Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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.

Inspection

OMB No. 1545-0047

A F	or ti	he 2022	2 cale	ndar y	ear, or ta	ax year be	ginning	07/	01/20	22	and e	ending			06	/30/2	023	
_			C Nan	ne of org	anization								D Em	nployer id	entifi	cation nu	mber	
Bo	heck if a	applicable:	K	WI														
	Addr		Doin	ng Busine	ess As]	31	-17	76354		
	Nam	e change	Nun	nber and	street (or F	O. box if mail	is not deliv	ered to stre	et addres	s)	Room/s	uite	E Tel	lephone n	umbe	r		
	Initia	ıl return	312 PLUM STREET 9						950		(5	13)	929-4	777				
	Tern	ninated	City	or town	state or pr	ovince, countr	y, and ZIP	or foreign po	ostal code)								
	Ame	nded 'n	C	INCI	NATI,	OH 4520	2						G Gro	oss receip	ts \$	42,6	93,6	06.
		ication	F Nan	ne and a	ddress of pr	incipal officer:	WI	LLIAM	HITE					this a gro		ım for	Yes	X No
			3	12 PI	LUM STR	EET, SU	ITE 95	0, CIN	NCINN.	ATI, OH	4520	2		re all subord		ncluded?	Yes	No
I	Tax-ex	xempt sta	itus:	X 50	01(c)(3)	501(c)	() 4	(insert no	0.)	4947(a)(1)	or	527] If	f "No," atta	ch a lis	t. (see instr	uctions)	
J	Webs	ite: 🕨	N/A	-								*	H(c) G	roup exem	ption n	umber		
_	_	of organi		1 7	orporation	Trust	Associa	ition (Other >		LY	ear of forma	ation: 20	001 M	State	of legal d	omicile:	ОН
P	art I	Sun	nmar	y														
Name of Street	1				organizati	on's mission	or most s	significant	activities	SUPPO	ORTS (CHARITA	BLE Z	AND E	DUC	ATION	AL	
ø	-					WLEDGEW												
and						···· ··· ··· ··· ··· ··· ··· ··· ··· ·												
Governance	2	Check	this b	ox 🏲	if the	organization	discontir	nued its or	peration	s or dispose	ed of mo	re than 25%	6 of its r	net asset	s.			
õ	3	Numbe	er of v	_		the governing									3			5
ంర	4					members o									4			5
Activities	5					nployed in ca									5			NONE
Ξ	6					timate if nece									6			5
AC	_					ue from Part									7a		178	,019.
						e income fror									7b			,696.
-				<u> </u>				.,					Prior			Cur	rent Ye	
	8	Contrib	outions	s and or	ants (Part)	VIII, line 1h)						_		No	ONE			NONE
nge	9					VIII, line 2g)					Y FOR				ONE			NONE
Revenue	10					column (A), li				PUBLIC IN	NSPECT	ION	7.3	391,21	_	2	.897	,601.
ř	11					nn (A), lines				-				347,56	-		7021	NONE
	12					ough 11 (mu								238,77	$\overline{}$	2	. 897	,601.
-	13					id (Part IX, c									ONE		, 00.	NONE
	14					s (Part IX, co									ONE			NONE
	15					employee be							NONE					NONE
Expenses	l .					Part IX, colur									ONE			NONE
per						rt IX, column												
ũ	17					nn (A), lines							2	275,01	9		260	,545.
	18					17 (must equ								275,01				,545.
	19					act line 18 fro								63,75	$\overline{}$	2		,056.
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anc	20	Total a	eeste ((Part X	line 16)							_		86,43	\rightarrow			,305.
Net Assets Fund Balanc	21				X, line 26)									63,43		100		,565.
und	22			•		Subtract line :	21 from lir	ne 20					107.5	23,02	-	109		740.
Pa	rt II			e Bloc													, , , ,	
Unc	ler per	nalties of	perjur	y, I decla	are that I ha	ve examined	this return	, including	accompa	anying schedu	les and s	statements,	and to th	ne best of	my l	nowledge	and be	elief, it is
true	, corre	ect, and c	omplet	e. Decla	ration of pre	parer (other th	an officer)	is based on	all infor	mation of whi	ch prepar	er has any k	nowledg					
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Sig		S	ignatu	re o offic	cer	. 1	a						į.	Date				
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Use	Only	Firm's				NUT STREET,	SUITE 3	000 CINC	INNATI.	OH 45202			Phone			13-621		0
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<u> </u>						oo the consr									• •			(2022)

31-1776354

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Foi	rm 990 (2022)				Page 2
P		ent of Program Service			
_			response or note to any line in this Par	tIII	
1	<u>-</u>	he organization's missio			
			AND EDUCATIONAL ACTIVITIE		
			HROUGH MANAGING ITS INVEST		
	AND PROVIDI	ING FUNDING FOR T	HE FOUNDATION'S ACTIVITIES	•	
-	Did the erganizati	tion undertake envision	ificant program services during the ye	ar which were not listed on the	
2	prior Form 990 o	r 990-EZ?			Yes X No
_		these new services on S			
3	services?		n, or make significant changes in h		Yes X No
4	Describe the orgexpenses. Section	ganization's program se in 501(c)(3) and 501(c)	rvice accomplishments for each of it (4) organizations are required to rep		
	the total expenses	s, and revenue, if any, fo	r each program service reported.		
4a	(Code:) (Expenses \$	29, 981. including grants of \$) (Revenue \$	2,479,289.)
	DURING FISC	CAL YEAR 2023, KW	I SUPPORTED THE CHARITABLE	AND	
	EDUCATIONAL	ACTIVITIES OF K	NOWLEDGEWORKS FOUNDATION T	HROUGH	
	PROVIDING \$	6,385,961 OF OPE	RATIONAL SUPPORT.		
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	8=====				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			•		
_					
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	-				
	-				
	-				
4 d	Other program se	ervices (Describe on Scho	edule O)		
⊤u	(Expenses \$	including gra	-	\$	
40	Total program ser		29,981.	,	
104	. T.C. P. Ogram Sci				222

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e(a)	TIV Checklist of Required Schedules			
_		r	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١. ١		
_	complete Schedule A	1	X	17
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		Λ.
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44.		37
_	complete Schedule D, Part VI	11a	-	X
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
_	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110	Λ	
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	446	v	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	Х	
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-		
•	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		_X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Par	tiv Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		v
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			3.7
22	complete Schedule N, Part II.	32		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	99		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
34	or IV, and Part V, line 1	34	Х	
35 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jou	- 21	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
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			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a NONE			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
101	reportable gaming (gambling) winnings to prize winners?	1c		

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Pai	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 NONE	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	_
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)?	4a		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).	_		١
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			37
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	_	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Sh		
_	gifts were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		Х
h	and services provided to the payor?	7b		- 71
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	15		_
C	required to file Form 8282?	7c		Х
ď	If "Yes," indicate the number of Forms 8282 filed during the year	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		_	
а	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			
	Enter the amount of reserves on hand	440		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		_
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	15	-	_X
^	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		
	·			
7	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 5 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ Did the organization become aware during the year of a significant diversion of the organization's assets?.... 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8a a The governing body?...... Χ b Each committee with authority to act on behalf of the governing body?......... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Χ 13 Χ Did the organization have a written whistleblower policy?....... 13 14 Χ Did the organization have a written document retention and destruction policy?....... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Χ 15b Χ If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Χ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain on Schedule O) Another's website 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. State the name, address, and telephone number of the person who possesses the organization's books and records 20 HOLLY BRINKMAN 312 PLUM STREET, SUITE 950 CINCINNATI, OH 45202

513-929-4777

Form 990 (2022)

JSA

Part VI

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

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	box,	unle er an	Pos heck ss pe d a c	C) sition than one than one erson is both an director/trustee) 다 마다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다		an ee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)	1099-NEC)	organization and related organizations
(1) HOLLY BRINKMAN	3.00									
COO, VP OF FINANCE & TREASURER	37.00			Х				NONE	263,426.	47,529.
(2) MATTHEW WILLIAMS	1.00									
EVP/CHIEF STRAT OFF&SECRETARY	39.00			Х				NONE	250,840.	39,955.
(3) WILLIAM HITE	1.00									
PRESIDENT & CEO	39.00			Х				NONE	186,571.	10,346.
(4) MARK DAVIS	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(5) ADAM EAGLESTON	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(6) THOMAS FRY	1.00									
CHAIR OF THE BOARD	2.00	Х		Х				NONE	NONE	NONE
(7) EILEEN RUDDEN	1.00									
VICE CHAIR OF THE BOARD	2.00	X		X				NONE	NONE	NONE
(8) VICTOR YOUNG	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NONE
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Page 8

