNATI, OH 45202			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ WWW.KNOWLEDGEWORKS.ORG		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1991	M State of legal domicile: OH	


Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	57
	6 Total number of volunteers (estimate if necessary)	10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	
7b Net unrelated business taxable income from Form 990-T, line 34	NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 1,160,654. Current Year: 4,099,750.
	9 Program service revenue (Part VIII, line 2g)	2,501,042. 3,220,991.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,918. 174,724.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	NONE NONE
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,680,614. 7,495,465.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,166,309. 2,636,786.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,670,971. 8,752,952.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE NONE
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 270,354.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,410,354. 6,306,457.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,247,634. 17,696,195.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-8,567,020. -10,200,730.
	20 Total assets (Part X, line 16)	Beginning of Current Year: 30,256,752. End of Year: 9,927,169.
	21 Total liabilities (Part X, line 26)	22,687,573. 5,898,249.
	22 Net assets or fund balances. Subtract line 21 from line 20.	7,569,179. 4,028,920.

Part II Signature Block

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

Sign Here	 Signature of officer	5/2/2024 Date
	Holly Brinkman, VP/COO & Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name AARON HERSHBERGER	Preparer's signature 	Date 04/30/2024	Check <input type="checkbox"/> if self-employed	PTIN P00961884
	Firm's name ▶ FORVIS, LLP	Firm's EIN ▶ 44-0160260		Phone no. 513-621-8300	
	Firm's address ▶ 312 WALNUT STREET, SUITE 3000 CINCINNATI, OH 45202				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Part 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? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,877,556. including grants of \$) (Revenue \$ 1,456,434.)

KW IN SCHOOLS: SEE SCHEDULE O

4b (Code:) (Expenses \$ 3,402,144. including grants of \$ 640,000.) (Revenue \$ 324,049.)

POLICY AND ADVOCACY: SEE SCHEDULE O

4c (Code:) (Expenses \$ 2,607,233. including grants of \$ 491,679.) (Revenue \$ 360,418.)

IMPACT AND IMPROVEMENT: SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 2,714,046. including grants of \$ 34,630.) (Revenue \$ 1,080,090.)

4e Total program service expenses 13,600,979.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 57		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If 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 organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		
If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a sub-table for 1a and 1b. Rows include questions about voting members, family relationships, management delegation, governance changes, asset diversions, and meeting documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, document retention, and compensation review processes.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

513-929-4777

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HOLLY BRINKMAN COO, VP OF FINANCE & TREASURER	37.00 3.00			X				263,426.	NONE	47,529.
(2) MATTHEW WILLIAMS EVP/CHIEF STRAT OFF&SECRETARY	39.00 1.00			X				250,840.	NONE	39,955.
(3) MICHAEL DIMAGGIO VP, STRATEGIC PTR & DEV	40.00 NONE					X		232,416.	NONE	25,405.
(4) VIRGEL HAMMONDS CHIEF LEARNING OFFICER	40.00 NONE					X		234,182.	NONE	11,769.
(5) LILLIAN PACE VP, POLICY & ADVOCACY	40.00 NONE					X		214,956.	NONE	10,810.
(6) REBECCA WOLFE VP, IMPACT & IMPROVEMENT	40.00 NONE					X		186,804.	NONE	36,036.
(7) KATHERINE PRINCE VP, STRATEGIC FORESIGHT	40.00 NONE						X	182,497.	NONE	22,661.
(8) WILLIAM HITE PRESIDENT & CEO	39.00 1.00			X				186,571.	NONE	10,346.
(9) LAUREN MCCAULEY SR DIR, TEACHING & LEARNING	40.00 NONE						X	149,942.	NONE	35,671.
(10) KATE WESTRICH VP, MARKETING & COMMUNICATIONS	40.00 NONE						X	170,761.	NONE	8,693.
(11) GREGORY SEATON SR DIR, IMPACT & IMPROVEMENT	40.00 NONE						X	143,533.	NONE	33,746.
(12) SEAN DECATUR DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(13) RENEE FOSTER DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(14) THOMAS FRY DIRECTOR	2.00 1.00	X						NONE	NONE	NONE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) TRACY NAJERA DIRECTOR	2.00 NONE	X					NONE	NONE	NONE
(16) LIZZETTE GONZALEZ REYNOLDS CHAIR OF BOARD - TERM ENDED	2.00 NONE	X	X				NONE	NONE	NONE
(17) EILEEN RUDDEN DIRECTOR	2.00 1.00	X					NONE	NONE	NONE
(18) ROBERT RUNCIE DIRECTOR	2.00 NONE	X					NONE	NONE	NONE
(19) BRENDA SHUM DIRECTOR	2.00 NONE	X					NONE	NONE	NONE
(20) JULIANA WONG DIRECTOR	2.00 NONE	X					NONE	NONE	NONE
(21) VICTOR YOUNG INTERIM CHAIR OF THE BOARD	2.00 1.00	X	X				NONE	NONE	NONE
1b Sub-total						2,215,928.	NONE	282,621.	
c Total from continuation sheets to Part VII, Section A						NONE	NONE	NONE	
d Total (add lines 1b and 1c)						2,215,928.	NONE	282,621.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **35**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	1,178,150.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	2,921,600.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			4,099,750.			
	Program Service Revenue	2a INTEREST ON STUDENT LOANS	Business Code				
b FEES FOR SERVICE		611710	809,381.	809,381.			
c KWI ADMIN FEES		611710	2,324,198.	2,324,198.			
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f				3,220,991.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).		174,724.			174,724.	
	4 Income from investment of tax-exempt bond proceeds .		NONE				
	5 Royalties		NONE				
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c	NONE	NONE			
	d Net rental income or (loss)			NONE			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses . .	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)			NONE			
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			NONE			
				NONE			
b Less: direct expenses	8b			NONE			
c Net income or (loss) from fundraising events			NONE				
9a Gross income from gaming activities. See Part IV, line 19	9a			NONE			
				NONE			
b Less: direct expenses	9b			NONE			
c Net income or (loss) from gaming activities			NONE				
10a Gross sales of inventory, less returns and allowances	10a			NONE			
				NONE			
b Less: cost of goods sold	10b			NONE			
c Net income or (loss) from sales of inventory			NONE				
Miscellaneous Revenue	11a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			NONE			
12 Total revenue. See instructions			7,495,465.	3,220,991.		174,724.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, etc.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,909,835.	1	5,010,231.
	2 Savings and temporary cash investments.	1,287,033.	2	NONE
	3 Pledges and grants receivable, net	1,907,812.	3	920,253.
	4 Accounts receivable, net	240,665.	4	225,498.
	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	NONE	5	NONE
	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)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges . . SEE SCHEDULE O	251,885.	9	335,118.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 615,215.		
	b Less: accumulated depreciation.	10b 431,275.	231,332.	10c 183,940.
	11 Investments - publicly traded securities.	2,054,120.	11	2,115,911.
	12 Investments - other securities. See Part IV, line 11.	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11.	16,252,078.	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	2,121,992.	15	1,136,218.
16 Total assets. Add lines 1 through 15 (must equal line 33)	30,256,752.	16	9,927,169.	
Liabilities	17 Accounts payable and accrued expenses.	1,668,888.	17	1,197,305.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	1,351,149.	19	3,623,365.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 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	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	10,748,897.	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,918,639.	25	1,077,579.
	26 Total liabilities. Add lines 17 through 25.	22,687,573.	26	5,898,249.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.	1,502,582.	27	451,381.
	28 Net assets with donor restrictions.	6,066,597.	28	3,577,539.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	7,569,179.	32	4,028,920.	
33 Total liabilities and net assets/fund balances	30,256,752.	33	9,927,169.	

