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Return of Organization Exempt From Income Tax

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

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

2019

DLN: 93493131034591 OMB No. 1545-0047

Department of the Treasury

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

Open to Public Inspection

		e 2019 c		nning 07-01-2019 , and ending 06-3	30-2020			
		pplicable:	C Name of organization KNOWLEDGEWORKS FOUNDATION			D Employer	dentifica	ation number
	dress o me cha	change	% HOLLY BRINKMAN			31-13219	73	
	tial ret	-	Doing business as					
		n/terminated		sail is not delivered to street address.) Decree	ita	E Telephone r	umber	
		l return on pending	212 DI LIM STREET Suito 050	nail is not delivered to street address) Room/s	uite	(513) 929	-4777	
			City or town, state or province, cou CINCINNATI, OH 45202	ntry, and ZIP or foreign postal code				
			,		_	G Gross recei	ots \$ 7,12	29,967
			F Name and address of principal CHARLES AMBROSE	al officer:		this a group retur	n for	
			312 PLUM STREET SUITE 950			ubordinates? re all subordinates		□Yes ☑No
I Ta:	x-exen	npt status:	CINCINNATI, OH 45202		│ ` ´ in	cluded?		☐ Yes ☐No
		·	☑ 501(c)(3) ☐ 501(c)() ◄	(insert no.) 4947(a)(1) or 527	1	"No," attach a list roup exemption nu	•	•
, vv	ensit	e:	VW.KNOWLEDGEWORKS.ORG			roup exemption ne	illiber P	
K Forr	n of or	ganization	: 🗹 Corporation 🗌 Trust 🔲 Asso	ociation Other	L Year of f	formation: 1991 M		legal domicile:
Pa	art I		mary scribe the organization's mission o	ar most significant activities:				
യ		SEE SCHE		i most significant activities.				
Š ⊆	-							
E	-							
Governance				scontinued its operations or disposed of				
			,	ng body (Part VI, line 1a)			3	10
~ Se	l		· -	f the governing body (Part VI, line 1b)			4	9
Š			* *	llendar year 2019 (Part V, line 2a)			5 6	115
Activities &	l		•	cessary)		• •	7a	11
•				m Form 990-T, line 39		•	7a 7b	
		THE GITTE	lated business taxable income from	11 TOTAL 250 1, IME 35	· · ·	Prior Year	1 1	Current Year
	8	Contribut	tions and grants (Part VIII, line 1h)		8,698,619	+	3,779,76:
ş	l)		2,676,845	+	2,915,069
Ravenue	l	-		lines 3 , 4 , and 7d)		91,63:	+	56,490
<u> </u>	11	Other rev	venue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		123,337	7	101,078
	12	Total rev	enue—add lines 8 through 11 (mu	ıst equal Part VIII, column (A), line 12)		11,590,432	2	6,852,398
	13	Grants ar	nd similar amounts paid (Part IX, o	column (A), lines 1–3)		1,060,325	5	3,218,128
	14	Benefits	paid to or for members (Part IX, c	olumn (A), line 4)		((
&	l			enefits (Part IX, column (A), lines 5–10)		6,804,232	2	7,612,36
Expenses	l		- ,	mn (A), line 11e)		(41,640
ă	l		raising expenses (Part IX, column (D),					
	l			11a-11d, 11f-24e)		6,502,959	+	6,265,834
	l	•	penses. Add lines 13–17 (must equ less expenses. Subtract line 18 fr	, , , , , , , , , , , , , , , , , , , ,		14,367,516	+	17,137,967
٠	19	Revenue	less expenses. Subtract line 16 if	om line 12	Begin	-2,777,084 ning of Current Year	+	-10,285,569 End of Year
Net Assets or Fund Balances							<u></u>	
Bak	20	Total ass	ets (Part X, line 16)			38,932,222	2	33,319,038
و <u>کو</u>	21	Total liab	oilities (Part X, line 26)			31,554,588	3	28,975,896
Zű	22		ts or fund balances. Subtract line	21 from line 20		7,377,634	1	4,343,142
	ırt II		ature Block	nined this return, including accompanying	a schodulos	and statements	nd to th	as bost of my
know	ledge	and belie		Declaration of preparer (other than off				
any k	nowle	edge.						
		*****	·			2021-05-05		
Sign		Signat	ure of officer			Date		
Here	•		BRINKMAN VP - COO & TREASURER					
		17	or print name and title		.	Lott		
D-:-	J		Print/Type preparer's name		Date 2021-05-04		N 961884	
Paid		\r -	Firm's name > BKD LLP			self-employed Firm's EIN ►		
	pare On	;; -		DUTTE 2000				
USE	UII	י ע י ^F	Firm's address > 312 WALNUT STREET !			Phone no. (513) 621	8300	
			CINCINNATI, OH 452	02				
May t	he IR	S discuss	this return with the preparer sho	wn above? (see instructions)			✓ Ye	s 🗌 No

Form	990 (2019)					Page 2
Pa	rt Statement of I	Program Servic	e Accomplis	hments		
	Check if Schedule	O contains a respo	nse or note to a	any line in this Part III .		🗹
1	Briefly describe the organ	nization's mission:				
SCHO colleg and r trend Invest	OOL LEADERS, TEACHERS / ge high schools and person nore effective learning env ls in teaching and learning, st in the Greater Cincinnati	AND COMMUNITY Stalized, competency rironments. We edu , on the need for checommunity throug	TAKEHOLDERS -based education cate legislators lange, on poten h our support o	. We change the way tea on. We work to develop a , policy makers, educato tial policies to adopt and f StrivePartnership. An a		in our schools through early teachers implement innovative community at large on future to implement these ideas. StrivePartnership unites
2	Did the organization under the prior Form 990 or 990	, -		vices during the year whi	ich were not listed on	□ Yes ☑ No
	If "Yes," describe these n					□ res ⊈ No
3	Did the organization ceas			changes in how it conduc	ete any program	
•	services?		-	changes in now it conduc	cts, any program	. ✓ Yes □ No
	If "Yes," describe these c					. Eles Ello
4)1(c)(4) organizatio	ns are required	to report the amount of	argest program services, as I grants and allocations to oth	
4a	(Code:) (Expenses \$	2,669,383	including grants of \$) (Revenue \$	1,300,054)
	See Additional Data					
4b	(Code: See Additional Data) (Expenses \$	4,692,613	including grants of \$	2,114,562) (Revenue \$	15,299)
	See Auditional Data					
4c	(Code:) (Expenses \$	1,878,606	including grants of \$	478,980) (Revenue \$	384,472)
	See Additional Data	/ (Expended ¢	2,0,0,000	moduling grante or ¢	., σ, σ σ γ (πον σπασ φ	551,172,
	(8.1) (5			504 505) (5	1.010.000.)
	(Code: OTHER PROGRAM SERVICES:) (Expenses \$: SEE SCHEDULE O	4,163,811	including grants of \$	624,586) (Revenue \$	1,316,322)
4d	Other program services (Describe in Schedu	ıle O.)			
	(Expenses \$		uding grants of	\$ 624,58	36) (Revenue \$	1,316,322)
	Total program service		13,404,4			

Pai	Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX or X as applicable.	ζ,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c	Yes	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	18		No

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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

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

Nο

Nο

Yes

19

20a

20b

21

Form	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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		No
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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see 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		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance	, · · · · · ·		
	Check if Schedule O contains a response or note to any line in this Part V			

Pai	Statements Regarding Other 1R5 Fillings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	73			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b	0			
c			1c	Yes	ı
			F	Form 99 6	(2019)

Par	statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	115		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)?	er, a 4a		No
D	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). l		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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 organization solicit any contributions that were not tax deductible as charitable contributions?	on 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	ere 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 and se provided to the payor?	rvices 7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	file 7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo 1098-C?	rm 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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b				
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	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.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	· 13a		
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exceparachute payment(s) during the year?	15 15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "I 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	lo" respo	onse to	lines									
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓									
Se	ection A. Governing Body and Management			l									
4.	a Enter the number of voting members of the governing body at the end of the tax year 1a 1	\Box	Yes	No									
ıa	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 in Schedule O.												
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 9												
2	officer, director, trustee, or key employee?												
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	n з	Yes										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No									
6	Did the organization have members or stockholders?	6		No									
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
а	The governing body?	8a	Yes										
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes										
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No									
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reven	ie Code	e.)										
			Yes	No									
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes										
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes										
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes										
13	Did the organization have a written whistleblower policy?	13	Yes										
14	Did the organization have a written document retention and destruction policy?	14	Yes										
15	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?												
а	The organization's CEO, Executive Director, or top management official	15a	Yes										
b	Other officers or key employees of the organization	15b	Yes										
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No									
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt												
	status with respect to such arrangements?	16b											
	ection C. Disclosure												
17	List the states with which a serve of this Forms 000 is required to be filed.												
	List the states with which a copy of this Form 990 is required to be filed												
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.												
	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)												
19	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.												