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and l	Hig	nest Compensat	ed Emplo	yees (continue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	per per (do not check more than one box, unless person is both an officer and a director/trustee) at any for ead ations lotted				(E) Report compensat relate organiza (W-2/1099	able ion from ed ations	com fr org an	(F) stimated nount of other pensat om the anizatio d relate anizatio	of ion on ed			
			W.			ted							
													_
1b Sub-total	ection A .					· * ·	* * *	NONE NONE NONE		,837. NONE ,837.		97, 97,	NON
Total number of individuals (including but not in reportable compensation from the organization)	imited to the			d al		e) who	re	ceived more than					
Did the organization list any former office employee on line 1a? If "Yes," complete Schedu.	er, directo			ste	e, l	кеу е					3	Yes	No X
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual.	sum of rep eater than	ortab \$15	le c 0,00	om 00?	pen <i>If</i>	satior <i>"Yes</i>	n ar	nd other compens	ation from	the	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		Х
Section B. Independent Contractors	- 10											· ·	
 Complete this table for your five highest component of compensation from the organization. Report of year. 													
(A) SEE SCHEDULE O Name and business add	ress							(B) Description of se	vices	C	(C) ompens	ation	
2 Total number of independent contractors (in more than \$100,000 in compensation from the				itec	to	thos	e li	sted above) who	received				

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	rt VI	Check if Schedule O contains a response or note	to any line in this Part \	/111		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its,	1a	Federated campaigns 1a				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b				
Α,ς Θ.Ε	С	Fundraising events 1c				
ifts	d	Related organizations 1d				
3,5	е	Government grants (contributions) 1e				
S S	f					
bel		and similar amounts not included above . 1f				
Ēδ	g					
Sor		lines 1a-1f 1g \$	NONE			
-	n	Total. Add lines 1a-1f				
ø			Jue			
Program Service Revenue	2a					
Se	b	-				
ame	d					
ρğ	u					
7	f	All other program service revenue				
	g	Total. Add lines 2a-2f	NONE			
	3	Investment income (including dividends, interest, ar	nd			
		other similar amounts)	2,657,308.	2,479,289.	178,019	
	4	Income from investment of tax-exempt bond proceeds .	NONE			
	5	Royalties	NONE			
		(i) Real (ii) Person	al			
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	C	recital modifie of (load)	NONE			
	d 7-	Net rental income or (loss)	NONE .			
	7a	Gross amount from (i) Securities (ii) Other sales of assets				
		other than inventory 7a 40,036,298.				
Ф	h	Less; cost or other basis				
Revenue	"	and sales expenses 7b 39,796,005.				
eve	c	Gain or (loss) 7c 240,293.				
œ	d	Net gain or (loss)	240,293.			240,293
ther	8a	Gross income from fundraising				
₹		events (not including \$				
		of contributions reported on line				
		1c). See Part IV, line 18 8a	NONE			
	b	Less: direct expenses 8b	NONE			
	С	Net income or (loss) from fundraising events	NONE			
	9a	Gross income from gaming				
		doubled. Cool dictr, into to 11111	NONE			
	b	Less, unecleopenses	NONE			
	C	Net income or (loss) from gaming activities	NONE			
	10a	Gross sales of inventory, less	NONE			
			NONE			
	b	Less: cost of goods sold	NONE			
	,	Business Co				
e or	112					
ane	11a b					
Miscellaneous Revenue	C					
isc R	ď	All other revenue				
2	е	Total. Add lines 11a-11d	NONE			
	12	Total revenue. See instructions	2,897,601.	2,479,289.	178,019.	240,293.

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Part IX Statement of Function	onal Expenses
-------------------------------	---------------

Se	ction 501(c)(3) and 501(c)(4) organizations mus				
-	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors, trustees, and key employees	NONE			
6					
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
11	Fees for services (nonemployees):				
ā	Management	NONE			
	Legal	NONE			
0	Accounting	NONE			
	Lobbying	NONE			
E	Professional fundraising services. See Part IV, line 17.	NONE			
	f Investment management fees	173,133.	NONE	173,133.	NON
ç	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	NONE			
12	Advertising and promotion	NONE			
13	Office expenses	NONE			
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	NONE			
17	Travel	NONE			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21		NONE			
22	Depreciation, depletion, and amortization	NONE			
23		NONE			
24					
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
	KWF ADMIN FEE EXPENSE	87,412.	29,981.	57,431.	NONE
a b		01,412.	20,001.	37,431.	LVOINI
C					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	260,545.	29,981.	230,564.	NONE
$\overline{}$	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	200,010.	25,501.	250,004.	HOM
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	NONE	1	NON
2	Savings and temporary cash investments	758,172.	2	2,088,991.
3	Pledges and grants receivable, net	NONE	3	NON
4	Accounts receivable, net	NONE	4	NON
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NONI
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	NONI
<u>د</u> ع	Notes and loans receivable, net	NONE	7	NONI
Assets 8 8	Inventories for sale or use	NONE	8	NON
9 ×	Prepaid expenses and deferred charges	NONE	9	NONE
	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
1 1	Less: accumulated depreciation 10b	NONE	10c	
11	Investments - publicly traded securities	71,652,044.	11	74,980,193
12	Investments - other securities. See Part IV, line 11	35,176,221.	12	32,454,121.
13	Investments - program-related. See Part IV, line 11.	NONE		NONE
14	Intangible assets	NONE	-	NONE
15	Other assets. See Part IV, line 11	NONE	$\overline{}$	NONE
16	Total assets. Add lines 1 through 15 (must equal line 33)	107,586,437.	16	109,523,305.
17	Accounts payable and accrued expenses.	63,414.	17	77,565.
18	Grants payable	NONE	\rightarrow	NONE
19	Deferred revenue	NONE		NONE
20	Tax-exempt bond liabilities	NONE		NONE
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
	Loans and other payables to any current or former officer, director,	110111		110112
Liabilities	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	NONE		NONE
24	Unsecured notes and loans payable to unrelated third parties	NONE	-	NONE
25	Other liabilities (including federal income tax, payables to related third	110111		11011
23	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE	25	NONE
26	Total liabilities. Add lines 17 through 25		26	77,565.
	Organizations that follow FASB ASC 958, check here	03,414.	20	77,303.
Ses	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	107,523,023.	27	109,445,740.
28	Net assets with donor restrictions	NONE		NONE
힏	Organizations that do not follow FASB ASC 958, check here	NONE	20	NONE
or Fund Balances	and complete lines 29 through 33.			
ි 29	Capital stock or trust principal, or current funds		29	
st 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets 30 31 32	Total net assets or fund balances	107,523,023.	32	109,445,740.
2 32	Total liabilities and net assets/fund balances	107,523,023.	33	109,523,305.
33	Total natimites and net assets/fund palatices	107,300,437.	00	Form 990 (2022)

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Page **12** Form 990 (2022)

1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 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 X 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?	Part	XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (A), line 25)		Check if Schedule O contains a response or note to any line in this Part XI					. X
2 Total expenses (must equal Part IX, column (A), line 25) . 2 260, 54: 3 Revenue less expenses. Subtract line 2 from line 1 . 3 2, 637, 056: 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . 4 107, 523, 022: 5 Net unrealized gains (losses) on investments	1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,8	97,	601
Revenue less expenses. Subtract line 2 from line 1	2		2		2	260,	545
5 Net unrealized gains (losses) on investments 5	3		3		2,6	37,	056
5 Net unrealized gains (losses) on investments	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	7,5	23,	023
6 Donated services and use of facilities 7 Investment expenses	5		5		5,6	71,	622
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 109, 445, 740 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 X 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?	6	Donated services and use of facilities	6				
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 Tenancial 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 X 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?	7	Investment expenses	7				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	8		8				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	9	Other changes in net assets or fund balances (explain on Schedule O)	9	_	-6,3	85,	961
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 X 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?	10						
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: CashX Accrual Other		32, column (B))	10	10	9,4	45,	740
1 Accounting method used to prepare the Form 990:	Part	XII Financial Statements and Reporting					_
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 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 X 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?		Check if Schedule O contains a response or note to any line in this Part XII					
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?						Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
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. Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?		Schedule O.					
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? X	2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .			2a		X
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 com-	piled	or			
b Were the organization's financial statements audited by an independent accountant?		reviewed on a separate basis, consolidated basis, or both:			1		
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 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?		Separate basis Consolidated basis Both consolidated and separate basis					
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 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	Were the organization's financial statements audited by an independent accountant?			2b	X	
Separate basis X 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?		If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
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?		separate basis, consolidated basis, or both:					
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?		Separate basis X Consolidated basis Both consolidated and separate basis					
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?	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	rsigh	t of			
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?					2c	X	
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?		If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		Schedule O.					
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
					3a		X
b it 100, ald the organization and organization and organization and not and organization	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		the			
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b					3b		