Part 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	7,495,465.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,696,195.
3	Revenue less expenses. Subtract line 2 from line 1	3	-10,200,730.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,569,179.
5	Net unrealized gains (losses) on investments	5	4,004.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	6,656,467.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,028,920.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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?
 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
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2022

Open to Public
Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

KNOWLEDGEWORKS FOUNDATION

Employer identification number

31-1321973

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Rows include: 14 Public support percentage for 2022; 15 Public support percentage from 2021 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2022; 16b 33 1/3 % support test - 2021; 17a 10%-facts-and-circumstances test - 2022; 17b 10%-facts-and-circumstances test - 2021; 18 Private foundation.

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.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (40.63%). Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 (39.57%).

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (0.46%). Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 (0.33%).

- 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. [X]
b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. []
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. []

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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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.		
3b	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.		
3c	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.		
4b	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.		
4c	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).		
5b	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?		
5c	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 .		
9b	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 .		
9c	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.		
10b	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.)		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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

PART III, LINE 12

EXPLANATION OF OTHER INCOME:

SECURITIES LITIGATION INCOME

NFP SERVICING FEE INCOME

LEASE TERMINATION

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

KNOWLEDGEWORKS FOUNDATION

31-1321973

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

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

[] 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; 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 one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, 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.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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).

Name of organization <p style="text-align: center;">KNOWLEDGEWORKS FOUNDATION</p>	Employer identification number <p style="text-align: center;">31-1321973</p>
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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	N/A <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/>	\$ 1,096,171.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/>	\$ 183,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/>	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A <hr/> <hr/>	\$ 1,178,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

KNOWLEDGEWORKS FOUNDATION

Employer identification number
31-1321973

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	N/A	\$ 467,428.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

KNOWLEDGEWORKS FOUNDATION

Employer identification number

31-1321973

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
_____	_____ _____ _____	\$ _____	_____
(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
_____	_____ _____ _____	\$ _____	_____

Name of organization KNOWLEDGEWORKS FOUNDATION	Employer identification number 31-1321973
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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 information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization KNOWLEDGEWORKS FOUNDATION	Employer identification number 31-1321973
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2022

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		22,398.	
c Total lobbying expenditures (add lines 1a and 1b)		22,398.	
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)		22,398.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		4,480.	
If the amount on line 1e, column (a) or (b) is:		The lobbying nontaxable amount is:	
Not over \$500,000		20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000		\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		1,120.	
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-		17,918.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	820,221.	520,444.	587,700.	4,480.	1,932,845.
b Lobbying ceiling amount (150% of line 2a, column (e))					2,899,268.
c Total lobbying expenditures	29,320.	28,358.	32,653.	22,398.	112,729.
d Grassroots nontaxable amount	205,055.	130,111.	146,925.	1,120.	483,211.
e Grassroots ceiling amount (150% of line 2d, column (e))					724,817.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total. Add lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912. c If "Yes," enter the amount of any tax incurred by organization managers under section 4912. d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with columns 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments and similar amounts from members. 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for supplemental information.

Part IV Supplemental Information (continued)

PART I-A AND I-B

THESE SECTIONS ARE "NOT APPLICABLE" AS KNOWLEDGEWORKS FOUNDATION DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS), ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE.

SCHEDULE D (Form 990)

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KNOWLEDGEWORKS FOUNDATION

Employer identification number

31-1321973

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during 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 advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items, b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
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 receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" 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 end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" 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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INT RECEIVABLE ON INVESTMENTS	15,452.
(2) RIGHT OF USE ASSETS	1,120,766.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,136,218.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	1,077,579.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,077,579.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete 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 included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

FEDERAL INCOME TAX

THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, THE FOUNDATION IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. THE FOUNDATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