 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. Isist all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. 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 below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week list any hours per week list	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations 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. ■ (B) Name and title ■ (C) Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or 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. See 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. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization or any related organization or any related organization or any related organization of from the organization of from the organization org	year.		•						, ,		-	n's ta	Κ
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who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any organization no													
■ 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 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 below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization organization organization and related organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it st		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

(A)

137,000

130,156

121,583

120,200

Form 990 (2019)

Page 8

	Name and title	Average hours per week (list any hours	than o	one bo	ox, ι in of	t che unles ficer	eck moss pers r and a tee)	son	Repe compe fro orgal	ortable ensation m the nization	Reportable compensation from related organizations	,	Estima amount o compens from t	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		!/1099- ISC)	(W-2/1099- MISC)		organizati relate organiza	ed
See	Additional Data Table													
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							<u> </u>					\bot		
	Sub-Total Total from continuation sheets to Pa						▶					+		
	Total (add lines 1b and 1c)	•					▶		2,	705,988		0		308,365
2	Total number of individuals (including of reportable compensation from the			e liste	ed a	bove	e) who	rece	eived mo	re than \$1	00,000			
													Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>						oyee,		-	mpensated • • •	employee on	3	Yes	
4	For any individual listed on line 1a, is organization and related organization individual	ns greater than \$	\$150,00	0? <i>If</i>	"Yes	s," co	omplet	te Sc	hedule J			_		
5	Did any person listed on line 1a receiver services rendered to the organization	ive or accrue cor	mpensat	tion fr	rom	any	unrela	ated	organiza	tion or indi	ividual for	5	Yes	No
Se	ection B. Independent Contract				_	_								- INO
1	Complete this table for your five high from the organization. Report compe	nest compensate	d indepo calendar	ender year	nt co	ntra ing	actors with o	that r wit	received hin the c	more thar	s \$100,000 of con	npens	sation	
	Name	(A) and business addre	ess							Desc	(B) ription of services		(C) Compen	
	LAWRENCE,									DATA ANAL				147,150

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

(C)

(D)

(E)

(B)

CARL LAWRENCE, 120 E FREEDOM WAY

CINCINNATI, OH 45202 DELOITTE TOUCHE LLP,

HILLIARD, OH 43026

compensation from the organization ▶ 5

250 E FIFTH STREET SÚITE 1900 CINCINNATI, OH 45202 BATTELLE FOR KIDS, 4525 TRUEMAN BLVD

FORESIGHT LAW POLICY,

800 MAINE AVE SW SUITE 200 WASHINGTON, DC 20024 RPKGROUP LLC,

626C ADMIRAL DR SUITE 511 ANNAPOLIS, MD 21401

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

AUDIT & TAX SERVICES

FACILIATION & DESIGN

BUSINESS CONSULTING

EDUCATION POLICY

		Statement	of "	Pavanus						Page 9
Part	VIII				respo	onse or note to anv	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1:	Federated campa	igns		1a			revenue		1 312 311
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	s .	. [1 b					
Am G		c Fundraising even		Ŀ	1c					
Sifts Iar ,		d Related organizae Government grants		<u>.</u>	1d					
ıs, (imi		All other contribution		· L	1e					
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts above	s not	included	1f	3,779,761				
ig the		g Noncash contributio lines 1a - 1f:\$	ns in	cluded in	1g					
on of		h Total. Add lines :	1a-1	L f	-9	•				
						Business Code	3,779,761	T		1
	2 a	INTEREST ON STUDE	NT L	OANS		611710	1,050,106	1,050,106		
E e	h	FEES FOR SERVICES					1,806,834	1,806,834		
Program Service Revenue						611710				
Ce F	c	KWI ADMIN FEES				611710	58,129	58,129		
Servi	لد									
an	d									
rogr	е									
<u>-</u>	f	All other program	serv	ice revenue.						
	g	Total. Add lines 2	2a-2	f	•	2,915,069		I		
	3	Investment income similar amounts)		luding divide		nterest, and other	50,499)		50,499
		Income from invest				-)		
	5	Royalties	_			•	•			
				(i) Rea	ıl	(ii) Personal	-			
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c)	0			
	c	Net rental income		(loss)			<u> </u>			
				(i) Securi	ties	(ii) Other				
	7a	7a Gross amount from sales of assets other 7a 283,56		283,560						
		assets other than inventory								
	b	Less: cost or other basis and	7b	2	277,569)				
		sales expenses					-			
	С	Gain or (loss)	7c		5,991	l	_			
		Net gain or (loss)				· · · •	5,991			5,991
a r	Od	Gross income from fu		of						
Ž.		contributions reported See Part IV, line 18		line 1c).	8a	0				
Other Revenue	Ŀ	Less: direct expen	ses		8b	0				
the	C	: Net income or (los	s) fr	om fundraisi	ing ev	ents				
	9a	Gross income from								
		See Part IV, line 19			9a	0	_			
		Less: direct expen : Net income or (los			9b activit					
	10	aGross sales of inve returns and allowa	ento: ances	ry, less	10a	0				
	Ŀ	Less: cost of good	s sol	ld	10b	0	-			
	c	Net income or (los			invent)		
	11	Miscellaneo •• SERVICING FEE I				Business Code 61171	0 101,078	101,078		
	4	SEVATORING LEE I	INCO	PIL		011/1	201,070			
	Ŀ	•								
	c									
		All other revenue								
		Total. Add lines 1					101,078	3		
	12	Total revenue. S	ee ir	structions .	•	· · · •	6,852,398	3,016,147		56,490

	(2019)				Page 10
Р	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns	All other organization	ns must complete colu	mn (Δ)
	Check if Schedule O contains a response or note to an		_	ns must complete colu	П (A).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,218,128	3,218,128	general expenses	слропосо
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,587,483	1,110,581	385,146	91,756
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	4,907,947	3,034,111	1,704,017	169,819
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	245,891	175,974	59,765	10,152
9	Other employee benefits	436,641	316,612	106,127	13,902
10	Payroll taxes	434,403	307,894	105,583	20,926
11	Fees for services (non-employees):				
ā	a Management	178,243	171,828	6,415	
	Legal	179,596	70,340	109,256	
	Accounting	4,872		4,872	
	1 Lobbying	0			
	e Professional fundraising services. See Part IV, line 17	41,640			41,640
	Investment management fees	0			<u> </u>
	3 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,057,249	1,829,990	227,259	
12	Advertising and promotion	169,070	122,068	47,002	
	Office expenses	169,129	109,759	59,370	
	Information technology	303,503	228,002	75,501	
	Royalties	, 0	,	,	
	Occupancy	369,826	252,788	117,038	
	Travel	801,451	704,689	93,212	3,550
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	, 6 1,003	30,212	
19	Conferences, conventions, and meetings	346,704	313,408	33,296	
20	Interest	564,647	564,647		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	138,665	4,753	133,912	
23	Insurance	147,145	99,444	47,701	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a STUDENT LOAN REBATE FEES	253,019	253,019		
	b STUDENT LOAN SERVICING FEES	102,797	102,797		
	c STUDENT LOAN TRUSTEE & ADMIN	103,312	103,312		
	d STUDENT LOAN AMORT. EXPENSE	246,807	246,807		
	e All other expenses	129,799	63,462	66,337	
25	Total functional expenses. Add lines 1 through 24e	17,137,967	13,404,413	3,381,809	351,745
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				
	Check here F Li il following 50F 30-2 (A5C 350-720).				

Form 990 (2019)

Assets

11

12

13

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16

17

18

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21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Page **11**

848 405

0

309,871

726,632

77,980

22,023,774

1,118,605

33,319,038

3.692.999

337.781

16,763,657

8,181,459

28.975.896

-2.014,138

6,357,280

4,343,142

33.319.038

Form 990 (2019)

0

0

3,049,395

191.528

Check if Schedule O co	ontains a respo	onse or note	to any line i	n this Part IX	

	Beginning of year		End of year
Cash-non-interest-bearing	4,378,792	1	5,031,
2 Savings and temporary cash investments	1,406,648	2	789,

3,350,325

2,623,693

Pledges and grants receivable, net . . Accounts receivable, net

10a

10b

key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here <a> \square and

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets . . .

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Grants payable .

Inventories for sale or use . . Prepaid expenses and deferred charges .

4.539.605 421.390 4 Loans and other payables to any current or former officer, director, trustee,

> 0 5

0 6 0

215,576

294,687

345,528

26,022,812

1,307,184

38,932,222

2,338,020

96.679

21,824,332

7,295,557

31.554.588

-1,086,660

8.464.294

7,377,634

38.932.222

0 12

0

0 18

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0 21

0 24

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9

10c

11

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14

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3a

3h

Nο

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software Version:

EIN: 31-1321973 Name: KNOWLEDGEWORKS FOUNDATION

Software ID:

Form 990 (2019)

Form 990, Part III, Line 4a:

KW IN SCHOOLS: SEE SCHEDULE O

Form 990, Part III, Line 4b: STRIVEPARTNERSHIP: SEE SCHEDULE O Form 990, Part III, Line 4c: IMPACT & IMPROVEMENT: SEE SCHEDULE O

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related		T		(W- 2/1099-	(W- 2/1099-	organization and			
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
CHARLES AMBROSE PRESIDENT AND CEO	39.0	Х		Х				367,990	0	43,872
HOLLY BRINKMAN COO & VP OF FINANCE	37.0			x				247,548	0	44,058
MATTHEW WILLIAMS EVP, & CHIEF STRATEGY OFFR	39.0 1.0			х				249,613	0	38,369
MICHAEL DIMAGGIO VP PTRSHPS & DEV	40.0					х		251,299	0	22,743
VIRGEL HAMMONDS	40.0									

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234,383

229,525

211,748

177,354

157,293

136,904

0

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0

0

35,490

24,104

13,261

22,434

18,037

34,701

EVI, a chief shoulds of the	1.0	
MICHAEL DIMAGGIO	40.0	
VP PTRSHPS & DEV	0.0	
VIRGEL HAMMONDS	40.0	
CHIEF LEARNING OFFICER	0.0	
BYRON WHITE	40.0	

......