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

OMB No. 1545-0047

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

Employer identification number

KW:	I						31-1	L776354
Pa	tl Reason	or Public Cl	narity Status. (All	organizations mus	t comple	ete this	oart.) See instructio	ns.
		t a private for	undation because i	t is: (For lines 1 throu	gh 12, cl	neck only	one box.)	
1	A church, co	nvention of ch	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2	A school des	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	A hospital or	a cooperative	e hospital service o	rganization described	in section	n 170(b)	(1)(A)(iii).	
4	A medical re	search organi	zation operated in	conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A	(iii). Enter the
	hospital's na	me, city, and s	state:					
5	-	· ·	for the benefit of Complete Part II.)	a college or universi	ty owne	d or ope	rated by a governm	ental unit described in
6				rnmental unit describe	d in sec	tion 170(b)(1)(A)(v).	
7		-	-					rom the general public
	described in	section 170(b)(1)(A)(vi). (Comp	lete Part II.)				
8	A community	trust describ	ed in section 170(I	b)(1)(A)(vi). (Complete	e Part II.)			
9	An agricultur	al research or	ganization describ	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	a land-grant college
	or university	or a non-land	grant college of ag	griculture (see instruc	tions). E	nter the	name, city, and state o	of the college or
	university:							
10	An organizat receipts from support from acquired by	ion that norma activities rela gross investr the organization	ally receives (1) mo ated to its exempt to ment income and u on after June 30, 1	ore than 331/3 % of its functions, subject to on nrelated business tax 975. See section 509	support ertain ex able inco (a)(2). (0	from con xceptions ome (less Complete	ntributions, members s; and (2) no more tha s section 511 tax) fron Part III.)	hip fees, and gross in 331/3 % of its n businesses
11	An organizat	ion organized	and operated excl	usively to test for publ	ic safety.	See sec	tion 509(a)(4).	
12	🔣 An organizat	ion organized	and operated exclu	sively for the benefit of	of, to per	form the	functions of, or to ca	rry out the purposes of
	one or more	publicly suppo	orted organizations	described in section !	509(a)(1) or sect	ion 509(a)(2). See se	ction 509(a)(3). Check
	the box on lir	ies 12a throug	gh 12d that describ	es the type of suppor	ting orga	anization	and complete lines	12e, 12f, and 12g.
а	X Type I. A s	upporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s)	, typically by giving
	the suppor	ted organizati	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or trust	ees of the
	supporting	organization.	You must complet	te Part IV, Sections A	and B.			
b	Type II. A s	supporting org	ganization supervis	ed or controlled in co	nnection	with its	supported organizat	ion(s), by having
	control or r	management	of the supporting o	organization vested in	the sam	e persor	s that control or ma	nage the supported
	organizatio	n(s). You mus	t complete Part IV	, Sections A and C.				
C	Type III fur	nctionally inte	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functiona	ally integrated with,
	its supporte	ed organizatio	n(s) (see instruction	ns). <mark>You must comple</mark>	te Part I	V, Section	ons A, D, and E.	
d	Type III no	n-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppo	rted organization(s)
	that is not f	unctionally int	egrated. The orgai	nization generally mus	st satisfy	a distrib	ution requirement an	d an attentiveness
	requiremen	t (see instruc	tions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	X Check this	box if the orga	anization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type	II, Type III
	functionally	integrated, or	r Type III non-funct	ionally integrated sup	porting o	organizat	ion.	
f	Enter the number	r of supported	d organizations					1
				orted organization(s).				
	(i) Name of supported	organization	(ii) EIN	(lil) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
SEE	SUPPLEMENTA	L PAGE			Yes	No		
(A)								
(B)								
(C)								
(D)		_						
(E)								
-								
Tota	1		I			l	6 205 061	NONE

KWI 31-1776354

Schedule A (Form 990) 2022

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

	(Complete only if you checke Part III. If the organization fail						alify under			
Sec	tion A. Public Support					,				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")									
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3				-					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
_6	Public support. Subtract line 5 from line 4									
Sec	tion B. Total Support									
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
7 8	Amounts from line 4									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activities, etc. (s	ee instructions) .				12				
13	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)			
	organization, check this box and stop here.									
Sec	tion C. Computation of Public Supp	-	.9							
14	Public support percentage for 2022 (lin					14	%			
15	Public support percentage from 2021						%			
16a	33 1/3 % support test - 2022. If the org						1)			
	box and stop here. The organization qu									
b	331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check									
47-	this box and stop here . The organization									
1/a		10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in								
	_						•			
	Part VI how the organization meets t			_		-				
b	organization									
D	15 is 10% or more, and if the organiz		•							
	in Part VI how the organization meets									
	organization			•						
18	Private foundation. If the organization									
	instructions	2 2 2		= .0, .00, 10k	521 2	0 750				

Page 3 Schedule A (Form 990) 2022

	Support Schedule for	Comment of the same	Daniel and the second time.	O 4: FOO(-)/O)
Dart III	Support Schedule for	I Iraanizatione	I Decrined in	Section Silvializi
m7 - 1 10 mm 1 1 1 1 1 1	Oubboil Ochedule for	Olyanizations	DOSCHIDGO III	Occupii ocalaitel

(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.)

	nder year (or fined year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2019	(0) 2020	(4) 2021	(e) 2022	(i) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")		-	-		<u> </u>	-
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
3	Total. Add lines 1 through 5						
a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
h	Amounts included on lines 2 and 3						-
v	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		-				-
	Add lines 7a and 7b			-	-		
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support				1		
ıle	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
)	Amounts from line 6						
) a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
ı	Net income from unrelated business						
•	activities not included on line 10b, whether						
	·						
	or not the business is regularly carried on.						
2	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
1	First 5 years. If the Form 990 is for	the organizat	ion's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here.						
ect	tion C. Computation of Public Supp	port Percenta	age				
5	Public support percentage for 2022 (line 8,	, column (f), divid	ded by line 13, colu	mn (f))		15	
;	Public support percentage from 2021 Sche	edule A, Part III, li	ne 15			16	
ct	tion D. Computation of Investmen	t Income Per	centage				
	Investment income percentage for 2022 (lin			13, column (f))		17	
	Investment income percentage from 2021					18	
	331/3% support tests - 2022. If the or						
-	17 is not more than 331/3%, check this						
ь	331/3% support tests - 2021. If the orga						
Ŋ	•						
	line 18 is not more than 331/3%, check		•				-
<u> </u>	Private foundation. If the organization of	uid not check	a box on line	14, 19a, or 19b	, check this bo		
۹ 122	1.000					Schedule	A (Form 990) 2
	0681QH D410 02/23/2024 15	5:14:55					

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.)

Sect	ion 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.	1	X	NO
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		Х
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		Х
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		Х
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		X
	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?	5b 5c		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	- 00		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		Х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		Х
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		X
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		Х
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		Х
	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.	10a		Х
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Schedu	ıle A (Form 990) 2022			Page
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			١.,
	11c below, the governing body of a supported organization?	11a	-	X
	A family member of a person described on line 11a above?	11b		X
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			١.,
C4	provide detail in Part VI.	11c		X
Secti	on B. Type I Supporting Organizations		Yes	No
			162	MO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		X
Secti	on C. Type II Supporting Organizations			
	71 11 0 0		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Caati		1		
Secti	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	163	INO
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Cooti		3		
	on E. Type III Functionally Integrated Supporting Organizations	oto roti.	onol	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: The organization satisfied the Activities Test. Complete line 2 below.	suucu	0113).	
a b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	ee instr	uction	c)
•			Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part Vi identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust or	Nov. 20, 1970 (expla	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izations	must complete Sectio	ns A through E.
Se	ection 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		
Se	ction 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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
$\overline{}$	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		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2		2		
3		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	Check here if the current year is the organization's first as a non-functional	llv integra	ated Type III supporting	organization

Schedule A (Form 990) 2022

(see instructions).