KNOWLEDGEWORKS FOUNDATION

Employer identification number

31-1321973

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ACHIEVING THE DREAM 8484 GEORGIA AVENUE SILVER SPRING, MD 20910	27-1635930	501(C)(3)	17,500.				HIGH-QUALITY COLLEGE IN HS EXPERIENCES
(2) BARD COLLEGE P.O. BOX 5000 ANNADALE ON HUDSON, NY 12504	14-1713034	501(C)(3)	17,500.				HIGH-QUALITY COLLEGE IN HS EXPERIENCES
(3) MIDDLE COLLEGE NATIONAL CONSORTIUM 100 BANK ST., SUITE 3D NEW YORK, NY 10014	04-3608107	501(C)(3)	15,000.				HIGH-QUALITY COLLEGE IN HS EXPERIENCES
(4) NATIONAL ALLIANCE OF CONCURRENT ENROLLMENT P.O. BOX 578 CHAPEL HILL, NC 27514	16-1609101	501(C)(3)	50,000.				HIGH-QUALITY COLLEGE IN HS EXPERIENCES
(5) RODEL CHARITABLE FOUNDATION 100 W. 10TH STREET WILMINGTON, DE 19801	91-1944585	501(C)(3)	25,000.				HIGH-QUALITY COLLEGE IN HS EXPERIENCES
(6) JOBS FOR THE FUTURE 50 MILK ST., FLOOR 17 BOSTON, MA 02109	06-1164568	501(C)(3)	110,000.				HIGH-QUALITY COLLEGE IN HS EXPERIENCES
(7) NATIONAL CAREER TECHNICAL EDUCATION FDN 8484 GEORGIA AVENUE SILVER SPRING, MD 20910	73-1086246	501(C)(3)	17,500.				HIGH-QUALITY COLLEGE IN HS EXPERIENCES
(8) ALBANY-SCHOHARIE-SCHENECTADY-SARATOGA BOCES 900 WATERLIET-SHAKER ROAD ALBANY, NY 12205	14-6009582	LOCAL GOVT	8,000.				HIGH-QUALITY COLLEGE IN HS EXPERIENCES
(9) RESEARCH FDN OF THE CITY UNIVERSITY OF NY 230 W. 41ST ST. NEW YORK, NY 10036	13-1988190	501(C)(3)	8,000.				HIGH-QUALITY COLLEGE IN HS EXPERIENCES
(10) THE RESEARCH FDN FOR THE STATE UNIV OF NY P.O. BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	8,000.				HIGH-QUALITY COLLEGE IN HS EXPERIENCES
(11) WESTED 730 HARRISON STREET SAN FRANCISCO, CA 94107	94-3233542	501(C)(3)	347,174.				QUALITATIVE RESEARCH STUDIES
(12) THE RILEY INSTITUTE AT FURMAN UNIVERSITY 3000 POINSETT HIGHWAY GREENVILLE, SC 29613	57-0314395	501(C)(3)	147,500.				COMPETENCY-BASED LEARNING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 24

3 Enter total number of other organizations listed in the line 1 table NONE

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

KNOWLEDGEMARKS FOUNDATION

Employer identification number

31-1321973

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AURORA INSTITUTE 1100 N. GLEBE RD. ARLINGTON, VA 22201	20-0310109	501(C)(3)	15,000.				LEARNER-CENTERED ASSMTS SUPPORT
(2) BIG PICTURE LEARNING 325 PUBLIC ST. PROVIDENCE, RI 02905	05-0485883	501(C)(3)	15,000.				LEARNER-CENTERED ASSMTS SUPPORT
(3) ENVISION EDUCATION INC 111 MYRTLE ST., SUITE 203 OAKLAND, CA 94607	94-3394659	501(C)(3)	15,000.				LEARNER-CENTERED ASSMTS SUPPORT
(4) GREAT SCHOOLS PARTNERSHIP, INC 482 CONGRESS ST. PORTLAND, ME 04101	26-3634610	501(C)(3)	15,000.				LEARNER-CENTERED ASSMTS SUPPORT
(5) LEARNER-CENTERED COLLABORATIVE 49 STEVENSON ST. SAN FRANCISCO, CA 94105	87-1858173	501(C)(3)	15,000.				LEARNER-CENTERED ASSMTS SUPPORT
(6) MASTERY TRANSCRIPT CONSORTIUM P.O. BOX 485 WINCHESTER, MA 01890	81-4974458	501(C)(3)	15,000.				LEARNER-CENTERED ASSMTS SUPPORT
(7) THE NATL CENTER FOR THE IMPROVEMENT OF EDUC 31 MOUNT VERNON ST. DOVER, NH 03820	02-0501917	501(C)(3)	15,000.				LEARNER-CENTERED ASSMTS SUPPORT
(8) TRANSCEND INC. P.O. BOX 83332 WOBURN, MA 01813	30-0878820	501(C)(3)	15,000.				LEARNER-CENTERED ASSMTS SUPPORT
(9) SPRINGFIELD INTERNATIONAL CHARTER SCHOOL 160 JOAN ST. SPRINGFIELD, MA 01129	04-3272167	GOVT ENTITY	20,000.				QUALITATIVE RESEARCH STUDIES
(10) CENTER FOR INNOVATION IN EDUCATION 1012 TORNEY AVE. SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	115,000.				RY LOCAL & STATE ADVOCACY SUPPORT
(11) EVERY CHILD SUCCEEDS 3333 BURNET AVE. CINCINNATI, OH 45229	31-1628467	501(C)(3)	450,000.				POSITIVE PARENTING & EARLY CHILDHOOD DEV.
(12) GREATER CINCINNATI FOUNDATION 720 E. PETE ROSE WAY CINCINNATI, OH 45202	31-06669700	501(C)(3)	1,134,812.				POSITIVE PARENTING & EARLY CHILDHOOD DEV.

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

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

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

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

	(e) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

KNOWLEDGEWORKS MAINTAINS A SYSTEM OF RECORDS ON GRANTMAKING THAT INCLUDES: DATE OF REQUEST, ELIGIBILITY OF GRANTEE, CONTACT INFORMATION, DATE GRANT WAS AWARDED, GRANT PURPOSE, GRANT BUDGET, ELECTRONIC COPY OF EXECUTED GRANT AGREEMENT AND REQUIRED REPORTING. THE GRANTS MANAGER PROVIDES PERIODIC REPORTING TO PROGRAM DIRECTORS AND FOLLOWS UP WHEN REQUIRED REPORTING IS DUE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