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and Independent Contractors

VP & EXEC DIR STRIVEPRTNRSHIP

LILLIAN PACE

VP, POLICY & ADVOCACY

VP STRATEGIC FORESIGHT

SR DIR, INFO TECHNOLOGY

KATHERINE PRINCE

STEPHEN MYERS

JESSE MOYER

SR DIR, SCHOOL DEV

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related		ı u un	CCCC	,, .,	ascec,		(1)/ 2/1000	(14/ 3/1000	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
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STEVEN MINTER DIRECTOR (END IN FYE 06/2020)	2.0	Х						114,980	0	0	
JOHN DEAN	2.0						х	68,035	0	0	

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DIRECTOR (END IN FYE 06/2020)	0.0						
JOHN DEAN	2.0						
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JOSEPH P TOMAIN	2.0						
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and Independent Contractors

PENNY FRIEDMAN

FORMER DIRECTOR

FORMER DIRECTOR

BECKY VAN DER BOGERT

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RICHARD RILEY

DIRECTOR

DIRECTOR

DIRECTOR

THOMAS FRY

LUCIE LAPOVSKY

CHAIR OF THE BOARD

SEAN DECATUR

and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and	a dir	ecto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
LILLIAN LOWERY	2.0							0	0	
DIRECTOR	0.0	X						J	0	0
JORGE PEREZ	2.0	.,							0	
DIRECTOR (END IN FYE 06/2020)	0.0	X						J	0	0
LIZZETTE GONZALEZ REYNOLDS	2.0			,,						
VICE CHAIR OF THE BOARD	0.0	X		X				0	U	0

JORGE PEREZ	2.0						
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DIRECTOR (END IN TTE 00/2020)	0.0						l
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DIRECTOR

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SCI	-IFD	ULE A	Bublio	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 990		Complete if the	organization is a sect 4947(a)(1) nonexe ▶ Attach to Form !	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 00-EZ.	r a section	2019
		the Treasury	► Go to <u>www.i</u>	<u>rs.gov/Form990</u> for in	nstructions and	I the latest info	ormation.	Open to Public Inspection
ame	e of th	nie Service ne organiza WORKS FOUND					Employer identific	ation number
ı Ovv	LLDGL						31-1321973	
	t I		for Public Charity Sta				See instructions.	
_	rganız		a private foundation becau onvention of churches, or	•			(A)(:)	
1		•	,			, ,, ,	. , . ,	
2			scribed in section 170(b)		,	, ,		
3	Ш	·	or a cooperative hospital se	-			•	
4		A medical r name, city,	esearch organization opera and state:	ated in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for the bene (iv). (Complete Part II.)	fit of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
5		A federal, s	tate, or local government	or governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
7		-	ation that normally receive (0(b)(1)(A)(vi). (Comple	•	s support from a	governmental u	ınit or from the gener	al public described in
8		A communi	ty trust described in sectio	on 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization rant college of agriculture.					ege or university or a
)	✓	from activit investment	ation that normally receive ties related to its exempt fo income and unrelated bus See section 509(a)(2). (0	inctions—subject to cert iness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
L		An organiza	ation organized and operat	ed exclusively to test fo	r public safety. S	See section 509	(a)(4).	
2		more public	ation organized and operat ly supported organizations through 12d that describe	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization open n(s) the power to regularly Part IV, Sections A and	erated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization sunt of the supporting organiplete Part IV, Sections A	pervised or controlled in zation vested in the sam				
0		Type III f	unctionally integrated. A	supporting organization				ted with, its
i		Type III n	on-functionally integrat integrated. The organizat i). You must complete P	ed. A supporting organi	zation operated fy a distribution	in connection wi	th its supported organ	
9		Check this	box if the organization reco or Type III non-functional	eived a written determir	ation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organization		-		<u> </u>	
)			ing information about the		r '		.	1
	(i) N	lame of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
_								
otal			tion Act Notice, see the			 5F :	 Schedule A (Form 9	

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	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.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on 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. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	r-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

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G	Part III Support Schedule for						
	(Complete only if you the organization fails t					to qualify under	Part II. If
S	ection A. Public Support	to quality under	the tests listed t	below, please co	mpiete i ait II.)		
Ť	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	(or fiscal year beginning in)	(a) 2013	(B) 2010	(6) 2017	(d) 2010	(6) 2013	(I) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	13,190,986	19,450,804	12,062,316	16,480,472	11,520,114	72,704,69
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	4,684,727	3,787,735	2,838,954	2,676,845	2,915,069	16,903,33
3	organization's tax-exempt purpose 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						
6	Total. Add lines 1 through 5	17,875,713	23,238,539	14,901,270	19,157,317	14,435,183	89,608,02
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	9,312,906	10,224,162	9,640,162	9,148,210	7,973,282	46,298,72
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	876,759	144,298	47,193	0	561,198	1,629,44
	amount on line 13 for the year.	10.100.555	10.000.100			2 524 422	
8	 Add lines 7a and 7b Public support. (Subtract line 7c from line 6.) 	10,189,665	10,368,460	9,687,355	9,148,210	8,534,480	47,928,17 41,679,85
S	ection B. Total Support	·	•	•	"	•	
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	(or fiscal year beginning in) ► Amounts from line 6	17,875,713	23,238,539	14,901,270	19,157,317	14,435,183	89,608,02
LOa		1,804	45,970	87,713	83,377	50,499	269,36
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c		1,804	45,970	87,713	83,377	50,499	269,36
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	219,672	224,164	202,890	123,337	101,078	871,14
13	Total support. (Add lines 9, 10c, 11, and 12.).	18,097,189	23,508,673	15,191,873	19,364,031	14,586,760	90,748,52
14	First five years. If the Form 990 is the check this box and stop here.	=					anization, ▶□
<u> </u>	check this box and stop here ection C. Computation of Public	Support Perce	entage	<u> </u>			
<u> </u>	Public support percentage for 2019 (I			column (f))		15	45.929 °
16	Public support percentage from 2018					16	49.050 9
S	ection D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	019 (line 10c, colu	mn (f) divided by	line 13, column (f))	17	0.297 9
1/							
18	Investment income percentage from a 331/3% support tests—2019. If the					18	0.220 9

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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

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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a 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

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.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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 4b supervised by or in connection with its supported organizations. 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

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). 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 Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

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 Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

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

9b Did a disqualified person (as defined in 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

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3		
Pa	rt IV Supporting Organizations (continued)					
_			Yes	No		
	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 in (b) and (c) below, the governing body of a supported organization?					
		11a				
	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c				
S	ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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				
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that					
2	operated, supervised, or controlled the supported 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				
S	ection C. Type II Supporting Organizations					
_			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of					
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).					
S	ection D. All Type III Supporting Organizations		v			
_			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?					
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 in (2), 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.	3				
S	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):				
	The organization satisfied the Activities Test. Complete line 2 below.					
	b					
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)			
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No		
•	a 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				
ı	b Did the activities described in (a) 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	Parent of Supported Organizations. Answer (a) and (b) below.					
•	a 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>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.	3h				

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O			. Part VIV. See	
	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):	1			
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1 b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
e	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
	Section C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations	(i)	(ii) Underdistributions	(iii) Distributable

8	Distributions to attentive supported organizations to wh details in $\bf Part\ VI)$. See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019:			_

9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
i Carryover from 2014 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
<u></u> \$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to		

e From 2018.

d Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 39, 31, and 31 from 31.		
4 Distributions for 2019 from Section D, line 7:		
<u> \$ </u>		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		

	See instructions.		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2020. Add lines 3j and 4c.		
8	Breakdown of line 7:		
а	Excess from 2015		
b	Excess from 2016		
С	Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

chedule A (Form 990 or 990	FZ) 2019 Page							
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Paction 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, 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 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. (Se instructions).								
Facts And Circumstances Test								
90 Scheaule A, Suppl	90 Schedule A, Supplemental Information							
Return Reference	Explanation							
RT III, LINE 12 EXPLANATION OF OTHER INCOME: SECURITIES LITIGATION INCOME NFP SERVICING FEE INCOME								