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e		1		
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(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	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(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				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	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 carry over to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990 or 990-EZ) 2022

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

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS	3				
	=	(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) AMOUNT OF
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	OTHER SUPPORT
KNOWLEDGEWORKS FOUNDATION	31~1321973	10	X	6,385,961.	NONE
TOTAL AMOUNT OF SUPPORT				6,385,961.	NONE

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Maill	of the organization		Employer identification number
KW			31-1776354
Pa	rt Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds or A	ccounts.
-	Complete if the organization answered "\		
		(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year		,
1			
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 a	dvisors in writing that the assets held in	
	funds are the organization's property, subject to the o		
6	Did the organization inform all grantees, donors, and	d donor advisors in writing that grant fund	ds can be used
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
P:	rt II Conservation Easements.		
No. of Lot	Complete if the organization answered "Y	es" on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the or		
•			a historically important land area
	Preservation of land for public use (for example, re		a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held	a qualified conservation contribution in th	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements .		2b
С	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) as	cquired after July 25, 2006, and not on	
	a historic structure listed in the National Register		2d
3	Number of conservation easements modified, trans		ated by the organization during the
-	tax year	, ,	, ,
4	Number of states where property subject to conserva	ation easement is located	
5	Does the organization have a written policy regar		handling of
3	violations, and enforcement of the conservation ease		
^			
6	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing co	inservation easements during the year
_	A		
7	Amount of expenses incurred in monitoring, inspecting	g, nandling of violations, and enforcing con-	servation 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)
9	In Part XIII, describe how the organization report		
	balance sheet, and include, if applicable, the text o	•	icial statements that describes the
_	organization's accounting for conservation easements		
Pa	t III Organizations Maintaining Collections o		Similar Assets.
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASE	3 ASC 958, not to report in its revenue s	statement and balance sheet works
	If the organization elected, as permitted under FASE of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to	held for public exhibition, education, or	research in furtherance of public
b	If the organization elected, as permitted under FASi		
	art, historical treasures, or other similar assets held		ren 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,		sets for financial gain, provide the
	following amounts required to be reported under FAS		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

Schedule D (Form 990) 2022 31-1776354 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 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): а Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? Yes No **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 b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount d Additions during the year.............. 1d 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 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance c Net investment earnings, gains, and losses........ d Grants or scholarships e Other expenditures for facilities f Administrative expenses g 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 No Yes organization by: (i) Unrelated organizations...... 3a(i) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?...... Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation Description of property (a) Cost or other basis (b) Cost or other basis (d) Book value (investment) (other) 1a Land....... c Leasehold improvements..... d Equipment....... Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 KWI		3	1-1776354 Page
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 valuat Cost or end-of-year mark	
(1) Financi	ial derivatives			
	held equity interests			
(3) Other_				
	L ASSETS - REAL ESTATE	9,640,751.	FMV	
	GE FUND INVESTMENTS	11,262,750.	FMV	
	VATE EQUITY INVESTMENTS	11,550,620.	FMV	
(D)				
(E)				
(F)				
(G)				
(H)	nn (b) must equal Form 990, Part X, col. (B) line 12.)	22 454 121		
Part VIII		32,454,121.		
Fait VIII	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 valuat	
-	(a) Description of investment	(b) Book value	Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
Tartix	Complete if the organization answered	"Yes" on Form 990	Part IV, line 11d. See Form 990	Part X, line 15.
-		cription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
The second second second	umn (b) must equal Form 990, Part X, col. (B) lii	ne 15.)	(
Part X	Other Liabilities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
	line 25.			
1.	(a) Descript	ion of liability		(b) Book value
(1) Feder	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.) .			

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

Part		n.
4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	1
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	4
е	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: Investment expenses not included on Form 990, Part VIII, line 7b 4a	
a b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	-
c d	Other losses. 2c 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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С 5	Add lines 4a and 4b	4c 5
	XIII Supplemental Information.	3
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.
מקס	CHDDIEMENITAL DAGE	
SEE	SUPPLEMENTAL PAGE	

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

FROM THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF KNOWLEDGEWORKS FOUNDATION, WHICH INCLUDE THE ACTIVITY OF KWI:

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 F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KWI

Employer identification number

31-1776354

Par	Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization a	nswered "Yes" on
	For grantmakers. Does the or other assistance, the grantees' award the grants or assistance?	ganization mai eligibility for	the grants or	assistance, and the selec	tion criteria used to	Yes X No
	For grantmakers. Describe in outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	he use of its grants and	d other assistance
3	Activities per Region. (The follow	ving Part I line	3 table can be	e dunlicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA AND THE CARIBB	NONE	NONE	PASSIVE INVESTMENTS		21,794,639.
(2)	EUROPE (INCLUDING ICELAND AND	NONE	NONE	PASSIVE INVESTMENTS		683,618.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Subtotal	NONE	NONE			22,478,257.
	sheets to Part I					00.470.052
C	Totals (add lines 3a and 3b)	NONE	NONE			22,478,257.

31-1776354

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

Schedule F (Form 990) 2022

(I) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II £ (2) 3 4 9 9 2 8 6 (10) (11) (12) (13) (14) (12) (16)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 8

Schedule F (Form 990) 2022

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Schedule F (Form 990) 2022

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III (18) E (3) (10) (11) (12) (13) (14) (15) (16) (17) 6 **₹** 9 9 3 8 6

chedu	e F (Form 990) 2022 KWI		31-1776	5354	Page
Part	V Foreign Forms				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes		No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)		Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		Yes	X	No

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2022

SCHEDULE J (Form 990)

Compensation Information

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

31-1776354 **Questions Regarding Compensation** Part I Yes No 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. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 1b 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 2 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. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations 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: 4a X Χ 4b 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: Χ 5b Χ If "Yes" on line 5a or 5b, describe in Part III. 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: 6a Χ 6b Χ If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 X 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 8 X If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2022

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.

		(B) Breakdown of W-2 s	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	099-NEC compensation				
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	(C) Retirement and other deferred compensation	(U) Nontaxable benefits	(E) lotal of columns (B)(î)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
WILLIAM HITE	€	NONE	NONE	NONE	NONE	NONE	NONE	
1 PRESIDENT & CEO	€	173,453.	10,000.	3,118.	9,223.	1,123.	196,917.	
HOLLY BRINKMAN	€	NONE	NONE	NONE	NONE	NONE		
2 COO, VP OF FINANCE & TREASURER	€	260,692.	NONE	2,734.	13,853.	33,676.	310,955.	
MATTHEW WILLIAMS	Θ	NONE	NONE	NONE	NONE	NONE		
3 EVP/CHIEF STRAT OFFESECRETARY	€	248,324.	NONE	2,516.	12,978.	26,977.	290,	
	ε							
4	•							
	Θ							
co.	(
	Θ							
9	(II)							
	€							
7	E							
	Θ							
80	(1)							
	ε							
6	(E)							
	(1)							
10	(1)							
	(3)							
11	(E)							
	€							
12	(II)							
	€							
13	(H)							
	(2)							
14	(H)							
	€							
15	(II)							
	€							
16	(E)							

Schedule J (Form 990) 2022

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE

THE OFFICERS ARE NOT COMPENSATED BY KWI. THEIR COMPENSATION IS DETERMINED SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS, INCLUDING REVIEW OF FORM 990S OF THE KNOWLEDGEWORKS' BOARD OF DIRECTORS UTILIZING A COMPENSATION STUDY BY THE COMPENSATION COMMITTEE FOUNDATION, WHO EMPLOYS THOSE INDIVIDUALS. THE COMPENSATION OF THE CEO, BY THE COMPENSATION COMMITTEE OF THE PARENT COMPANY, KNOWLEDGEWORKS PERFORMED BY AN INDEPENDENT COMPENSATION CONSULTING FIRM COMPARING OTHER OFFICERS, AND KEY EMPLOYEES ARE SET FOR OTHER ORGANIZATIONS. Schedule J (Form 990) 2022

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2022
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

KWI

31-1776354

FORM 990, PART VI, SECTION A, LINE 2

FAMILY OR BUSINESS RELATIONSHIPS

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

FORM 990, PART VI, SECTION A, LINE 3

CONTROL OVER MANAGEMENT DUTIES

EFFECTIVE NOVEMBER 30, 2017, KWI'S BOARD DESIGNATED JPMORGAN CHASE THE OUTSOURCED CHIEF INVESTMENT OFFICER TO PROVIDE INVESTMENT ADVISORY AND MANAGEMENT SERVICES.

FORM 990, PART VI, SECTION A, LINE 6

MEMBERS OR STOCKHOLDERS

KWI HAS A SINGLE CORPORATE MEMBER, KNOWLEDGEWORKS FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A

POWER TO ELECT

KWI HAS A SINGLE CORPORATE MEMBER, KNOWLEDGEWORKS FOUNDATION, WHO HAS THE AUTHORITY TO ELECT MEMBERS TO THE GOVERNING BODY OF KWI.

FORM 990, PART VI, SECTION A, LINE 7B

GOVERNANCE DECISIONS

ALL DECISIONS THAT HAVE A MATERIAL IMPACT TO KWI'S FINANCIAL INFORMATION OR CORPORATION AS A WHOLE ARE SUBJECT TO APPROVAL BY ITS SOLE CORPORATE MEMBER, KNOWLEDGEWORKS FOUNDATION.

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2022
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

31-1776354

KWI

ACCOUNTING DIRECTOR AND 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

MONITORING AND ENFORCEMENT OF COMPLIANCE

ON AN ANNUAL BASIS A CONFLICT OF INTEREST QUESTIONNAIRE IS COMPLETED BY DIRECTORS AND OFFICERS AND REVIEWED BY MANAGEMENT. ITEMS REPORTED ARE DISCUSSED WITH LEGAL COUNSEL, WHO ADVISES MANAGEMENT AND THE BOARD OF ANY REQUIRED ACTIONS. THE CONFLICTS OF INTEREST POLICY IS DISTRIBUTED WITH THE ANNUAL QUESTIONNAIRE AND IS ALSO ACCESSIBLE ON THE SECURE DIRECTOR'S PORTION OF THE FOUNDATION'S WEBSITE.