KNOWLEDGEWORKS FOUNDATION

31-1321973

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X								
	4b	X								
	4c	X								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM HITE PRESIDENT & CEO	(i) 173,453. (ii) NONE (iii) NONE	10,000. NONE NONE	3,118. NONE NONE	9,223. NONE NONE	1,123. NONE NONE	196,917.	
2 HOLLY BRINKMAN COO, VP OF FINANCE & TREASURER	(i) 260,692. (ii) NONE (iii) NONE	NONE NONE NONE	2,734. NONE NONE	13,853. NONE NONE	33,676. NONE NONE	310,955.	
3 MATTHEW WILLIAMS EVP/CHIEF STRAT OFF/SECRETARY	(i) 248,324. (ii) NONE (iii) NONE	NONE NONE NONE	2,516. NONE NONE	12,978. NONE NONE	26,977. NONE NONE	290,795.	
4 MICHAEL DIMAGGIO VP, STRATEGIC PTR & DEV	(i) 228,520. (ii) NONE (iii) NONE	NONE NONE NONE	3,896. NONE NONE	11,773. NONE NONE	13,632. NONE NONE	257,821.	
5 KATHERINE PRINCE VP, STRATEGIC FORESIGHT	(i) 179,880. (ii) NONE (iii) NONE	NONE NONE NONE	2,617. NONE NONE	9,318. NONE NONE	13,343. NONE NONE	205,158.	
6 KATE WESTRICH VP, MARKETING & COMMUNICATIONS	(i) 170,415. (ii) NONE (iii) NONE	NONE NONE NONE	346. NONE NONE	8,521. NONE NONE	172. NONE NONE	179,454.	
7 LAUREN MCCAULEY SR DIR, TEACHING & LEARNING	(i) 147,893. (ii) NONE (iii) NONE	NONE NONE NONE	2,049. NONE NONE	7,784. NONE NONE	27,887. NONE NONE	185,613.	
8 GREGORY SEATON SR DIR, IMPACT & IMPROVEMENT	(i) 141,114. (ii) NONE (iii) NONE	NONE NONE NONE	2,419. NONE NONE	7,483. NONE NONE	26,263. NONE NONE	177,279.	
9 VIRGEL HAMMONDS CHIEF LEARNING OFFICER	(i) 231,948. (ii) NONE (iii) NONE	NONE NONE NONE	2,234. NONE NONE	11,597. NONE NONE	172. NONE NONE	245,951.	
10 LILLIAN PACE VP, POLICY & ADVOCACY	(i) 212,768. (ii) NONE (iii) NONE	NONE NONE NONE	2,188. NONE NONE	10,638. NONE NONE	172. NONE NONE	225,766.	
11 REBECCA WOLFE VP, IMPACT & IMPROVEMENT	(i) 184,460. (ii) NONE (iii) NONE	NONE NONE NONE	2,344. NONE NONE	9,683. NONE NONE	26,353. NONE NONE	222,840.	
12							
13							
14							
15							
16							

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

KNOWLEDGEWORKS FOUNDATION

Employer identification number

31-1321973

FORM 990, PART I, LINE 1

ORGANIZATION'S MISSION

KNOWLEDGEWORKS VISION IS A FUTURE OF LEARNING WHERE STUDENTS OF ALL RACES
AND ETHNICITIES, INCOMES AND IDENTITIES PURSUE THE KINDS OF LEARNING
EXPERIENCES THAT ENABLE THEM TO UNCOVER THEIR PASSIONS AND THRIVE IN AN
EVOLVING WORLD.

KNOWLEDGEWORKS MISSION IS TO HELP OUR PARTNERS IN STATES AND SCHOOLS WORK
TOGETHER TO ALIGN POLICY AND PRACTICE, REIMAGINING WHAT EDUCATION CAN DO
THROUGH PERSONALIZED, COMPETENCY-BASED LEARNING - AND WHAT IT MUST DO TO
PREPARE STUDENTS FOR A LIFETIME OF LEARNING.

OUR WORK IN SCHOOLS ACROSS THE COUNTRY SPARKS NEW THINKING ABOUT WAYS TO
PREPARE STUDENTS FOR AN UNCERTAIN FUTURE. WE BELIEVE IN PERSONALIZED
LEARNING NOT ONLY FOR STUDENTS, BUT ALSO FOR EDUCATORS AND LEADERS.

WITH MORE THAN 20 YEARS OF EXPERIENCE EXPLORING THE FUTURE OF LEARNING,
GROWING EDUCATOR IMPACT AND WORKING WITH STATE AND FEDERAL POLICYMAKERS,
OUR PASSIONATE TEAM PARTNERS WITH SCHOOLS AND SCHOOL DISTRICTS TO GROW A
SYSTEM-WIDE APPROACH TO SUSTAIN STUDENT-CENTERED PRACTICES SO THAT EVERY
CHILD GRADUATES READY FOR WHAT'S NEXT.

FORM 990, PART III, LINE 1

DESCRIPTION OF ORGANIZATION'S MISSION

WE HELP OUR PARTNERS IN STATES AND SCHOOLS WORK TOGETHER TO ALIGN POLICY
AND PRACTICE, REIMAGINING WHAT EDUCATION CAN DO THROUGH PERSONALIZED,

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service
Name of the organization

KNOWLEDGEWORKS FOUNDATION

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COMPETENCY-BASED LEARNING - AND WHAT IT MUST DO TO PREPARE STUDENTS FOR A
LIFETIME OF LEARNING.

FORM 990, PART III, LINE 3

SIGNIFICANT CHANGES

IN MAY 2023, KNOWLEDGEWORKS SOLD ITS REMAINING STUDENT LOANS, WHICH
TOTALLED APPROXIMATELY \$12,317,000 AT THE TIME OF SALE, TO THE SAME THIRD
PARTY THAT HELD THE RIGHTS TO CASH FLOWS FROM THE TRUST. THE PURCHASE
PRICE OF THE LOANS WAS EQUAL TO 100% OF THE PRINCIPAL BALANCE OF THE
LOANS PLUS INTEREST ACCRUED THEREON OF APPROXIMATELY \$739,000. THE
PROCEEDS FROM THE SALE WERE USED TO PAY OFF THE REMAINDER OF THE BONDS.
AS A RESULT OF THIS TRANSACTION, KNOWLEDGEWORKS EFFECTIVELY ENDED ITS
STUDENT LOAN PROGRAM.

FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS - KNOWLEDGEWORKS IN SCHOOLS
KNOWLEDGEWORKS HAS ESTABLISHED PARTNERSHIPS WITH MORE THAN 100 SCHOOL
DISTRICTS AND STATE EDUCATION AGENCIES ACROSS 14 STATES IN TRANSFORMING
THEIR SYSTEM FROM A TRADITIONAL SYSTEM TO ONE THAT IS PERSONALIZED AND
COMPETENCY-BASED. THESE SCHOOL SYSTEMS SPAN THE COUNTRY AND ARE DIVERSE
IN SIZE, RACIAL DEMOGRAPHICS, AND SOCIOECONOMIC BACKGROUND. IN FY23,
KNOWLEDGEWORKS PARTNERED WITH STATE EDUCATION AGENCIES IN NEVADA, NORTH
DAKOTA, OHIO, SOUTH CAROLINA, AND UTAH TO HELP STAKEHOLDERS SUPPORT THE
GROWTH OF PERSONALIZED AND COMPETENCY-BASED EDUCATION STATEWIDE.
KNOWLEDGEWORKS ALSO PARTNERED WITH STATE-WIDE ORGANIZATIONS IN ARIZONA
AND MICHIGAN TO LAUNCH COHORTS OF SCHOOL SYSTEMS EXPLORING NEW, MORE
EQUITABLE LEARNING STRUCTURES FOR STUDENTS AND COMMUNITIES ACROSS THE

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2022

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KNOWLEDGEWORKS FOUNDATION

Employer identification number

31-1321973

STATE.