PART III, LINE 12

Political Campaign and Lobbying Activities

OMB No. 1545-0047

DLN: 93493131034591

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

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

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

f the	Section 501(c) (other than section 5 Section 527 organizations: Complet e organization answered "Yes" of Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form t have filed Form 5768 (election under t have NOT filed Form 5768 (election u n Form 990, Part IV, Line 5 (Proxy Ta s), then	ts I-A and C below. 990-EZ, Part VI, lir section 501(h)): Counder section 501(h	ne 47 (Lobbying Activities omplete Part II-A. Do not co)): Complete Part II-B. Do i	omplete Part II-B. not complete Part II-A.
Na	me of the organization	adiene. Complete i dit iii.		Employer iden	ntification number
KNO	OWLEDGEWORKS FOUNDATION			24 4224072	
Par	rt I-A Complete if the orga	nization is exempt under secti	on 501(c) or is	31-1321973	zation
1		ization's direct and indirect political ca		-	
2	Political campaign activity expend	litures (see instructions)			\$
3		paign activities (see instructions)			
Par		nization is exempt under secti			
1	Enter the amount of any excise ta	ax incurred by the organization under s	section 4955	>	\$
2	Enter the amount of any excise to	ax incurred by organization managers	under section 4955	>	\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for	this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV.				⊔ Yes ⊔ No
		nization is exempt under secti	on 501(c), exce	ept section 501(c)(3)	
1		ed by the filing organization for section			\$
2	· ·	anization's funds contributed to other	•		T
					\$
3	Total exempt function expenditur	es. Add lines 1 and 2. Enter here and o	on Form 1120-POL,	line 17b ▶	\$
4	Did the filing organization file For	m 1120-POL for this year?			Yes No
5	organization made payments. For of political contributions received	employer identification number (EIN) of each organization listed, enter the an that were promptly and directly delive ee (PAC). If additional space is needed	nount paid from the red to a separate p	filing organization's funds olitical organization, such a	ch the filing . Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
1					
5					
5					
or F	Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	· Cat.	. No. 500845 Schedule C (Form 990 or 990-EZ) 2019

(150% of line 2d, column (e))

Grassroots lobbying expenditures

or each "Yes" response on lines 1a thi	rough 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)	
tivity.	loagh It below, provide in Part IV a detailed description of the lobbying	Yes	No	Amou	nt
	ganization attempt to influence foreign, national, state or local legislation, ce public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?					
b Paid staff or management (include	de compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?					
d Mailings to members, legislators	, or the public?				
e Publications, or published or bro	adcast statements?				
f Grants to other organizations for	r lobbying purposes?				
g Direct contact with legislators, th	neir staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminar	rs, conventions, speeches, lectures, or any similar means?				
i Other activities?					
j Total. Add lines 1c through 1i					
a Did the activities in line 1 cause	the organization to be not described in section 501(c)(3)?				
	y tax incurred under section 4912				
c If "Yes," enter the amount of an	y tax incurred by organization managers under section 4912				
d If the filing organization incurred	d a section 4912 tax, did it file Form 4720 for this year?				
Complete if the o 501(c)(6).	rganization is exempt under section $501(c)(4)$, section $501(c)$	(5), c	r secti	on	
				Yes	No
. Were substantially all (90% or n	nore) dues received nondeductible by members?		Г	1	
Did the organization make only i	n-house lobbying expenditures of \$2,000 or less?			2	
Did the organization agree to ca	rry over lobbying and political expenditures from the prior year?		🗀	3	
art III-B Complete if the o	rganization is exempt under section 501(c)(4), section 501(c)	(5), c	r secti	on 501(3)(6
and if either (a) E answered "Yes."	BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	III-A	, line 3	, is	
	amounts from members	1			
Section 162(e) nondeductible lol expenses for which the section	obying and political expenditures (do not include amounts of political on 527(f) tax was paid).				
		2a	ļ		
,		2b			
	(2007/1/41/41)	2c			
	ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3			
the organization agree to carryo	ount on line 2c exceeds the amount on line 3, what portion of the excess does ver to the reasonable estimate of nondeductible lobbying and political	4			
	political expenditures (see instructions)	5			
Part IV Supplemental Inf		·			
Provide the descriptions required for	Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); so, complete this part for any additional information.	Part II	-A, lines	1 and 2 (s	ee
Return Reference	Explanation				
ART I A and I B	THESE SECTIONS ARE ARRIVABLE! AS KNOWLEDGEWORKS FOUNDATION D				

INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS), ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE.

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493131034591

OMB No. 1545-0047

Supplemental Financial Statements

2019

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Complete if the organization answered "Yes," on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	ame of the organization OWLEDGEWORKS FOUNDATION	Em	ployer identification number
VIN.	OWEFF OF THE OWNER HOLD	31-	1321973
Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds	s or Ac	counts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.		(1) 5 I I I I
_	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year	_	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor organization's property, subject to the organization's exclusive legal control?		funds are the $$\square$\ \mbox{Yes}\ \ \square$\ \mbox{No}$
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds c charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpos private benefit?	se confer	ed only for ring impermissible \to Yes \to No
Pa	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
		an histo	rically important land area
			•
		a certific	ed historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the easement on the last day of the tax year.	form of	a conservation Held at the End of the Year
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
С	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated tax year ▶	by the o	rganization during the
4	Number of states where property subject to conservation easement is located ▶		<u> </u>
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling and enforcement of the conservation easements it holds?	ng of vio	lations,
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	g conserv	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cons	servatior	n easements during the year
8	Does each conservation easement reported on line $2(d)$ above satisfy the requirements of section and section $170(h)(4)(B)(ii)$?	n 170(h)	(4)(B)(i) ☐ Y es ☐ N o
9	In Part XIII, describe how the organization reports conservation easements in its revenue and ex balance sheet, and include, if applicable, the text of the footnote to the organization's financial st the organization's accounting for conservation easements.		atement, and
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or O Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ther S	imilar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or research i provide, in Part XIII, the text of the footnote to its financial statements that describes these item	in furthe	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stat historical treasures, or other similar assets held for public exhibition, education, or research in fu following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		. ▶\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets for following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	inancial	gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		. ▶\$
b	Assets included in Form 990, Part X		. ▶\$

Par	t IIII Organizations Maintair	ning Collections o	f Art, Histor	ical T	reasu	res, or Other	Similar A	ssets (conti	nued)	
3	Using the organization's acquisition, items (check all that apply):	accession, and other	records, check	any of	the foll	lowing that are a	a significant i	use of its coll	ection	
а	Public exhibition		d		Loan	or exchange pro	grams			
b	Scholarly research		e		Other					
c	Preservation for future genera	ations								
4	Provide a description of the organization Part XIII.	ation's collections and	explain how th	ey furt	her the	organization's e	exempt purpo	se in		
5	During the year, did the organizatio assets to be sold to raise funds rath							☐ Yes		lo
Pai	rt IV Escrow and Custodial A Complete if the organizat X, line 21.		" on Form 990), Part	IV, lir	ne 9, or report	ed an amoi		990,	Part
1 a	Is the organization an agent, trusted included on Form 990, Part X?							Yes		lo
b	If "Yes," explain the arrangement in	Part XIII and comple	ete the following	ı tahle:			Δ	mount		_
c	Beginning balance		-	•		1c				_
d	<u> </u>									_
e	Additions during the year					· · 				_
f	Distributions during the year					· +				_
и 2а	Ending balance					·	iability?	☐ Yes	N	— lo
b								_		
	art V Endowment Funds.					,	• • •			
	Complete if the organizat	ion answered "Yes'	" on Form 990), Part	IV, lir	ne 10.				
		(a) Curren	nt year (b)	Prior yea	ar (c) Two years back	(d) Three ye	ars back (e) F	our yea	ırs back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and I	osses								
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of Board designated or quasi-endowme	•	balance (line 1	.g, colu	mn (a)) held as:		'		
a	-	=11.								
b	***************************************									
C	Temporarily restricted endowment		201							
2-	The percentages on lines 2a, 2b, an				- I I	d = d==:=: ! 5	41			
3a	Are there endowment funds not in to organization by:	ne possession of the d	organization tha	at are n	eid and	a administered re	or the		Yes	No
	(i) unrelated organizations							3a(i)		<u> </u>
	(ii) related organizations							3a(ii)		
b	· · · · · · · · · · · · · · · · · · ·		equired on Sch	edule R	?.			3b		
4	Describe in Part XIII the intended us									
Pai	rt VI Land, Buildings, and E	quipment.								
	Complete if the organizat									
	Description of property (a)	Cost or other basis (investment)	(b) Cost or othe	r basis (other)	(c) Accumulated	depreciation	(d) Bo	ook valu	ie
1 a	Land									
b	Buildings									
	Leasehold improvements			1,6	84,792		1,203,940			480,85
	Equipment			9	24,576		766,284			157,99
	Other				41,257		653,469			87,788