FORM 990, PART VI, SECTION B, LINE 15

PROCESS FOR DETERMINING COMPENSATION

THE OFFICERS ARE NOT COMPENSATED BY KWI. THEIR COMPENSATION IS DETERMINED BY THE COMPENSATION COMMITTEE OF THE PARENT COMPANY, KNOWLEDGEWORKS

FOUNDATION, WHO EMPLOYS THOSE INDIVIDUALS. THE COMPENSATION OF THE CEO,

OTHER OFFICERS, AND KEY EMPLOYEES ARE SET BY THE COMPENSATION COMMITTEE

OF THE KNOWLEDGEWORKS' 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.

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENTS

THE CONSOLIDATED FINANCIAL STATEMENTS OF KWI AND ITS PARENT COMPANY,

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Internal Revenue Service Info

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

Employer identification number

KWI

31-1776354

KNOWLEDGEWORKS FOUNDATION, ARE AVAILABLE ON THE KNOWLEDGEWORKS FOUNDATION WEBSITE. KWI'S FORM 990, FORM 990-T, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9

OTHER CHANGES TO NET ASSETS

TRANSFER TO KNOWLEDGEWORKS FOUNDATION FOR FUNDING OF OPERATIONS:

\$(6,385,961)

31-1776354 KWI

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

DESCRIPTION OF SERVICES NAME AND ADDRESS

COMPENSATION

J.P. MORGAN CHASE 270 PARK AVENUE, FLOOR 20 NEW YORK, NY 10017

INVESTMENT ADVISORY

173,133.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Partl KWI

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Employer identification number

31-1776354

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

(f) Direct controlling entity 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. (e) End-of-year assets (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II £ (2) 3 4 9 (9)

one of more related tax-exempt organizations during the tax year.	ine iax 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?	2(b)(13) lled
						Yes	°
(1) KNOWLEDGEWORKS FOUNDATION 31-1321973							
312 PLUM STREET, SUITE 950 CINCINNATI, OH 45202	EDUCATION	Ю	501 (C) (3)	10	N/A		×
(2)							
(3)							
(4)							
(2)							
(9)							
(1)							

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

Schedule R (Form 990) 2022

JSA 2E1307 1.000

31-1776354 Schedule R (Form 990) 2022

(h) (h) (l) Share of Section end-of-year assets ownership controlled entity? Page 2 Yes No Schedule R (Form 990) 2022 (k) Percentage ownership (I) General or managing partner? 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. Yes No 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. (f) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income Yes No allocations? Ξ (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d) Direct controlling entity (c)
Legal domicile C
(state or foreign
country) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (b) Primary activity (d)
Direct controlling entity (c) Legal domicile (state or foreign country) (a)Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EiN of related organization Part III Part IV 2 (2) Ξ (2) 9 £ 4 9 9 3 4 3 5 9

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Schedule R (Form 990) 2022

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No
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?	elated organizations list	ted in Parts II-IV?	
 c Gift grant, or capital contribution to related organization(s) c Gift grant, or capital contribution from related organization(s) 			7 T
e Loans or loan guarantees by related organization(s)			1e ×
f Dividends from related organization(s)			×
g Sale of assets to related organization(s).			
_			
i Exchange of assets with related organization(s),	8 90903 - 808083		11 ×
j Lease of facilities, equipment, or other assets to related organization(s)	* * * * * * * * * * * * * * * * * * * *		 ×
k Lease of facilities, equipment, or other assets from related organization(s)			1k ×
			_
m. Performance of services of membership of fundfalship solicitations by related organization(s),			× ×
			+
			×
q Reimbursement paid by related organization(s) for expenses	840		1g
r Other transfer of cash or property to related organization(s)			11 X X X X X X X X X
If the answer to any of the above is "Yes," see the instruction	his line, including cove	red relationships and trans	action thresholds.
(e) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) KNOWLEDGEWORKS FOUNDATION	M	21,491.	ACTUAL COST
(2) KNOWLEDGEWORKS FOUNDATION	N	2,004.	ALLOCATED COST
(3) KNOWLEDGEWORKS FOUNDATION	Δı	65,920.	ACTUAL COST
(4) KNOWLEDGEWORKS FOUNDATION	Ж	6,385,961.	ACTUAL CASH TRF
(5)			
(9)			
JSA 2E1309 1.000		Sc.	Schedule R (Form 990) 2022

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Schedule R (Form 990) 2022

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

(a) Name, address, and EiN of entlty	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant Are all part income (related, sociotor) unrelated excluding (501(c))?	(e) Are all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	tionate an	Code V - UBI amount in box 20 of Schedule K-1	(i) General or managing partner?	ging o	(k) Percentage ownership
(1)			sections 512 - 514)	Yes No			Yes	2		Yes	9 2	
(2)												
(3)												
(4)												
(5)												
(9)												
(7)												
(8)												
(6)												
(10)												
(11)												
(12)												
(13)												
(14)												
(15)												
(16)												

Schedule R (Form 990) 2022 KWI 31-1776354 Page **5**

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2022)

Department of the Treasury internal Revenue Service

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.

OMB No. 1545-0047

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 filling of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of th	nis form, visit www.irs.gov/e-file-providers/e-file-	for-charities	s-and-non-profits.				
Automa	tic 6-Month Extension of Time. Only subm	nit original	(no copies needed).				
-	rations required to file an income tax return oth Form 7004 to request an extension of time to f		· -	20-C filers), partnersh	ips,	REMIC	s, and trusts
Type or	Name of exempt organization or other filer, see in	nstructions.		Taxpayer identification n	umbe	er (TIN))
print	KWI			31-177635	54		
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.				
due date for filing your	312 PLUM STREET SUITE 950						
return. See instructions.	City, town or post office, state, and ZIP code. For	r a foreign ad	ldress, see instructions.				
	CINCINNATI, OH 45202						
Enter the	Return Code for the return that this application	is for (file	a separate application fo	or each return)			01
Application	on	Return	Application				Return
Is For	s For Code Is For					Code	
Form 990	or Form 990-EZ	01	Form 1041-A				08
Form 472	0 (individual)	03	Form 4720 (other that	n individual)			09
Form 990	-PF	04	Form 5227				10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
	-T (trust other than above)	06	Form 8870				12
Form 990	-T (corporation)	07					
If the oIf this is for the whalist with1 I req	one No. ► 513 929-4777 rganization does not have an office or place of s for a Group Return, enter the organization's fo hole group, check this box ►	business in ur digit Grof fit is for paion is for.	oup Exemption Number (ant of the group, check the object of the distribution of the di	k this box		If t and a	this is ttach
	calendar year 20 or tax year beginning 07/					<u>23</u> .	
3a If th	Change in accounting period is application is for Forms 990-PF, 990-T,	4720 or	6069 enter the tent	tative tay less any			
	efundable credits. See instructions.	7720, 01	oooo, enter the tell	tative tax, less ally	3a	\$	NONE
	is application is for Forms 990-PF, 990-T,		-				
-	nated tax payments made. Include any prior yea				3b	\$	NONE
	nce due. Subtract line 3b from line 3a. In g EFTPS (Electronic Federal Tax Payment System			orm, if required, by		•	MONT
	you are going to make an electronic funds withdraw.			see Form 8453-TE and Fo	3c orm 8		NONE E for payment
instructions		. (, ,				17
For Privacy	Act and Paperwork Reduction Act Notice, see instr	uctions.			For	n 8868	Rev. 1-2022)

JSA

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Form 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	n	OMB No. 1545-0047						
For calendar year 2022 or other tax year beginning $07/01$, 2022, and ending $06/30$, 20	23	2022						
Department of the Treasury Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public Inspection						
Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)	(3).	Open to Public Inspection for 501(c)(3) Organizations Only						
) Empl	oyer identification number						
address changed. KWI		1776354						
Or .		p exemption number instructions)						
X 501(C X3) Type 312 PLUM STREET, SUITE 950	(000.							
408(e) 220(e) City or town, state or province, country, and ZIP or foreign postal code								
408A 530(a) CINCINNATI, OH 45202		Check box if an amended return.						
529(a) 529A C Book value of all assets at end of year								
G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust		State college/university						
H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439								
Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation								
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?.		Yes X No						
If "Yes," enter the name and identifying number of the parent corporation	000	4777						
L The books are in care of HOLLY BRINKMAN Telephone number 513-	-929-	-4///						
312 PLUM STREET, SUITE 950								
CINCINNATI, OH 45202								
Part I Total Unrelated Business Taxable Income								
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see								
instructions)	. 1	173,696.						
2 Reserved	. 2							
3 Add lines 1 and 2	. 3	173,696.						
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	173,696.						
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	173,696.						
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	. 8	1,000.						
9 Trusts. Section 199A deduction. See instructions	_							
10 Total deductions. Add lines 8 and 9 · · · · · · · · · · · · · · · · · ·		1,000.						
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,								
enter zero	. 11	172,696.						
Part II Tax Computation		20.000						
Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	-	36,266.						
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on								
Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)								
3 Proxy tax. See instructions	- 3							
4 Other tax amounts. See instructions	- 4							
5 Alternative minimum tax (trusts only)	. 5							
Tax on noncompliant facility income. See instructions	- 6	36 266						
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	. 7	36, 266. Form 990-T (2022)						