COLLABORATING WITH THE NEVADA DEPARTMENT OF EDUCATION, KNOWLEDGEWORKS SUPPORTED EFFORTS TO LAUNCH A STATEWIDE PERSONALIZED, COMPETENCY-BASED LEARNING NETWORK. KNOWLEDGEWORKS AND THE STATE DEPARTMENT MET WITH ALL THIRTEEN SCHOOL SYSTEMS TO EXPLORE WHAT STATE-WIDE SUPPORTS WOULD BE MOST IMPACTFUL IN LAUNCHING PERSONALIZED, COMPETENCY-BASED LEARNING AS WELL AS THE DESIGN OF A NEVADA PROFILE OF A GRADUATE.

WORK IN NORTH DAKOTA LED TO A GROWING NETWORK OF DISTRICTS COMMITTED TO IMPLEMENTING PERSONALIZED LEARNING AND THE DEVELOPMENT OF A STATEWIDE LEARNING CONTINUUM THAT WILL PROVIDE STUDENTS WITH COMPETENCY-BASED GRADUATION PATHWAYS. LEADERSHIP TEAMS COMPRISED OF SCHOOL, STATE DEPARTMENT, COMMUNITY-BASED ORGANIZATION INDIVIDUALS ARE NOW LEADING THE PLANNING AND IMPLEMENTATION OF STATE-WIDE LEARNING COLLABORATIVES.

KNOWLEDGEWORKS PARTNERED WITH THE OHIO DEPARTMENT OF EDUCATION TO BUILD STAFF CAPACITY TO IMPLEMENT PERSONALIZED, WHOLE-CHILD APPROACHES ALIGNED WITH THE STATE'S STRATEGIC PLAN. IN PARTNERSHIP WITH THE STATE DEPARTMENT, THIRTEEN REGIONAL SPECIALISTS WERE IDENTIFIED TO SUPPORT PROFESSIONAL LEARNING OPPORTUNITIES AND COACHING FOR TEACHERS, PRINCIPALS, AND DISTRICT LEADERS. THESE SPECIALISTS AND KNOWLEDGEWORKS HAVE CO-DESIGNED AND ESTABLISHED THE OHIO PERSONALIZED LEARNING NETWORK.

IN SOUTH CAROLINA, KNOWLEDGEWORKS PARTNERED WITH THE DEPARTMENT OF

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

KNOWLEDGEWORKS FOUNDATION

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OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

31-1321973

EDUCATION'S OFFICE OF PERSONALIZED LEARNING TO SUPPORT A STATEWIDE NETWORK OF SCHOOLS AND DISTRICTS IMPLEMENTING PERSONALIZED, COMPETENCY-BASED LEARNING. THIS STATEWIDE PARTNERSHIP INCREASED FROM 15 DISTRICTS IN FY18 TO 70 SCHOOL SYSTEMS IN FY23 ALL WORKING COLLABORATIVELY TO ADVANCE PERSONALIZED, COMPETENCY-BASED LEARNING ACROSS THE STATE. THIS REPRESENTS A COMMITMENT FROM OVER 75% OF SOUTH CAROLINA'S DISTRICTS.

WORK IN ARIZONA LEARNING COMMUNITIES LED TO THE CREATION OF PERSONALIZED LEARNING INSTITUTES FOR SCHOOL SYSTEMS ACROSS THE COUNTRY TO OBSERVE, LEARN, AND PROVIDE FEEDBACK TO THE ARIZONA PERSONALIZE LEARNING NETWORK THAT IS TRANSFORMING LEARNING ECOSYSTEMS FOR MORE THAN 100,000 YOUNG PEOPLE THROUGHOUT THE STATE.

FORM 990, PART III, LINE 4B

PROGRAM SERVICE ACCOMPLISHMENTS - POLICY & ADVOCACY
IN FY23, KNOWLEDGEWORKS CONTINUED TO SUPPORT STATES AND DIVERSE EDUCATION STAKEHOLDERS TO ADVANCE POLICY CHANGE AND MAXIMIZE IMPLEMENTATION IN SERVICE OF SYSTEMS TRANSFORMATION. THE POLICY & ADVOCACY TEAM CONDUCTED OPPORTUNITY ANALYSES AND FLEXIBILITY MEMOS FOR KENTUCKY AND OHIO ALIGNED TO KNOWLEDGEWORKS' STATE POLICY FRAMEWORK FOR PERSONALIZED LEARNING AND ENGAGED IN TARGETED TECHNICAL ASSISTANCE REQUESTS FOR STATE POLICYMAKERS IN SOUTH CAROLINA, NEVADA, AND KENTUCKY. DEVELOPMENT AND FACILITATION OF LEADERSHIP NETWORKS IN NEVADA AND OHIO ENHANCED THESE TECHNICAL POLICY SUPPORTS, PROVIDING SYSTEMS OF SUPPORT TO THE FIELD AS WELL AS A FOCUS ON DEVELOPING THE CAPACITY OF STATE LEADERS TO SUSTAIN PCBL TRANSFORMATION.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

KNOWLEDGEWORKS FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

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2022

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IN NEVADA, KNOWLEDGEWORKS LAUNCHED AN AMBASSADOR FELLOWSHIP PROGRAM IN NEVADA TO ELEVATE RACIALLY AND REGIONALLY DIVERSE EDUCATION LEADERS AND A YOUTH EMPOWERMENT FELLOWSHIP TO ELEVATE STUDENT VOICE. KNOWLEDGEWORKS HELPED LOCAL PARTNERS IN KENTUCKY AND SOUTHWESTERN PENNSYLVANIA DESIGN STORYTELLING AND MESSAGING EFFORTS SCHEDULE TO LAUNCH IN THE NEXT YEAR TO ADVANCE KEY MESSAGES ALIGNED TO PERSONALIZED, COMPETENCY-BASED LEARNING. KNOWLEDGEWORKS ALSO BEGAN EFFORTS IN MINNESOTA TO HELP LOCAL PARTNERS MAKE THE CASE FOR EDUCATIONAL TRANSFORMATION.