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

	Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security)	Part IV, li (b) Book value	(c) Metho	Part X, line 12. od of valuation: f-year market value
(1) Financia	l derivatives	value		
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
		•		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, li	ne 11c. See Form 990,	Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market
(1)ACQUISI	TION COSTS		22,023,774	value C
(2)			22,023,774	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(1) (2) (2) (2) (2) (3) (4)			
Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.	<u> </u>	22,023,774	
	Complete if the organization answered 'Yes' on Form 990, F (a) Description	Part IV, lir	ne 11d. See Form 990, Pa	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	4.			
Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.			. •
	Complete if the organization answered 'Yes' on Form 990, F	Part IV, lir	ne 11e or 11f.See Form	990, Part X, line 25. (b) Book
1. (1) Federal i	(a) Description of liability income taxes			value
(2) INTERES				22,478
	T LOAN PROGRAM RESIDUAL			8,158,981
(4)				
(5)				
(6) ————				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col.(B) line 25.)			8,181,459
	or uncertain tax positions. In Part XIII, provide the text of the footnot x positions under FIN 48 (ASC 740). Check here if the text of the foot			

Schedule D (Form 990) 2019

	Complete if the organize	zation answered 'Yes' on Form 990, Part	: IV, li	ne 12a.				
1	Total revenue, gains, and other su	upport per audited financial statements			1			
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on in	nvestments	2a					
b	Donated services and use of facilit	ties	2b					
c	Recoveries of prior year grants .		2c					
d	Other (Describe in Part XIII.) .		2d					
e	Add lines 2a through 2d				2e			
3	Subtract line 2e from line 1				3			
4	Amounts included on Form 990, P	art VIII, line 12, but not on line 1:						
а	Investment expenses not included	on Form 990, Part VIII, line 7b .	4a					
b	Other (Describe in Part XIII.) .		4b					
c	Add lines 4a and 4b				4c			
5	Total revenue. Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12.)			5			
Par		penses per Audited Financial Statem		•	Retur	n.		
	•	zation answered 'Yes' on Form 990, Part			1 .			
1	•	lited financial statements			1			
2	Amounts included on line 1 but no	, , ,		1				
а		cies	2a					
b	Prior year adjustments		2b		_			
С	Other losses		2c					
d	Other (Describe in Part XIII.) .		2d]			
е	Add lines 2a through 2d				2e			
3	Subtract line 2e from line 1				3			
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:						
а	Investment expenses not included	l on Form 990, Part VIII, line 7b 🔒 🔒	4a					
b	Other (Describe in Part XIII.) .		4b					
c	Add lines 4a and 4b				4c			
5	Total expenses. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18.	.)		5			
Pai	t XIII Supplemental Info	rmation						
	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.							
	Return Reference		Ex	olanation				
See A	Additional Data Table							

Page 4

chedule D (Form 990) 2019	Page 5		
Part XIII Supplemental Information (continued)			
Return Reference Explanation			

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 31-1321973

Name: KNOWLEDGEWORKS FOUNDATION

Supplemental Information

Explanation

Return Reference SCHEDULE D, PART X, LINE 2 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.

DLN: 93493131034591 OMB No. 1545-0047 **Supplemental Information Regarding** SCHEDULE G (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization KNOWLEDGEWORKS FOUNDATION 31-1321973 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations Special fundraising events ✓ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (iii) Did (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have or entity (fundraiser) (or retained by) (or retained by) from activity custody or fundraiser listed in organization control of col. (i) contributions? No Yes STRATEGY ROBERT CHARLES STEWART 41,640 DEVELOPMENT

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

41,640

	rt II Fundraising Events. Compl				
	than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and	6b. List events with
	gross receipts greater than \$	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Keverkie					
200					
¥					
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
N T	5 Noncash prizes				
Experises	6 Rent/facility costs				
Š	7 Food and beverages				
Zieg Zieg	Sentertainment				
2	Other direct expenses	through O in column (d)			
	11 Net income summary. Subtract line 10				
Pai	rt III Gaming. Complete if the org			V, line 19, or reported	l i more than \$15,000
	on Form 990-EZ, line 6a.	1			1
E		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue					
<u>.</u>	1 Gross revenue				
TSe.	2 Cash prizes				
7	3 Noncash prizes				
វ	3 Noncash prizes				
ង ប្ដូ	4 Rent/facility costs				
ži Delo	4 Rent/facility costs				
វ រូវ ភ្ន			☐ Yes%	☐ Yes%	
វ រដ្ឋភ្ជុំ 	4 Rent/facility costs	☐ Yes%	☐ Yes % ☐ No	☐ Yes %	
<u>1</u> 1910 –	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	□ No	1_		
	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2	No	□ No	□ No ►	
	4 Rent/facility costs	No through 5 in column (d)	No	No	
	4 Rent/facility costs	No through 5 in column (d) t line 7 from line 1, column tion conducts gaming activities	No	No ▶ ▶	Ves □No
a b	4 Rent/facility costs	through 5 in column (d)	nn (d)	No	☐ Yes ☐ No
9 a	4 Rent/facility costs	through 5 in column (d) thine 7 from line 1, columnion conducts gaming activities in each columning activities act	No nn (d)	No	
9 a	4 Rent/facility costs	through 5 in column (d) thine 7 from line 1, column cion conducts gaming activaming activities in each column censes revoked, suspend	No nn (d)	No	
) a b	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 8 Net gaming income summary. Subtract the state(s) in which the organization licensed to conduct of If "No," explain:	through 5 in column (d) thine 7 from line 1, column cion conducts gaming activaming activities in each column censes revoked, suspend	No nn (d)	No	

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		· Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

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

Governments and Individuals in the United States

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

Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2019
Open to Public

DLN: 93493131034591

Inspection

nternal Revenue Service		F G0 t0 <u>WW</u>	101	the latest illiorillativ	o		
lame of the organization	211					Employer identific	ation number
(NOWLEDGEWORKS FOUNDATIO	JN					31-1321973	
Part I General Inform	nation on Grants	and Assistance					
 Does the organization mainstrain the selection criteria used Describe in Part IV the organization 	to award the grants	or assistance?			for the grants or assistand	ce, and	☑ Yes ☐ No
Part II Grants and Other			and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes'	" on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
Enter total number of sectEnter total number of other							22

(Form 990)

Department of the

Page **2**

Schedule I (Form 990) 2019

(2) (3) (4)

(5) (6) (7)

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

Explanation

Return Reference KNOWLEDGEWORKS MAINTAINS A SYSTEM OF RECORDS ON GRANTMAKING THAT INCLUDES: DATE OF REQUEST, ELIGIBILITY OF GRANTEE, CONTACT SCHEDULE I, PART I, LINE 2 INFORMATION, DATE GRANT WAS AWARDED, GRANT PURPOSE, GRANT BUDGET, ELECTRONIC COPY OF EXECUTED GRANT AGREEMENT AND REQUIRED REPORTING.

Additional Data

JOBS FOR THE FUTURE

BOSTON, MA 02110

88 BROAD ST 8TH FLOOR

06-1164568

		Software ID:					
		Software Version:					
		EIN:	31-1321973				
		Name:	KNOWLEDGEWORK	S FOUNDATION			
Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domesti	ic Governments.		
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash		(f) Method of valuation	(g) Description of	(h) Purpose of grant

organization or government	if applicable	grant	cash assistance	(book, FMV, appraisal, other)	

501(C)(3)

(a) Name and address or	(D) ⊑1N	(c) IRC section	(a) Amount of cash	(e) Amount of non-	(1) Method of Valuation	(g) Description of
organization		if applicable	grant	cash	(book, FMV, appraisal,	non-cash assistance
or government				assistance	other)	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				

or government		п аруксавте	grant	assistance	other)	non easi assistance	or assistance
BARD COLLEGE PO BOX 5000 ANNADALE ON HUDSON, NY	14-1713034	501(C)(3)	60,000				HIGH-QUALITY COLLEGE IN HIGH SCHOOL EXPERIENCES

HIGH-QUALITY

COLLEGE IN HIGH

SCHOOL EXPERIENCES

BARD COLLEGE PO BOX 5000 ANNADALE ON HUDSON, NY 12504	14-1713034	501(C)(3)	60,000		HIGH-QUALITY COLLEGE IN HIGH SCHOOL EXPERIENC

210,000

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

MIDDLE SCHOOL NATIONAL CONSORTIUM 100 BANK ST SUITE 3D NEW YORK, NY 10014	04-3608107	501(C)(3)	35,000		HIGH-QUALITY COLLEGE IN HIGH SCHOOL EXPERIENCES
NATIONAL ALLIANCE OF CONCURRENT ENROLLMENT	16-1609101	501(C)(3)	195,000		HIGH-QUALITY COLLEGE IN HIGH

PTRSHPS SCHOOL EXPERIENCES PO BOX 578 CHAPEL HILL, NC 27514

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) VMCA OF CREATER 21_0527170 E01/C)/2) 1 160 206 CINCINNATI CRADLE TO SUPPORT

READING APP

CINCINNATI	31-033/1/6	501(0)(3)	1,160,396		CAREER SU
1105 ELM STREET CINCINNATI, OH 45202					

31-0833936 501(C)(3) 379.900 CHILDREN'S HOSPITAL IMAGINATION LIBRARY. MEDICAL CENTER 18TH GRADE MATH &

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3333 BURNET AVENUE

CINCINNATI, OH 45229

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government CINCINNATI PUBLIC SCHOOLS 31-6000758 GOVT FNTITY 158.790 SUPPORT FOR 8TH