Par	t III	Tax and Payments					
1a	Foreig	n tax credit (corporations attach Form 1118; tr	usts attach Form 1116)	1a			
b	Other	credits (see instructions)		1b			
C	Genera	al business credit. Attach Form 3800 (see instru	uctions)	1c			
d	Credit	for prior year minimum tax (attach Form 8801	or 8827)	1d			
е	Total o	credits. Add lines 1a through 1d	<i></i>		1e		
2	Subtra	ct line 1e from Part II, line 7	<u></u> <u></u>		2	36,26	56.
3	Other a		Form 8611 Form 8697 nent)		3		
4	Total t	ax. Add lines 2 and 3 (see instructions).	•				
-		1 1294. Enter tax amount here			. 4	36,26	56.
5		it net 965 tax liability paid from Form 965-A, Pa				00/2	, , ,
		ents: A 2021 overpayment credited to 2022 .		1 1000 0			
	-	estimated tax payments. Check if section 643(6b 34,37			
		posited with Form 8868		6c			
		n organizations: Tax paid or withheld at source		6d			
		o withholding (see instructions)		6e	-		
		for small employer health insurance premiums		6f			
			2439				
		Form 4136 Other	Total	6g			
7	Total p	payments. Add lines 6a through 6g			7	34,57	76.
8		ted tax penalty (see instructions). Check if For					23.
9		e. If line 7 is smaller than the total of lines 4,				2,21	
10	Overpa	syment. If line 7 is larger than the total of lines	s 4, 5, and 8, enter amount overpa	id	10		
11	Enter th	e amount of line 10 you want: Credited to 2023 esti	mated tax	Refunde	ed 11		
Par	t IV	Statements Regarding Certain	Activities and Other Info	ormation (see instruc	tions)		
1	At any	time during the 2022 calendar year, did	d the organization have an ir	nterest in or a signature	or other au	thority Yes	No
	over a	financial account (bank, securities, or of	ther) in a foreign country? It	f "Yes," the organization	may have t	o file	
	FinCEN	Form 114, Report of Foreign Bank and	d Financial Accounts. If "Yes	," enter the name of t	he foreign c	ountry	
	here _						X
2	During	the tax year, did the organization receive a	distribution from, or was it th	e grantor of, or transferor	to, a foreign	trust?	Χ
	If "Yes	" see instructions for other forms the organizat	ion may have to file.				
3	Enter t	he amount of tax-exempt interest received or a	accrued during the tax year	\$			
4	Enter a	vailable pre-2018 NOL carryovers here \$	Do not inc	ude any post-2017 NOL ca	rryover		
	shown	on Schedule A (Form 990-T). Don't re	educe the NOL carryover sh	own here by any ded	uction reporte	ed on	
	Part I, Ii	ine 6.					
5	Post-20	017 NOL carryovers. Enter the Business	Activity Code and available	post-2017 NOL carryo	vers. Don't r	educe	
	the am	ounts shown below by any NOL claimed on any	Schedule A, Part II, line 17 for t	he tax year. See instruction	s		
		Business Activity Cod	de	Available post-201		er	
		901101		\$ NONE			
				_ \$			
				- S			
0 -	D: 1.0	the state of the s	0 (\$			
		organization change its method of accounting is "Yes." has the organization described	,		11000 If		X
				, ,			
-	and the last of	in Part V					
Provide		Supplemental Information cplanation required by Part IV, line 6b. Also, pro	wide any other additional inform	ation. See instructions			
1 10410	e lile ez	chanador required by Fart IV, line ob. 7130, pre	wide any other additional inform	ation, occ matractions.			
	Unc	ler penalties of perjury, I declare that I have examin	ed this return, including accompany	ing schedules and statements.	and to the best	of my knowledge	e and
Sign	heli	ef, it is true, correct, and complete. Declaration of pre					
Here			Ť.			discuss this ref	
11616	/	nature of officer	Date Title		(see instructions)?	parer shown be	No
	2,9,	Print/Type preparer's name	Preparer's signature	Date	* * * * * *	PTIN	.,,0
Paid			agrand Hughluger	04/00/0004	Check if elf-employed	P00961884	
Prep	arer	AARON HERSHBERGER Firm's name FORVIS, LLP				-0160260	
Use	Only	Firm's address 312 WALNUT STREET	, SUITE 3000, CINCIN		none no. 513-		_
JSA	_	Times address SIZ WALMUI SIREET	, SOLIE SOUD, CINCIL	NNAIL, ON 4020 P		Form 990-T (2	N231
2X2741	1.000					1 OILLI 0 0 0 - 1 (2	.022)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Na	A Name of the organization B Employer iden						ber
KWI	KWI 31-1776354						
C Ur	nrelated business activity code (see instructions) 901101			D Sequence:	1_	of	1
F De	escribe the unrelated trade or business INVESTMENT INCOME						
Pai			(A) Income	(B) Expens	ses	((C) Net
40	Gross receipts or sales	1		_	-		
		4.					
b	Less returns and allowances c Balance Cost of goods sold (Part III, line 8)	1c 2					
2	Gross profit. Subtract line 2 from line 1c	3			_		
3		3			_		
4a		4a	153,72	2		1	53,722.
l.	Form 1120)). See instructions		133,72	۷.			.33,122.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			-		
	Capital loss deduction for trusts	4c			-		
5	Income (loss) from a partnership or an S corporation (attach	l _ l	24 00				04 007
_	statement) SEE. STATEMENT. 1	5	24,29	7.	-		24,297.
6	Rent income (Part IV)	6			-		
7	Unrelated debt-financed income (Part V)	7			-		
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8			-		
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	178,01				78,019.
Par	Deductions Not Taken Elsewhere See instructions f directly connected with the unrelated business incom		nitations on dec	ductions. Deduc	tions m	ust be	
1	Compensation of officers, directors, and trustees (Part X)				1		
	Salaries and wages				2		156.
2	•						130.
3	Repairs and maintenance				3		
4	Bad debts				4		
5	Interest (attach statement). See instructions				5		
6	Taxes and licenses		1 1		6		
7	Depreciation (attach Form 4562). See instructions				- oh		
8 9	Less depreciation claimed in Part III and elsewhere on return				8b 9		
-	Depletion						
10	Contributions to deferred compensation plans				10		44.
11	Employee benefit programs				11		44.
12	Excess exempt expenses (Part VIII)				12		
13	Excess readership costs (Part IX)				13		4 100
14	Other deductions (attach statement)				14		4,123.
15	Total deductions. Add lines 1 through 14				15		4,323.
16	Unrelated business income before net operating loss deduction.					_	70 606
	column (C)				16	1	73,696.
17	Deduction for net operating loss. See instructions				17		70 605
18 5 D	Unrelated business taxable income. Subtract line 17 from line 1 appropriate Reduction Act Notice, see instructions.	b			18		73,696. 990-T) 2022
FOR PS	DECWORK REQUESTOR ACT NOTICE, SEE INSTRUCTIONS.			Sc	пепше.	a (Form	99U-11 2022

Schedule A (Form 990-T) 2022 Page 2 Enter method of inventory valuation Part III Cost of Goods Sold 1 2 2 3 3 4 4 Additional section 263A costs (attach statement) Other costs (attach statement) 5 5 6 6 Total. Add lines 1 through 5 7 Inventory at end of year 7 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? No Rent Income (From Real Property and Personal Property Leased with Real Property) Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. В С ם D Rent received or accrued a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) Part V Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. Α В С D A В C D Gross income from or allocable to debt-financed Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement). . **b** Other deductions (attach statement) Total deductions (add lines 3a and 3b, Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debtfinanced property (attach statement) 6 Divide line 4 by line 5 % Gross income reportable. Multiply line 2 by line 6 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A). Allocable deductions. Multiply line 3c by line 6 9

10

Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

Page \$

Schedule A (1 01111 330-1) 2022					i ayc	
Part VI Interest, Ann	nuities, Royali	ties, and Rent	s from Controlled Orga	anizations (see instructions)) (
				Controlled Organizations		
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	payments made	Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
		Nonexe	empt Controlled Organiza	itions		
7, Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Part I, Enter here and on Part I, line 8, column (B)	
Part VII Investment I	ncome of a S	ection 501(c)	(7), (9), or (17) Organi	zation (see instructions)		
1. Description of income	2. Am	ount of income	Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)	
(1)						
(2)						
(3)						
(4)						
	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Totals						
Part VIII Exploited Ex	empt Activity	Income, Oth	er Than Advertising Inc	come (see instructions)	т т	
1 Description of exploite	ed activity:					
2 Gross unrelated busi	ness income fro	m trade or bus	iness. Enter here and on	Part I, line 10, column (A)	2	
3 Expenses directly co	nnected with p	production of ur	related business income.	Enter here and on Part I,		
line 10, column (B) .					3	
4 Net income (loss) f	rom unrelated t	rade or busines	s. Subtract line 3 from	line 2. If a gain, complete		
lines 5 through 7					4	
5 Gross income from a	ctivity that is not u	unrelated business	income		5	
6 Expenses attributable	to income entere	ed on line 5			6	
				re than the amount on line		
4. Enter here and on F	Part II, line 12			3	7	