KNOWLEDGEWORKS COMPLETED A SERIES OF THOUGHT LEADERSHIP ENGAGEMENTS THROUGHOUT THE YEAR TO ELEVATE INSIGHTS FROM THE FIELD AND PUSH NATIONAL THINKING ABOUT EDUCATIONAL TRANSFORMATION. THE DESIGN AND LAUNCH OF A TRAILBLAZERS SUMMIT AND SUBSEQUENT REPORT, BEYOND THE HORIZON: BLAZING A TRAIL TOWARD LEARNER CENTERED SCHOOL QUALITY SYSTEMS BROUGHT TOGETHER NEARLY 200 NATIONAL LEADERS TO IMAGINE A STUDENT-CENTERED FUTURE FOR ASSESSMENT AND ACCOUNTABILITY SYSTEMS. THIS EFFORT ENGAGED 10 NATIONAL PARTNER ORGANIZATIONS AND HELPED BUILD COLLABORATIVE RELATIONSHIPS WITH NATIONAL CIVIL RIGHTS ORGANIZATIONS.

THE POLICY & ADVOCACY TEAM CONTINUED TO TRACK PERSONALIZED, COMPETENCY-BASED LEARNING POLICY MOMENTUM ACROSS THE COUNTRY, RELEASING THE FIRST-EVER 50-STATE SCAN OF STUDENT-CENTERED LEARNING POLICIES PRODUCED IN PARTNERSHIP WITH THE EDUCATION COMMISSION OF THE STATES. RELEASE OF THE PUBLICATION, TRANSFORMING FOR TOMORROW, HELPED STATE

**SCHEDULE O
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POLICYMAKERS FOCUS ON A NARROW SET OF TRANSFORMATIONAL POLICY LEVERS TO
KICK-START PCBL SYSTEMS ACROSS THEIR STATE.

IN ADDITION TO POLICY PUBLICATIONS, THE POLICY & ADVOCACY TEAM PRODUCED
SEVERAL RESOURCES TO INCREASE STAKEHOLDER ENGAGEMENT IN EDUCATIONAL
SYSTEMS TRANSFORMATION. IN COLLABORATION WITH STUDENT VOICE ORGANIZATIONS
ACROSS THE COUNTRY, THE TEAM PUBLISHED LEARNING AGENDA FOR ELEVATING
STUDENT VOICE WHICH RESOURCE OFFERS A COMPREHENSIVE GUIDE FOR EMPOWERING
STUDENTS IN THE EDUCATION TRANSFORMATION PROCESS. A SERIES OF VIDEO
SHORTS WAS ALSO PRODUCED TO HELP STAKEHOLDERS UNDERSTAND THE FUNDAMENTALS
OF COMPETENCY DESIGN AND BEST PRACTICES FOR DESIGNING A COMPETENCY
CONTINUUM THAT INTEGRATES ACADEMIC KNOWLEDGE AND ESSENTIAL SKILLS. DESIGN
AND BEST PRACTICES FOR DESIGNING A COMPETENCY CONTINUUM THAT INTEGRATES
ACADEMIC KNOWLEDGE AND ESSENTIAL SKILLS.

FORM 990, PART III, LINE 4C

PROGRAM SERVICE ACCOMPLISHMENTS - IMPACT & IMPROVEMENT
IN THE CONTINUING EFFORT TO SUPPORT STATE WORK, IN FY23, THE IMPACT AND
IMPROVEMENT TEAM PRODUCED ITS FINAL REPORT ON THE INTERIM FORMATIVE DATA
AND SHARED THESE FINDINGS WITH PARTNERS IN NORTH DAKOTA. THE TEAM WORKED
WITH THE NORTH DAKOTA STUDENT LONGITUDINAL DATA SYSTEM ON THE SUMMATIVE
DATA PORTION OF THE STUDY AND RECEIVED TWO ROUNDS OF STUDENT MATCHED PAIR
ANALYSIS OF SUMMATIVE OUTCOMES. ACROSS ARIZONA, NORTH DAKOTA, AND SOUTH
CAROLINA, THE TEAM LED 29 CONTINUOUS QUALITY IMPROVEMENT CAPACITY
BUILDING SESSIONS WITH DISTRICTS LEADERS AND DATA FELLOWS. THE IMPACT &
IMPROVEMENT TEAM GATHERED, CLEANED, AND ANALYZED 17,436 IMPLEMENTATION

**SCHEDULE O
(Form 990 or 990-EZ)**

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Internal Revenue Service

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2022

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Employer identification number

31-1321973

SURVEYS FROM STUDENTS AND ANOTHER 2,500 (APPROXIMATELY) FROM EDUCATORS IN
ARIZONA, NORTH DAKOTA, OHIO AND SOUTH CAROLINA.

TOWARDS THE GOALS OF BUILDING THE KNOWLEDGE BASE FOR THE FIELD, THE
IMPACT & IMPROVEMENT TEAM COMPLETED INDIVIDUAL DATA DASHBOARDS FOR 12
DISTRICTS AND PRESENTED EARLY FINDINGS TO THE ENTIRE OHIO LAUNCH COHORT.
THE TEAM CONTINUED TO MAINTAIN AND EXPAND THE MAKING THE CASE: COMPELLING
DATA, A FIELD-FACING, SEARCHABLE DATA LIBRARY FOR SOURCING EVIDENCE AND
DATA ON THE POSITIVE IMPACTS OF PCBL. THE MAKING THE CASE DATA LIBRARY
HAD 6,770 UNIQUE VISITS IN FY23, UP FROM 615 IN FY22.

FORM 990, PART III, LINE 4D

PROGRAM SERVICE ACCOMPLISHMENTS - OTHER SERVICES

INCLUDE STRATEGIC FORESIGHT, GRANTMAKING AND STUDENT LOAN PROGRAMS.

STRATEGIC FORESIGHT - KNOWLEDGEWORKS CONTINUED TO EXERCISE NATIONAL
THOUGHT LEADERSHIP AROUND THE FUTURE OF LEARNING THROUGH PUBLICATIONS,
PARTNERSHIPS AND STAKEHOLDER ENGAGEMENTS. IT PUBLISHED TWO TOOLKITS:
MAPPING YOUR JOURNEY TOWARD LIBERATORY EDUCATION FUTURES AND CHARTING A
PATH TOWARD FLOURISHING FUTURES. THE FORMER PROVIDED GUIDANCE FOR K-12
EDUCATION STAKEHOLDERS ON IDENTIFYING HOW THEY MIGHT TAKE ACTION TODAY
CONSIDERING FUTURE POSSIBILITIES RAISED BY KNOWLEDGEWORKS' SIXTH ANCHOR
FORECAST. CHARTING A PATH TOWARD FLOURISHING FUTURES WAS PUBLISHED IN
COLLABORATION WITH PARTNER CAPITA, AN IDEAS LAB DEDICATED TO THE
FLOURISHING OF FAMILIES AND YOUNG CHILDREN, AND OUTLINED FUTURES THINKING
TOOLS THAT CAN HELP LEADERS IN THE EARLY CHILDHOOD SECTOR ANTICIPATE AND

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

KNOWLEDGEWORKS FOUNDATION

Employer identification number

31-1321973

INITIATE CHANGE. KNOWLEDGEWORKS ALSO PUBLISHED A RETROSPECTIVE BLOG SERIES, LOOKING BACK AT ITS THIRD ANCHOR FORECAST, PUBLISHED IN 2012.