2651 BURNET AVENUE IGRADE MATH PROFICIENCY PROGRAM CINCINNATI, OH 45219 COLLEGE NOW GREATER 34-6580096 501(C)(3) 50.000 SUPPORT CLEVELAND INC.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

POSTSECONDARY 50 PUBLIC SQUARE ST LEDUCATION CLEVELAND, OH 44113 ATTAINMENT IN OHIO

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government EDUCATION COMMISSION OF 31-0722194 501(C)(3) 15.000l 2020 SPONSORSHIP

ISUPPORT

THE STATES 700 BROADWAY SUITE 810 DENVER, CO 80203		, , , ,	, i		SUPPORT
FREESTORE FOOD BANK	23-7122205	501(C)(3)	10,000		GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FREESTORE FOOD BANK 112 E LIBERTY STREET

CINCINNATI, OH 45202

(g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) YMCA OF GREATER 25-0969497 501(C)(3) 5.125 YMCA LIGHTHOUSE -

(e) Amount of non-

(f) Method of valuation

ISTUDY

PITTSBURGH FUTURE OF LEARNING IN PITTSBURGH 680 ANDERSEN DR PITTSBURGH, PA 15220

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

2861 WOMBLE ROAD

SAN DIEGO, CA 92106

(b) EIN

HIGH TECH HIGH GRADUATE 27-0716971 501(C)(3) 160.000 RESEARCH SCHOOL OF EDUCATION COLLABORATIVE CYCLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501(C)(3) 162.086 ISUPPORT LEARN TO EARN DAYTON 81-0823777 4801 SPRINGFIELD ST I POSTSECONDARY

I EDUCATION DAYTON, OH 45431 27-2499903 501(C)(3) 10.000 MIGHTYCAUSE CHARITABLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CINCINNATI, OH 45202

ATTAINMENT IN OHIO MINORITY BUSINESS FOUNDATION LEMERGENCY ASSISTANCE FUND 1327 VINE STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 47-2431620 501(C)(3) 10.650 MORTAR CINCINNATI GENERAL OPERATING 1329 VINE STREET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CINCINNATI, OH 45202 MUSKINGUM VALLEY ESC. 205 N SEVENTH ST

ISUPPORT 31-1525731 GOVT ENTITY 55.000l ISUPPORT I POSTSECONDARY IEDUCATION

ZANESVILLE, OH 43701 ATTAINMENT IN OHIO

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-5562308 501(C)(3) 160.000 RESEARCH NYU METRO CENTER

25 WEST 4TH STREET COLLABORATIVE CYCLE ISTUDY NEW YORK, NY 10012 RHODE ISLAND COLLEGE 05-6049721 20.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PROVIDENCE, RI 02908

501(C)(3) SUPPORT YOUTH ACTION RESEARCHERS FOUNDATION 600 MOUNT PLEASANT AVE AT INTERSECTION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 05-0277222 501(C)(3) 58.980 ROGER WILLIAMS UNIVERSITY ISUPPORT YOUTH

ONE OLD FERRY ROAD BRISTOL, RI 02809

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

201 MULLICA HILL ROAD

GLASSBORO, NJ 08028

ACTION RESEARCHERS AT INTERSECTION ROWAN UNIVERSITY 22-2482802 501(C)(3) 80.0001 IRESEARCH FOUNDATION ICOLLABORATIVE CYCLE

ISTUDY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) STARK EDUCATION 34-1625250 501(C)(3) 50,000 SUPPORT

ATTAINMENT IN OHIO

PARTNERSHIP 400 MARKET AVE N CANTON, OH 44702					POSTSECONDARY EDUCATION ATTAINMENT IN OH
SUMMIT EDUCATION	34-1843220	501(C)(3)	127,390		SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

AKRON, OH 44308

ENT IN OHIO IPOSTSECONDARY INTITATIVE 120 E MILL ST SUITE 300 I EDUCATION

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	31034	591	
Sch	nedule J	Co	mpensati	ion Information	OI	ИВ No.	1545-0	0047	
(Form 990)		For certain Office							
		► Complete if the orga		ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	2019			
Danar	tment of the Treasury	► Go to www.irs.go		to Form 990. instructions and the latest inforn	mation.)pen i			
•	al Revenue Service	r do to <u>irririnsiqo</u> i	101	motractions and the latest mion		Insp	ectio	n	
	me of the organiza DWLEDGEWORKS FO				Employer identifica	tion nu	ımber		
					31-1321973				
Pa	rt I Questi	ons Regarding Compensat	ion				I		
1a				the following to or for a person liste y relevant information regarding thes			Yes	No_	
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use				
	Travel for	companions		Payments for business use of person	nal residence				
	Tax idemr	nification and gross-up payments		Health or social club dues or initiation					
	☐ Discretion	nary spending account		Personal services (e.g., maid, chauf	feur, chef)				
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes		
2				or allowing expenses incurred by all	- 4-2	2	Yes		
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked on Lir	ne la?				
3	organization's C	EO/Executive Director. Check all	that apply. Do n	d to establish the compensation of the					
		ed organization to establish comp	ensation of the G	CEO/Executive Director, but explain i	n Part III.				
		ation committee		Written employment contract					
		ent compensation consultant	✓	Compensation survey or study					
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee				
4	During the year, related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a				
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a	Yes		
b	Participate in, o	r receive payment from, a supple	emental nonquali	ified retirement plan?		4b		No	
С				nsation arrangement? Dicable amounts for each item in Part		4c		No	
	Only 501/5//2) F01(-)(4)4 F01(-)(20)							
5), 501(c)(4), and 501(c)(29) ed on Form 990. Part VII. Section	_	the organization pay or accrue any					
		ontingent on the revenues of:		the organization pay or decide any					
а	The organization	1?				5a		No	
b						5b		No	
	If "Yes," on line	5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Sectior ontingent on the net earnings of:		the organization pay or accrue any					
а	The organization	1?				6a		No	
b	,					6b		No	
	•	6a or 6b, describe in Part III.							
7	For persons liste payments not de	ed on Form 990, Part VII, Sectior escribed in lines 5 and 6? If "Yes	n A, line 1a, did t ," describe in Pa	the organization provide any nonfixed rt III	d 	7	Yes		
8	subject to the in	nitial contract exception described	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 		8		No	
9	If "Yes" on line	8, did the organization also follow	v the rebuttable	presumption procedure described in	Regulations section	9		No_	
For F	Panerwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990 Cat No. 5	50053T Schedule J		990)	2019	

Schedule J (Form 990) 2019

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			and other	(D) Nontaxable benefits	columns	Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on pric Form 990
See Additional Data Table								

Schedule J (Form 990) 2019	Page 3 Page 3					
Part III Supplemental Inform	nation					
Provide the information, explanation, or	r 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.					
Return Reference	Explanation					
, ,	The Foundation maintained a membership in a local social club in the name of the President & CEO which was terminated effective 4/30/2020. This membership was a business membership for the benefit of the Foundation. As such, the monthly dues were paid by the Foundation. Any personal use was paid by the President & CEO.					
SCHEDULE J, PART I, LINE 4C	PAYMENTS TO CRIS CHARBONNEAU WERE MADE UNDER THE TERMS OF A NEGOTIATED SEPARATION AGREEMENT.					
, ,	THROUGH ITS FISCAL YEAR ENDING 6/30/2019, KNOWLEDGEWORKS OFFERED AN INDIVIDUAL INCENTIVE BASED BONUS PROGRAM, WHERE THE ANNUAL PAYOUT WAS DETERMINED BY ACHIEVEMENT OF ESTABLISHED OBJECTIVES. THIS PROGRAM WAS TERMINATED EFFECTIVE 6/30/2019. THE FINAL PAYOUTS UNDER THIS PROGRAM WERE MADE IN OCTOBER 2019.					