Pai	rt IX Advertising Income				
1	Name(s) of periodical(s). Check box if	reporting two or more periodicals o	n a consolidated basi	S.	
	Α				
	В				
	С				
	D				
Enter	amounts for each periodical listed above	in the corresponding column.			
		A	В	С	D
_	Construction in the second				
2	Gross advertising income				
а	Add columns A through D. Enter here a	and on Part I, line 11, column (A).			
_					
3	Direct advertising costs by periodical	S=54#			
а	Add columns A through D. Enter here a	ind on Part I, line 11, column (B).			• 3
4	Advertising gain (loss). Subtract line 3 f				
	2. For any column in line 4 showing	-			
	complete lines 5 through 8. For any co	lumn in			
	line 4 showing a loss or zero, do not c	omplete			
	lines 5 through 7, and enter zero on line	8			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is le	ss than			
	line 5, subtract line 6 from line 5. If line	5 is less			
	than line 6, enter zero				
8	Excess readership costs allowed	as a			
	deduction. For each column showing a	gain on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D.	Enter the greater of the line	8a, columns tota	al or zero here and	on
	Part II, line 13			<i></i>	
Dan	Componentian of Officers	Divertors and Trustees /	in atm atia na V		
rai	t X Compensation of Officers	Directors, and Trustees	see instructions)		
				3. Percentage	Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
`				,,,	
Total	. Enter here and on Part II, line 1				
	t XI Supplemental Information				
, 44,	CAL CALCUMONTAL INFORMACION	(CCC IIICITAGIOTIC)			

SCHEDULE A: INVESTMENT INCOME

KWI

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

GAIN OR (LOSS)	24,297.	24,297.
SHARE OF DEDUCTIONS		
	24,297.	(LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS
	KING STREET CAPITAL	TOTAL INCOME (LOSS) F

KWI 31-1776354

SCHEDULE A: INVESTMENT INCOME PART II - LINE 14 - OTHER DEDUCTIONS

AUDIT & TAX EXPENSES 3,250. CONSULTING FEES 24. INVESTMENT ADVISORY FEES 849. TOTAL OTHER DEDUCTIONS 4,123. _____

SCHEDULE D (Form 1120)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name Employer identification number 31-1776354 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? No No Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) the lines below Subtract column (e) from or loss from Form(s) Proceeds 8949, Part I, line 2. column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (a) whole dollars column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949. leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 3 Totals for all transactions reported on Form(s) 8949 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2. column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (g) whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949. leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 19,571. 19,571. Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Enter gain from Form 4797, line 7 or 9 134,151. 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 153,722. Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7).... 17 153,722. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns 153,722. Note: If losses exceed gains, see Capital Losses in the instructions.

Form 8949 (2022) Page 2 Attachment Sequence No. 12A Social security number or taxpayer identification number Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side 31-1776354 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. x (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 (h) If you enter an amount in column (g), (e) Gain or (loss) Cost or other basis enter a code in column (f). (d) (a) (b) Date sold or Subtract column (e) See the separate instructions. Proceeds See the Note below Description of property Date acquired disposed of from column (d) and (sales price) and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (a) (see instructions) in the separate Code(s) from with column (g). Amount of instructions. instructions adjustment VAR KING STREET CAPITAL VAR 19,571 19,571.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

19,571.

Form **8949** (2022)

19,571.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked). . .

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

Employer identification number

2022

Department of the Treasury Internal Revenue Service

Name

Attach to the corporation's tax return. Go to www.irs.gov/Form2220 for instructions and the latest information.

KWI						31 - .	1//6354
	Generally, the corporation is not required						
	and bill the corporation. However, the co					enter the	amount from page 2,
Par		porc	acon o moomo tax rotam, a	at do not attach i chin 2.			
I AI	Trequired Annual Laymont						
1	Total tax (see instructions)	•				1	36,266.
2a	Personal holding company tax (Schedule PH (For	m 11	20), line 26) included on line 1	2a			
b	Look-back interest included on line 1 under sect					1	
	contracts or section 167(g) for depreciation under	the i	ncome forecast method	2b			
C	Credit for federal tax paid on fuels (see instr	uctic	ns)	2c			
d	Total. Add lines 2a through 2c					2d	
3	Subtract line 2d from line 1. If the result is	less	than \$500, do not comp	plete or file this form. Th	e corporation		
	does not owe the penalty					3	36,266.
4	Enter the tax shown on the corporation's 20						1.6 0.01
	the tax year was for less than 12 months, sk	ip th	is line and enter the amou	int from line 3 on line 5.		4	16,801.
_		,	l: 0 l: 4 lf.il				
5	Required annual payment. Enter the smaller the amount from line 3		•	•		.5	16,801.
Part							ration must file
	Form 2220 even if it does not						
6	The corporation is using the adjusted	seas	onal installment method.				
7	The corporation is using the annualize	d in	come installment method.				
8	The corporation is a "large corporation	" fig	uring its first required inst	tallment based on the prio	r year's tax.		
Part	III Figuring the Underpayment						
			(a)	(b)	(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	11/15/2022	12/15/2022	03/15/	2023	06/15/2023
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.	10	4,200.	4,200.	4,	200.	4,201.
11	Estimated tax paid or credited for each period.						
	For column (a) only, enter the amount from						
	line 11 on line 15. See instructions	11	199.			-	
	Complete lines 12 through 18 of one column						
12	before going to the next column.						
	Enter amount, if any, from tine 18 of the preceding column	12					
13	Add lines 11 and 12	13 14		4,001.	Q	201.	12,401.
14		15	199.	4,001.	0,	201.	12,401.
15	Subtract line 14 from line 13. If zero or less, enter -0	10	199.				
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0	16		4,001.	8 -	201.	
17	Underpayment. If line 15 is less than or equal to			1,001.	~ · ·		
	line 10, subtract line 15 from line 10. Then go to						
	line 12 of the next column. Otherwise, go to line 18	17	4,001.	4,200.	4,	200.	4,201.
an to l	12 of the next column	18 an t	Dart IV if there are no ant	rice on line 47 no nanch	vic owed		

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2022)

Page 2

P	art IV Figuring the Penalty					
			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month	D 0				
	instead of 4th month. Form 990-PF and Form 990-T filers: Use					
	5th month instead of 4th month.) See instructions	19				
20	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
21	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21				
22	Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 4% (0.04)	22	\$	\$	\$	\$
23	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23				
24	Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365} \times 5\% (0.05)$	24		\$	\$	\$
	365				TION WHITE	PAPER DETAI
25	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25	STATEMENT	1		
26	Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365} \times 6\%$ (0.06)	26	\$	\$	\$	\$
	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27				
28	Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365} \times 7\%$ (0.07)	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29				
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31				
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33				
34	Underpayment on line 17 x Number of days on line 33 x *% 365	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35				
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the tolline for other income tax returns					\$ 523.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov.** You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2022)

KWI 31-1776354

PENALTY COMPUTATION DETAIL - FORM 2220

DATE PD UNDERPAYMENT BEG.DATE END DATE	DAYS	% 	PENALTY
QUARTER 1, RATE PERIOD 1 (11/15/2022 - 12/31/2022)			
4,001. 11/15/2022 12/31/2022	46	6	30
TOTAL FOR QUARTER 1, RATE PERIOD 1			30
QUARTER 1, RATE PERIOD 2 (12/31/2022 - 11/15/2023)			
07/31/2023 4,001. 12/31/2022 07/31/2023	212	7	163
TOTAL FOR QUARTER 1, RATE PERIOD 2			163
QUARTER 2, RATE PERIOD 1 (12/15/2022 - 12/31/2022)			
4,200. 12/15/2022 12/31/2022	16	6	11
TOTAL FOR QUARTER 2, RATE PERIOD 1			11
QUARTER 2, RATE PERIOD 2 (12/31/2022 - 11/15/2023)			
07/31/2023 4,200. 12/31/2022 07/31/2023	212	7	171
TOTAL FOR QUARTER 2, RATE PERIOD 2			171
QUARTER 3, RATE PERIOD 2 (03/15/2023 - 11/15/2023)			=======
07/31/2023 4,200. 03/15/2023 07/31/2023	138	7	111
TOTAL FOR QUARTER 3, RATE PERIOD 2			111
QUARTER 4, RATE PERIOD 2 (06/15/2023 - 11/15/2023)			
07/31/2023 4,201. 06/15/2023 07/31/2023	46	7	37
			37
TOTAL FOR QUARTER 4, RATE PERIOD 2			
TOTAL FOR QUARTER 4, RATE PERIOD 2			=======