KNOWLEDGEWORKS PARTNERED WITH TEACH FOR AMERICA'S REINVENTION LAB TO RESEARCH AND PUBLISH DREAMING INTO LEARNING FUTURES, USING A HIGHLY PARTICIPATORY PROCESS TO EXPLORE TRENDS AND IMAGINE WHERE LEARNING IN THE UNITED STATES MIGHT BE HEADED OVER THE NEXT 10 YEARS. KNOWLEDGEWORKS ALSO PARTNERED WITH THE UNIVERSITY OF ST. THOMAS AND THE MINNESOTA SCHOOL BOARD ASSOCIATION TO LEAD SCHOOL BOARD MEMBERS THROUGH A COHORT EXPERIENCE ORIENTED TOWARD FUTURES THINKING AND ADVOCACY.

KNOWLEDGEWORKS' STRATEGIC FORESIGHT TEAM CONTINUED TO GIVE PRESENTATIONS AND TO DESIGN AND FACILITATE WORKSHOPS AND WEBINARS EXPLORING FUTURE POSSIBILITIES AND WAYS OF SHAPING THE FUTURE. THE TEAM DELIVERED WORKSHOPS AT THE MINNESOTA SCHOOL BOARDS ASSOCIATION AND DEEPER LEARNING CONFERENCES AND FOR NORTHMONT SCHOOL DISTRICT AND GAVE PRESENTATIONS AT ASU-GSV, ECAMPUS ONTARIO, TORONTO METROPOLITAN UNIVERSITY, AND PHILANTHROPY OHIO. THE TEAM ALSO SUPPORTED KNOWLEDGEWORKS' EFFORTS TO HELP STATE EDUCATION SYSTEMS AND SCHOOL DISTRICTS TRANSITION TO PERSONALIZED, COMPETENCY-BASED LEARNING.

GRANT-MAKING -THE GRANT MAKING PROGRAM PROVIDED APPROXIMATELY \$2.6 MILLION IN GRANTS AND CONTRIBUTIONS TO 30 ORGANIZATIONS.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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KNOWLEDGEWORKS FOUNDATION

Employer identification number

31-1321973

STUDENT LENDING PROGRAMS - KNOWLEDGEWORKS SERVED APPROXIMATELY 900

STUDENTS DURING THE FISCAL YEAR THROUGH ITS STUDENT LENDING PROGRAMS.

FORM 990, PART VI, SECTION A, LINE 2

BUSINESS RELATIONSHIPS

CERTAIN KNOWLEDGEWORKS FOUNDATION BOARD MEMBERS ARE ALSO MEMBERS OF THE
BOARDS OF CERTAIN KNOWLEDGEWORKS FOUNDATION AFFILIATES. THESE OVERLAPPING
BOARD MEMBERSHIPS CONSTITUTE A BUSINESS RELATIONSHIP AS DEFINED BY THE
FORM 990 INSTRUCTIONS.

FORM 990, PART VI, SECTION A, LINE 3

KNOWLEDGEWORKS FOUNDATION CONTRACTED WITH NELNET TO ADMINISTER ITS
STUDENT LENDING PROGRAMS. THIS CONTRACT ENDED ON 6/30/2023.

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

PROCESS TO REVIEW THE FORM 990
AFTER COMPLETION BY THE PREPARER, THE DRAFT FORM 990 IS REVIEWED BY THE
ACCOUNTING DIRECTOR AND THE COO/VP OF FINANCE. THE FINAL DRAFT OF THE
FORM 990 IS REVIEWED WITH THE AUDIT COMMITTEE. AFTER IT RECEIVES THE
APPROVAL OF THE AUDIT COMMITTEE, THE FINAL FORM 990 IS DISTRIBUTED TO ALL
MEMBERS OF THE BOARD OF DIRECTORS BEFORE IT IS FILED.

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

ORGANIZATION'S PRACTICE FOR MONITORING COMPLIANCE
ON AN ANNUAL BASIS A CONFLICT OF INTEREST QUESTIONNAIRE IS COMPLETED BY
DIRECTORS, OFFICERS AND KEY EMPLOYEES AND REVIEWED BY MANAGEMENT. ITEMS
REPORTED ARE DISCUSSED WITH LEGAL COUNSEL, WHO ADVISES MANAGEMENT AND THE
BOARD OF ANY REQUIRED ACTIONS. THE CONFLICT OF INTEREST POLICY IS
DISTRIBUTED WITH THE ANNUAL QUESTIONNAIRE AND IS ALSO ACCESSIBLE ON THE

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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▶ Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

2022

**Open to Public
Inspection**

KNOWLEDGEWORKS FOUNDATION

Employer identification number

31-1321973

SECURE DIRECTOR'S PORTION OF THE FOUNDATION'S WEBSITE.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

COMPENSATION DETERMINATION

THE COMPENSATION OF THE CEO, OTHER OFFICERS, AND KEY EMPLOYEES ARE SET BY
THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS UTILIZING A
COMPENSATION STUDY PERFORMED BY AN INDEPENDENT COMPENSATION CONSULTING
FIRM COMPARING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS, INCLUDING
REVIEW OF FORM 990S FOR OTHER ORGANIZATIONS.

MEMBERS OF THE BOARD OF DIRECTORS HAVE IN THE PAST RECEIVED REASONABLE
COMPENSATION FOR THEIR SERVICES AS MEMBERS OF THE BOARD OF DIRECTORS.

A COMPENSATION STUDY WAS LAST PERFORMED IN APRIL 2023 BY SMITHPILOT.

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENTS

THE CONSOLIDATED FINANCIAL STATEMENTS OF KNOWLEDGEWORKS FOUNDATION AND
ITS SUBSIDIARIES ARE AVAILABLE ON THE KNOWLEDGEWORKS FOUNDATION WEBSITE.
KNOWLEDGEWORKS FOUNDATION'S FORM 990 IS ALSO AVAILABLE ON ITS OWN
WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE
AVAILABLE UPON REQUEST.