Schedule 1 (Form 990) 2019

Software ID:

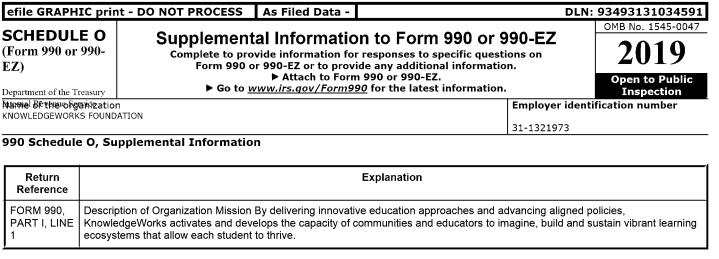
Software Version:

EIN: 31-1321973

Name: KNOWLEDGEWORKS FOUNDATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		•	-f.W. 2 d/ 1000 MIC			<u>' '</u>	(F) T-t-1 -51.	(F) C
(A) Name and Title		(i) Base Compensation	of W-2 and/or 1099-MIS((ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1CHARLES AMBROSE PRESIDENT AND CEO	(i)	314,442	49,615	3,933	14,000	29,872	411,862	
	(ii)	0	0	0	0	0	0	
1HOLLY BRINKMAN COO & VP OF FINANCE	(i)	207,428	37,356	2,764	12,963	31,095	291,606	
COO & VI OI IIIVIIVEE	(ii)	0	0	0	0	0	0	
2MATTHEW WILLIAMS EVP, & CHIEF STRATEGY	(i)	211,147	35,487	2,979	12,780	25,589	287,982	
OFFR	(ii)	0	0	0	0	0	0	
3JOHN DEAN FORMER DIRECTOR	(i)	0	0	68,035	0	0	68,035	68,035
	(ii)	0	0	0	0	0	0	
4JOSEPH P TOMAIN FORMER DIRECTOR	(i)	0	0	57,604	0	0	57,604	57,604
	(ii)	0	0	0	0	0	0	
5RICHARD RILEY FORMER DIRECTOR	(i)	0	0	29,931	0	0	29,931	29,931
	(ii)	0	0	0	0	0	0	
6 PENNY FRIEDMAN FORMER DIRECTOR	(i)	0	0	32,741	0	0	32,741	32,741
	(ii)	0	0	0	0	0	0	
7MICHAEL DIMAGGIO VP PTRSHPS & DEV	(i)	211,894	36,153	3,252	12,545	10,198	274,042	
	(ii)	0	0	0	0	0	0	
8 KATHERINE PRINCE VP STRATEGIC FORESIGHT	(i)	153,449	21,140	2,765	9,033	13,401	199,788	
	(ii)	0	0	0	0	0	0	
9STEPHEN MYERS SR DIR, INFO TECHNOLOGY	(i)	138,525	16,068	2,700	7,869	10,168	175,330	
	(ii)	0	0	0	0	0	0	
10CRIS CHARBONNEAU VP, MKT & COMMS	(i)	100,862	0	38,178	5,323	5,973	150,336	
,	(ii)	0	0	0	0	0	0	
11JESSE MOYER SR DIR, SCHOOL DEV	(i)	119,769	14,832	2,303	7,264	27,437	171,605	
	(ii)	0	0	0	0	0	0	
12VIRGEL HAMMONDS CHIEF LEARNING OFFICER	(i)	196,924	34,660	2,799	12,027	23,463	269,873	
	(ii)	0	0	0	0	0	0	
13LILLIAN PACE VP, POLICY & ADVOCACY	(i)	183,736	25,286	2,726	10,586	2,675	225,009	
	(ii)	0	0	0	0	0	0	
14BYRON WHITE VP & EXEC DIR	(i)	192,667	33,160	3,698	11,507	12,597	253,629	
STRIVEPRTNRSHIP	(ii)	0	0	0	0	0	0	
				<u> </u>				



Return

Kelelelice		1
FORM 990,	SIGNIFICANT CHANGES TO PROGRAM SERVICES KNOWLEDGEWORKS ENDED THE SPONSORSHIP OF	ı
PART III,	STRIVEPARTNERSHIP LLC AS OF 6/30/2020. RECOGNIZING THE VALUE THAT STRIVEPARTNERSHIP LLC PROVIDES TO	ı
LINE 3	THE GREATER CINCINNATI COMMUNITY, THE BOARD OF KNOWLEDGEWORKS AUTHORIZED A GRANT OF \$750,000 TO	ı
	THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER CINCINNATI (YMCA) TO ASSIST IN THE CONTINUATION OF	ı
	STRIVEPARTERSHIP LLC ACTIVITIES. IN CONNECTION WITH THIS TRANSITION, STRIVEPARTNERSHIP LLC ENTERED	1
	\mid INTO AN AGREEMENT WITH THE YMCA TO TRANSFER SUBSTANTIALLY ALL OF ITS ASSETS TO THE YMCA. THE TOTAL \mid	1

AMOUNT OF STRIVEPARTNERSHIP LLC GRANTS TRANSFERRED WAS APPROXIMATELY \$785,000.

Explanation

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	Program service accomplishments - Knowledgeworks in schools KnowledgeWorks is committed to the equitable redesign of systemic learning structures through personalized, competency-based learning. We believe personalized learning is an equity catalyst for our children, but also for the educators and communities who serve them. This belief is at the heart of our work to help learning communities implement a new learning infrastructure that is more inclusive and learner centered. Over the last five years, KnowledgeWorks has collaborated deeply with learning communities, state departments of education, policy makers, and other organizations who have also put learners at the center of their designs. In FY2020, those partnerships have expanded to support more than 90,000 learners. KnowledgeWorks and its learning community partners recognize that equitable and sustainable systemic change requires significant collaboration and shared leadership in the design of new learning processes. Systems change is difficult, takes time and requires diverse stakeholder groups to build and act within a culture of trust and equity. This year, with the help from 11 new organizational partnerships, KnowledgeWorks has supported the development of this learning culture through personalization with 19 individual learning communities. These learning communities are as small as one school building with 200 learners to large learning communities consisting of 20 schools and over 37,000 learners. Additionally, KnowledgeWorks has partnered with six state departments of education to develop regional cohorts of learning communities to serve as incubators for personalized competency-based learning across each state. Under the guidance of KnowledgeWorks, each of these state cohorts, and learning communities within them, are collaborating and learning with one another to leverage new policy, pedagogy, and systemic learning designs to demonstrate and illustrate the effectives of PCBL as a driver for equity and deeper learning.

Return Reference	Explanation
FORM 990, PART III, LINE 4B	Program Service Accomplishments - StrivePartnership StrivePartnership continued to advance its work under the following systems-level strategies. Early Learning Alignment - StrivePartnership worked with two collaborative action networks among early learning and service providers in Cincinnati and Northern Kentucky to allow low-income families with children prenatal to kindergarten to be connected to high-quality, development and social-emotional support services. Through the six-month ImpactU continuous improvement course, conducted in partnership with Cincinnati Children's Hospital Medical Center (CCHMC), StrivePartnership concluded the program's 4th cohort of participants, teaching 24 leaders how to accelerate improvement by utilizing Continuous Quality Improvement tools. Middle Grade Math - StrivePartnership completed its work with Cincinnati Public Schools (CPS) administrators, principals, teachers and students and CCHMC to establish a Network for School Improvement to improve 8th-grade math beginning in ten CPS schools. An assessment tool was also developed to determine readiness, selection and maturation of school to ensure success. K-12 / Postsecondary Data Agreements - StrivePartnership designed a web-based tool for parents and caregivers that provides information on Cincinnati K-12 schools including ratings, school resources and student outcomes. Using school profiles, the tool displays a variety of indicators of school quality to provide a well-rounded picture of how effectively each school serves all of its students. Ohio Achievement Goal "Stopped-out" Student Ground Game - StrivePartnership, in collaboration with Learn 2 Earn Dayton and Summit Education Initiative, continued its work with six Ohio cradle-to-career organizations to lead local strategies and state policy efforts to re-enroll residents who "stopped-out" of college before obtaining a degree. Talent Hub Career Pathway Initiative - StrivePartnership continued to deliver work as a designated Talent Hub supported by a 3-year grant from the

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Return	Explanation
Referenc	e
FORM 990 PART III, LINE 4C	Program Service Accomplishments - impact & improvement In FY2020, the Impact and Improvement team launched formative data collection in North Dakota (year one of a four-year study); initiated a cross-organizational process to develop KnowledgeWorks first Theory of Change; and published a research report on "Analysis and Reflections on Student Outcomes in RSU2". The team hosted three meetings of the Student-Centered Learning Research Collaborative grantees (six Distinguished Fellows and four research-practice teams) and supported 10 youth researchers to develop their projects. Data sharing agreements were completed with three of five states to release student-level data for the major multi-year REMIQS (Robust and Equitable Measures to Inspire Quality Schools) effort. The Impact and Improvement staff were invited speakers at the Lowenstein Foundation Personalized Learning Research meeting, Aurora Institute, and GFE and served on the advisory board of CompetencyWorks, CCSSO's Certification and Licensure Task Force, and GFE's Data Partners. The team launched the REMIQS.org website; provided resources to EngagingAlLearners.Org; and maintained the StudentsattheCenterHub.org website, averaging 10,000 visitors per month, publishing over 20 blogs on student-centered learning, research, and equity by staff and research partners.