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

Sequence No. 27

Attachment

Nar	ne(s) shown on return						Identif	ying number
KW	I						31-	1776354
18	Enter the gross proceeds from s	ales or exchange	s reported to y	ou for 2022 on Fo	orm(s) 1099-B or	1099-S (or		
	substitute statement) that you are i	including on line 2	., 10, or 20. See	instructions			1a	
-	Enter the total amount of gain the	hat you are inclu	ding on lines 2	, 10, and 24 due	to the partial disp	ositions of		
	MACRS assets						1b	
	Enter the total amount of loss that	at you are includi	ng on lines 2 a	nd 10 due to the p	artial dispositions	of MACRS		
	assets							
Pa	rt I Sales or Exchanges o						ns Fr	om Other
	Than Casualty or The	ft - Most Prop	erty Held Mo	ore Than 1 Year	(see instruction	s)		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost of basis, p improvement expense	ius nts and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 1							134,151.
3	Gain, if any, from Form 4684, line	39					3	
4	Section 1231 gain from installmen						_	
5	Section 1231 gain or (loss) from li	ike-kind exchanges	from Form 882	1			5	
6	Gain, if any, from line 32, from oth	er than casualty or	theft				6	
7	Combine lines 2 through 6. Enter						7	134,151.
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.							
	Individuals, partners, S corporate from line 7 on line 11 below and 1231 losses, or they were recaptu Schedule D filed with your return a	skip lines 8 and red in an earlier y	9. If line 7 is a ear, enter the ga	gain and you didn' ain from line 7 as a	t have any prior ye	ear section		4
8	Nonrecaptured net section 1231 ld	osses from prior ye	ars. See instruct	ions			8	
9	Subtract line 8 from line 7. If zero	or less, enter -0	. If line 9 is zero	o, enter the gain fro	m line 7 on line 12	2 below. If		
	line 9 is more than zero, enter the	amount from line	8 on line 12 be	low and enter the g	ain from line 9 as a	long-term		
	capital gain on the Schedule D filed						9	
Pa	rt II Ordinary Gains and Lo							
10	Ordinary gains and losses not incl	uded on lines 11	through 16 (inclu	ude property held 1 y	ear or less):			
_								
							_	
	Loss, if any, from line 7						11	()
12	Gain, if any, from line 7 or amount						12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684,						14	
15	Ordinary gain from installment sale							
16	Ordinary gain or (loss) from like-kir							
17	Combine lines 10 through 16						17	
18	For all except individual returns, el a and b below. For individual return			the appropriate line	of your return and	skip lines		
а	If the loss on line 11 includes a los	s from Form 4684	, line 35, colum	n (b)(ii), enter that p	art of the loss here	. Enter the		
	loss from income-producing proper			1 / 1 / 1				
	an employee.) Identify as from "Form	m 4797, line 18a.'	' See instruction	s		<i></i> .	18a	
b	Redetermine the gain or (loss) on	line 17 excludin	g the loss, if a	ny, on line 18a. Er	iter here and on S	chedule 1	405	
For	(Form 1040), Part I, line 4				* * * * * * * * * * * * * * * * * * * *		18b	Form 4797 (2022)

Form 4797 (2022) 31-1776354 Page 2

19	(see instructions) (a) Description of section 1245, 1250, 1252, 1254,	or 12	255 property:		(b) Date acquired	(c) Date sold
_		J1 12	property.		(mo., day, yr.)	(mo., day, yr.)
	A					
_	B					
_	<u> </u>					
	0			T		
			Property A	Property B	Property C	Property D
_	These columns relate to the properties on lines 19A through 19I	D.				
20						
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
25	If section 1245 property:					
	Depreciation allowed or allowable from line 22	25a				
	Enter the smaller of line 24 or 25a	25b				
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject					
	to section 291.					
ä	Additional depreciation after 1975. See instructions.	26a				
ŀ	Applicable percentage multiplied by the smaller of					
	line 24 or line 26a. See instructions	26b				
•	Subtract line 26a from line 24. If residential rental property					
	or line 24 isn't more than line 26a, skip lines 26d and 26e .	26c				
0	Additional depreciation after 1969 and before 1976.	26d				
•	Enter the smaller of line 26c or 26d	26e				
f	Section 291 amount (corporations only)	26f				
g	Add lines 26b, 26e, and 26f	26g				
27	If section 1252 property: Skip this section if you didn't					
	dispose of farmland or if this form is being completed for a partnership.					
â	Soil, water, and land clearing expenses	27a				
k	Line 27a multiplied by applicable percentage. See instructions .	27b				
-	Enter the smaller of line 24 or 27b	27c				
	If section 1254 property:					
ê	Intangible drilling and development costs, expenditures for development of mines and other natural deposits,					
	mining exploration costs, and depletion. See instructions	28a				
k	Enter the smaller of line 24 or 28a	28b				
29	If section 1255 property:					
a	Applicable percentage of payments excluded from					
	income under section 126. See instructions	29a				
	Enter the smaller of line 24 or 29a. See instructions.					
Su	mmary of Part III Gains. Complete propert	у сс	lumns A through	D through line 29b	before going to li	ne 30.
30	Total gains for all properties. Add property columns A	\ thro	ugh D, line 24		30	
31	Add property columns A through D, lines 25b, 26g, 2	27c, 2	28b, and 29b. Enter he	re and on line 13		
32	Subtract line 31 from line 30. Enter the portion from	n cas	ualty or theft on Form	4684, line 33. Enter	the portion from	
	other than casualty or theft on Form 4797, line 6					
Pa	rt IV Recapture Amounts Under Section (see instructions)	ıs 17	79 and 280F(b)(2)	When Business	Use Drops to 50%	or Less
					(a) Section	(b) Section
					179	280F(b)(2)
33	Section 179 expense deduction or depreciation allow	able	in prior years			
34	Recomputed depreciation. See instructions					
	Recapture amount. Subtract line 34 from line 33. Se					
						4=0=

KWI Supplement to Form 4797 Part I Detail

VAR 134,151.		Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
		VAR	VAR				
134,151							
134,151							
134.151							
134.151							
134,151							
134,151							
134,151							
134.151							
	Totals						151

JSA 2XA258 1.000

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

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.

Thing of this	Tomi, visit www.ns.gov/e-me-providers/e-me-r	OI-CHAIRIES	s-and-non-proms.				
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).				
All corporat	ions required to file an income tax return oth	er than Fo	orm 990-T (including 11	20-C filers), partnersh	ips, R	EMIC:	s, and trusts
-	orm 7004 to request an extension of time to fi				•		
	Name of exempt organization or other filer, see in	structions		Taxpayer identification n	umber	(TIN)	
Type or	Traine of exempt organization of early mor, eee in	ion donorio.		raxpayer identification in	umber	(1111)	
print	KWI			31-177635	. 4		
File by the	Number, street, and room or suite no. If a P.O. bo.	x, see instru	ctions.	31 177033			
due date for	312 PLUM STREET SUITE 950						
filing your return. See	you						
instructions.	CINCINNATI, OH 45202						
Enter the Re	eturn Code for the return that this application	is for (file	a senarate application fo	or each return)		. 531	07
Litter the 14	sturn code for the return that this application	13 101 (1116	a separate application to	or each return) i i i i i i			
Application	= = = =	Return	Application				Return
ls For		Code	Is For				Code
Form 990 o	r Form 990-EZ	01	Form 1041-A				08
Form 4720	(individual)	03	Form 4720 (other that	n individual)			09
Form 990-PI		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					
 If the orga If this is for the whole a list with the for the 	e No. 513 929-4777 anization does not have an office or place of the property of a Group Return, enter the organization's four a Group, check this box	ousiness ir ur digit Gro f it is for pa on is for. ntil for the org	oup Exemption Number (art of the group, check the base of the group, check the base of the group, check the base of the group of the base	GEN)his box ▶	at orga	. If the notate and attending an izate	his is tach
2 If the ta	ax year entered in line 1 is for less than 12 m						
	application is for Forms 990-PF, 990-T,	4720 or	6069 enter the tent	tative tax less any	TT		
	undable credits. See instructions.	4720, 01	ooos, enter the term		3a \$	5	34,576
	application is for Forms 990-PF, 990-T,		-				
	ted tax payments made. Include any prior yea				3b \$		34,576.
	e due. Subtract line 3b from line 3a. Ind FTPS (Electronic Federal Tax Payment System	•		orm, if required, by	3c \$	6	NONE
Caution: If you	u are going to make an electronic funds withdrawa	al (direct de	bit) with this Form 8868,	see Form 8453-TE and F	orm 88	79- TE	for payment
	ct and Paperwork Reduction Act Notice, see instru	uctions.			Form	8868	(Rev. 1-2022)

JSA