FORM 990, PART X, LINE 9

OTHER CHANGES IN NET ASSETS

UNREALIZED LOSS ON LIABILITY FOR STUDENT LOAN RESIDUAL	(155,047)
AMORTIZATION OF DISCOUNT ON STUDENT LOANS	1,112,016
TRANSFER FROM TAX-EXEMPT SUBSIDIARY - KWI	6,385,961

**SCHEDULE O
(Form 990 or 990-EZ)**

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 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization
KNOWLEDGEWORKS FOUNDATION

Employer identification number

31-1321973

LOSS ON SALE OF LOANS (686,463)

TOTAL TO FORM 990, PART XI, LINE 9 6,656,467

Name of the organization

Employer identification number

KNOWLEDGEWORKS FOUNDATION

31-1321973

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
OTHER PROGRAM SERVICES: SEE SCHEDULE O	34,630.	2,714,046.	1,080,090.
TOTALS	34,630.	2,714,046.	1,080,090.

Name of the organization

KNOWLEDGEWORKS FOUNDATION

Employer identification number

31-1321973

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
WESTED 3020 OLD RANCH PARKWAY, SUITE 220 SEAL BEACH, CA 90740	DATA ANALYTICS	148,692.
FORVIS, LLP 312 WALNUT STREET, SUITE 3000 CINCINNATI, OH 45201	AUDIT AND TAX	147,659.
FORESIGHT LAW + POLICY 800 MAINE AVE, SW, SUITE 200 WASHINGTON, DC 20024	POLICY CONSULTING	136,112.

Name of the organization

KNOWLEDGEWORKS FOUNDATION

Employer identification number

31-1321973

FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
BUSINESS CONSULTANTS	238,894.	NONE	238,894.	NONE
MARKETING/COMMUNICATIONS	120,022.	70,562.	49,460.	NONE
NETWORK CONSULTING	41,330.	41,330.	NONE	NONE
PAYROLL/COMP/BENEFITS	142,096.	93,776.	48,320.	NONE
HR/TRAINING/DEVELOPMENT	16,907.	NONE	16,907.	NONE
TECHNOLOGY	16,725.	NONE	16,725.	NONE
POLICY/ADVOCACY	604,272.	604,272.	NONE	NONE
DATA/RESEARCH/EVALUATION	542,584.	542,584.	NONE	NONE
TEACHING/LEARNING CONSULT	501,837.	501,837.	NONE	NONE
STRATEGIC FORESIGHT	158,622.	158,622.	NONE	NONE
TOTALS	----- 2,383,289. =====	----- 2,012,983. =====	----- 370,306. =====	----- NONE =====

Name of the organization

Employer identification number

KNOWLEDGEWORKS FOUNDATION

31-1321973

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	335,118.
TOTALS	335,118.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

KNOWLEDGEWORKS FOUNDATION

Employer identification number

31-1321973

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	KWSL, LLC 51-0560916 312 PLUM STREET, SUITE 950 CINCINNATI, OH 45202	STD LENDING	OH	NONE	NONE	KF
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	KWI 31-1776354 312 PLUM STREET, SUITE 950 CINCINNATI, OH 45202	SUPPORTING	OH	501(C)(3)	11A	KWF		X
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) KWI		L	21,491.	ACTUAL COST
(2) KWI		N	2,004.	ALLOCATED COST
(3) KWI		Q	65,920.	ACTUAL COST
(4) KWI		S	6,385,961.	ACTUAL CASH TRF
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(1) Name, address, and EIN of entity	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(5) Are all partners section 501(c)(3) organizations?		(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate allocations?		(9) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. KNOWLEDGEWORKS FOUNDATION	Taxpayer identification number (TIN) 31-1321973
	Number, street, and room or suite no. If a P.O. box, see instructions. 312 PLUM STREET SUITE 950	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CINCINNATI, OH 45202	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ HOLLY BRINKMAN
312 PLUM STREET, SUITE 950 CINCINNATI OH 45202
Telephone No. ▶ 513 929-1141 Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 20____ or
▶ tax year beginning 07/01, 2022, and ending 06/30, 2023.

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 this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	NONE
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	NONE
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	NONE

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2022

For calendar year 2022 or other tax year beginning 07/01, 2022, and ending 06/30, 2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection
for 501(c)(3)
Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed.	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) KNOWLEDGEWORKS FOUNDATION	D Employer identification number 31-1321973
B Exempt under section <input checked="" type="checkbox"/> 501(C <input checked="" type="checkbox"/> 3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	E Group exemption number (see instructions)
		F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year 9927169.
G Check organization type	<input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university	
H Check if filing only to	<input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439	
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation	<input type="checkbox"/>	
J Enter the number of attached Schedules A (Form 990-T)		
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," enter the name and identifying number of the parent corporation		
L The books are in care of	HOLLY BRINKMAN 312 PLUM STREET, SUITE 950 CINCINNATI, OH 45202	Telephone number 513-929-4777

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions.	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	
9 Trusts. Section 199A deduction. See instructions.	9	
10 Total deductions. Add lines 8 and 9	10	
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	NONE

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	NONE
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only).	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	NONE

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	NONE
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	NONE
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/>		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	NONE
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.		10	
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded 11			

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4 Enter available pre-2018 NOL carryovers here \$ _____ . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
6a Did the organization change its method of accounting? (see instructions)		X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V.		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer _____	Date _____	Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	AARON HERSHBERGER	<i>Aaron Hershberger</i>	04/30/2024		P00961884
	Firm's name FORVIS, LLP			Firm's EIN 44-0160260	
	Firm's address 312 WALNUT STREET, SUITE 3000, CINCINNATI, OH 4520			Phone no. 513-621-8300	

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. KNOWLEDGEWORKS FOUNDATION	Taxpayer identification number (TIN) 31-1321973
	Number, street, and room or suite no. If a P.O. box, see instructions. 312 PLUM STREET SUITE 950	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CINCINNATI, OH 45202	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ► HOLLY BRINKMAN
312 PLUM STREET, SUITE 950 CINCINNATI OH 45202
Telephone No. ► 513 929-1141 Fax No. ► _____

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► calendar year 20____ or
► tax year beginning 07/01, 2022, and ending 06/30, 2023.

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 this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	NONE
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	NONE
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	NONE

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.