Return Reference	Explanation
FORM 990, PART III, LINE 4D	PROGRAM SERVICE ACCOMPLISHMENTS - Other Services include policy & advocacy, Strategic Fore sight, grantmaking and student loan programs. Policy & Advocacy In FY2020 the policy team produced several written resources, including articles and blog posts, state guidance for responding to the pandemic and a brief written for Education Commission of the States (ECS). The team presented at a variety of events including the Aurora Institute Symposium, the Center for Innovation in Education's event on balanced assessments and their Interstate L earning Network, the ECS Whole Child Symposium, a college in high school technical assista nce virtual convening, and Council of Chief State School Officer's (CCSSO) and Excelined's COVID network, among several others. The policy team also joined two collaborative effort s: creating a state needs assessment for and being a member of the CCSSO Student-Centered Learning Collaborative and participating in the Georgia Innovative Assessment Technical Ad visory Council. A significant effort during the year was the yearlong, deep engagement wit h North Dakota, Ohio and South Carolina. These efforts included the creation opportunity a nalysis reports which required thorough research on the full state policy landscapes surro unding personalized learning. Following two convenings per state that included a variety of stakeholders, the policy team also released a next steps report for each state with reco mmendations to advance their personalized learning systems toward statewide transformation. Finally, in addition to the deep engagements, the policy team also did work with Washing ton, Utah, Idaho and Georgia. Strategic Foresight KnowledgeWorks continued to exercise nat ional thought leadership around the future of learning through publications, partnerships, and stakeholder engagements. It published a retrospective blog series looking back at how drivers of change from its 2020 Forecast: Creating the Future of Learning (2009) had unfo Ided, along with a blog series exploring how education

990 Schedule O, Supplemental Information

	Return Reference	Explanation
l	FORM 990, PART III, LINE 4D	nd Families; and Education Elements' "Return to School" conference. In addition, Knowledge Works published a variety of articles related to the future of learning on other organizat ions' platforms, with particular emphasis on promoting ideas from its 2019 Navigating the Future of Learning: A Strategy Guide; published an article about its organizational journe y with futures thinking in the journal On the Horizon; and secured a grant from The Grable Foundation to create a short publication exploring post-pandemic futures in the greater P ittsburgh region. Grant-making The Grant making program provided approximately \$3.2 millio n in grants and contributions to 67 organizations. Student Lending Programs KnowledgeWorks served approximately 1,500 students during the fiscal year through its student lending pr ograms.

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Return

LINE 2A

Reference	
FORM 990,	Effective 10/3/19, KnowledgeWorks Foundation (KWF) joined ADP's Professional Employer Organization (PEO). From 1/1/19 -
PART IV.	10/3/19, KWFs payroll was processed under its EIN (31-1321973) with 60 employees receiving Form W-2s from KWF. Form W-2's

for 10/4/19 - 12/31/19 were issued from ADP TotalSource EIN (84-1185682) with 55 employees receiving these Form W-2's.

Evolunation

Return Explanation
Reference

FORM 990,	CERTAIN KNOWLEDGEWORKS FOUNDATION BOARD MEMBERS ARE ALSO MEMBERS OF THE BOARDS OF CERTAIN
PART VI,	KNOWLEDGEWORKS FOUNDATION AFFILIATES. THESE OVERLAPPING BOARD MEMBERSHIPS CONSTITUTE A
SECTION A,	BUSINESS RELATIONSHIP AS DEFINED BY THE FORM 990 INSTRUCTIONS.
LINE 2	

Return Explanation

FORM 990, PART VI, SECTION A, LINE 3

990 Schedule O, Supplemental Information

Reference	
FORM 990,	AFTER COMPLETION BY THE PREPARER, THE DRAFT FORM 990 IS REVIEWED BY THE ACCOUNTING DIRECTOR AND
PART VI	THE COO/VP OF FINANCE. THE FINAL DRAFT OF THE FORM 990 IS REVIEWED WITH THE AUDIT COMMITTEE. AFTER IT

Explanation

PART VI, THE COO/VP OF FINANCE. THE FINAL DRAFT OF THE FORM 990 IS REVIEWED WITH THE AUDIT COMMITTEE. AFTER SECTION B, RECEIVES THE APPROVAL OF THE AUDIT COMMITTEE, THE FINAL FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF LINE 11B THE BOARD OF DIRECTORS BEFORE IT IS FILED.

Return

990 Schedule O, Supplemental Information

OF THE FOUNDATION'S WEBSITE.

Return Reference

LINE 12C

FORM 990,	ON AN ANNUAL BASIS A CONFLICT OF INTEREST QUESTIONNAIRE IS COMPLETED BY DIRECTORS, OFFICERS AND
PART VI,	KEY EMPLOYEES AND REVIEWED BY MANAGEMENT. ITEMS REPORTED ARE DISCUSSED WITH LEGAL COUNSEL, WHO
SECTION B,	ADVISES MANAGEMENT AND THE BOARD OF ANY REQUIRED ACTIONS. THE CONFLICT OF INTEREST POLICY IS

Explanation

DISTRIBUTED WITH THE ANNUAL QUESTIONNAIRE AND IS ALSO ACCESSIBLE ON THE SECURE DIRECTOR'S PORTION

990 Schedule O, Supplemental Information

Return

LINE 15

Reference	
FORM 990,	The compensation of the CEO, other officers, and key employees are set by the Compensation Committee of the Board of
PART VI,	Directors utilizing a compensation study performed by an independent compensation consulting firm comparing similar positions in
SECTION B,	similar organizations, including review of Form 990s for other organizations. Members of the Board of Directors have in the past

received reasonable compensation for their services as members of the Board of Directors.

Evolunation

Return Explanation
Reference

FORM 990, THE CONSOLIDATED FINANCIAL STATEMENTS OF KNOWLEDGEWORKS FOUNDATION AND ITS SUBSIDIARIES ARE PART VI, AVAILABLE ON THE KNOWLEDGEWORKS FOUNDATION WEBSITE. KNOWLEDGEWORKS FOUNDATION'S FORM 990 IS SECTION C, ALSO AVAILABLE ON ITS OWN WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE LINE 19 AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return

Reference	Explanation
PART X,	Other Changes in Net Assets Unrealized Loss on Liability for Student Loan Residual (936,674) Amortization of Discount on Student Loans 452,629 Transfer from Tax-Exempt Subsidiary - KWI 7,740,153 Total to Form 990, PART XI, Line 9 7,256,108
LINE 9	

Evolunation

Return Explanation
Reference

FORM 990
PART IX
LINE 11G

DESCRIPTION:BUSINESS CONSULTANTS TOTAL FEES:25814

Return Explanation
Reference

FORM 990 DESCRIPTION:MARKETING & COMMUNICATIONS TOTAL FEES:169592
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:PAYROLL, COMP & BENEFITS TOTAL FEES:74305
PART IX
LINE 11G

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990 DESCRIPTION:TECHNOLOGY TOTAL FEES:44947
PART IX
LINE 11G

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990 DESCRIPTION:ADVOCACY TOTAL FEES:186836
PART IX
LINE 11G

Return Explanation
Reference

LINE 11G

FORM 990 DESCRIPTION:DATA, RESEARCH & EVALUATION TOTAL FEES:967725
PART IX

Return Explanation
Reference

FORM 990 DESCRIPTION:TEACHING & LEARNING CONSULT TOTAL FEES:520135
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:STRATEGIC FORESIGHT TOTAL FEES:67895
PART IX
LINE 11G

SCHEDULE R
(Form 990)

KNOWLEDGEWORKS FOUNDATION

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

2019

Employer identification number

DLN: 93493131034591 OMB No. 1545-0047

> Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

**Foo to www.irs.gov/Form990 for instructions and the Internal Revenue Service

Name of the organization

As Filed Data -

31-1321973 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) STRIVEPARTNERSHIP LLC ОН **EDUCATION** 1,184,896 2,424,182 KF 312 PLUM STREET SUITE 950 CINCINNATI, OH 45202 81-2523349 (2) KWSL LLC STD LENDING 0 0 KF ОН 312 PLUM STREET SUITE 950 CINCINNATI, OH 45202 51-0560916 Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) Name, address, and EIN of related organization Public charity status Primary activity Legal domicile (state Exempt Code section Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)KWI SUPPORTING ОН 501(C)(3) 12A Yes 312 PLUM STREET SUITE 950 CINCINNATI, OH 45202 31-1776354 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	ıse it h	ad
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incom d, rom er	of Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	alor Pe	(k) ercentage wnership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	(13)	(i) lon 512(b) controlled entity?
			,,									16	S NO
				-						Calcadada D	/ E	- 000)	2010

Schedule R (Form 990) 2019		Pa	ige 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		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?		1	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	,	No
b Gift, grant, or capital contribution to related organization(s)	1b	,	No
c Gift, grant, or capital contribution from related organization(s)	10	2	No
d Loans or loan guarantees to or for related organization(s)	10	i	No
e Loans or loan guarantees by related organization(s)	16	2	No
f Dividends from related organization(s)	11	f	No
g Sale of assets to related organization(s)	19	, 💳	No
h Purchase of assets from related organization(s)	11	,	No
i Exchange of assets with related organization(s)	17	i	No
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1</u> j		No
k Lease of facilities, equipment, or other assets from related organization(s)	114		No
I Performance of services or membership or fundraising solicitations for related organization(s)	. 11	l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1r	n	No

n	Purchase of assets from related organization(s)	1		NO
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1 s	Yes	

(b) Transaction type (a-s)

N

Q

S

(c) Amount involved

9,288

966

42,702

7,740,153

ACTUAL COST

ACTUAL COST

ALLOCATED COST

ACTUAL CASH TRF

(d) Method of determining amount involved

Schedule R (Form 990) 2019

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

(a) Name of related organization

(1)KWI

(2)KWI

(3)KWI

(4)KWI

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Form 990) 2019										
Part VII	Supplemental Info	plemental Information								
	Provide additional information for responses to questions on Schedule R. (see instructions).									
Return Reference		Explanation								