| Return of Organization Exempt From Income Tax |                           |                                |  |                                   | OMB No. 1545-0047         |  |  |  |  |
|---|---------------------------|--------------------------------|--|-----------------------------------|---------------------------|--|--|--|--|
| Form <b>990</b>                               |                           |                                | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (                |                                   | <b>2022</b>               |  |  |  |  |
|   |                           |                                | Do not enter social security numbers on this form as it may                            |                                   | Open to Public            |  |  |  |  |
|   |                           | of the Treasury<br>nue Service | Go to www.irs.gov/Form990 for instructions and the late                                |                                   | Inspection                |  |  |  |  |
| <u>A</u>                                      | or th                     | e 2022 calenda                 | ar year, or tax year beginning $ m JUL1$ , $2022$ and ending                           | DEC 31, 2022                      |                           |  |  |  |  |
| Β   | Check if<br>applicab      | le: C Name of                  | organization   | D Employer identific              | ation number              |  |  |  |  |
|   | Addre                     | ss KNOW                        | LEDGE FUTURES, INC.  |                                   |                           |  |  |  |  |
|   | Name                      | je Doing bu                    | usiness as   | 84-311125                         | 9                         |  |  |  |  |
|   | Initial                   | Number                         | and street (or P.O. box if mail is not delivered to street address) Room/s             | uite E Telephone number           |                           |  |  |  |  |
|   | Final<br>return<br>termii | /                              | MAIN STREET FL 2   | (617) 370                         |                           |  |  |  |  |
| _   | ated<br>Amen              | City or to                     | own, state or province, country, and ZIP or foreign postal code                        | G Gross receipts \$               | 6,952,778.                |  |  |  |  |
| Ļ   | return                    | CAMD                           | RIDGE, MA 02142  | H(a) Is this a group ret          |                           |  |  |  |  |
|   | tion<br>pendi             | F Name a                       | nd address of principal officer: GABRIEL STEIN   |                                   | Yes X No                  |  |  |  |  |
|   |                           | empt status:                   | AS C ABOVE<br>X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or                        | 527 H(b) Are all subordinates inc |                           |  |  |  |  |
|   | Nebsi                     |                                | $\underline{X}$ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or<br>KNOWLEDGEFUTURES.ORG | H(c) Group exemption              | st. See instructions      |  |  |  |  |
|   |                           |                                |  | /ear of formation: 2019 M         |                           |  |  |  |  |
|   | art I                     | Summary                        |  |                                   | otato or logal administra |  |  |  |  |
|   | 1                         | Briefly describ                | e the organization's mission or most significant activities: KNOWLEDG                  | E FUTURES GROU                    | P BUILDS                  |  |  |  |  |
| nce   |                           | INFRAST                        | FRASTRUCTURE FOR A MORE EFFECTIVE, EQUITABLE, AND SUSTAINABLE                          |                                   |                           |  |  |  |  |
| ina   | 2                         | Check this bo                  | ets.<br>5  |                                   |                           |  |  |  |  |
| Governance                                    | 3                         |                                |  |                                   |                           |  |  |  |  |
|   | · ·                       |                                | ependent voting members of the governing body (Part VI, line 1b)                       |                                   | <u> </u>                  |  |  |  |  |
| Activities &                                  | 5                         |                                | of individuals employed in calendar year 2022 (Part V, line 2a)                        |                                   | <u>4</u> 3                |  |  |  |  |
| tivit   | 6                         |                                | of volunteers (estimate if necessary)  |                                   | 0.                        |  |  |  |  |
| Ac  |                           |                                | business taxable income from Form 990-T, Part I, line 11                               |                                   | 0.                        |  |  |  |  |
|   | <u> </u>                  | not uniolatou                  |  | Prior Year                        | Current Year              |  |  |  |  |
| ~   | 8                         | Contributions                  | and grants (Part VIII, line 1h)  | 2,410,625.                        | 6,875,625.                |  |  |  |  |
| nu  | 9                         | Program servi                  | ce revenue (Part VIII, line 2g)  | 187,268.                          | 77,153.                   |  |  |  |  |
| Revenue                                       | 10                        | Investment ind                 | come (Part VIII, column (A), lines 3, 4, and 7d)                                       | 0.                                | 0.                        |  |  |  |  |
| Œ   | 11                        | Other revenue                  | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                             | 0.                                | 0.                        |  |  |  |  |
|   | 12                        |                                | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                   | 2,597,893.                        | 6,952,778.                |  |  |  |  |
|   | 13                        |                                | nilar amounts paid (Part IX, column (A), lines 1-3)                                    | 0.                                | 0.                        |  |  |  |  |
|   | 14                        |                                | to or for members (Part IX, column (A), line 4)  | 1,558,158.                        | 1,005,483.                |  |  |  |  |
| ses   | 160                       |                                | compensation, employee benefits (Part IX, column (A), lines 5-10)                      | 0.                                | 0.                        |  |  |  |  |
| Expense                                       | b                         |                                | ng expenses (Part IX, column (D), line 25) 125, 300.                                   |                                   |                           |  |  |  |  |
| Ĕ   | 17                        |                                | es (Part IX, column (A), lines 11a-11d, 11f-24e)                                       | 382,533.                          | 265,995.                  |  |  |  |  |
|   | 18                        |                                | s. Add lines 13-17 (must equal Part IX, column (A), line 25)                           | 1,940,691.                        | 1,271,478.                |  |  |  |  |
|   | 19                        |                                | expenses. Subtract line 18 from line 12  | 657,202.                          | 5,681,300.                |  |  |  |  |
| Net Assets or                                 |                           |                                |  | Beginning of Current Year         | End of Year               |  |  |  |  |
| sets  | 20                        | Total assets (F                |  | 1,316,734.                        | 7,037,167.                |  |  |  |  |
| at As   | 21                        |                                | (Part X, line 26)  | 84,912.                           | 124,045.                  |  |  |  |  |
|   | art II                    | Net assets or f                | fund balances. Subtract line 21 from line 20   | 1,231,822.                        | 6,913,122.                |  |  |  |  |
| Pa  | ai t ll                   | Jugnature                      |  |                                   |                           |  |  |  |  |

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

| Sign        | Signature of officer   | Date                        |  |  |  |  |  |
|-------------|--|-----------------------------|--|--|--|--|--|
| Here        | TRAVIS RICH, EXECUTIVE DIRECTOR The Man                                | Jan, 09, 2024               |  |  |  |  |  |
|             | Type or print name and title   |                             |  |  |  |  |  |
|             | Print/Type preparer's name Preparer's signature Date                   |                             |  |  |  |  |  |
| Paid        | MIKE SCHALL MALE SHALL 9/1/ 11/08                                      | /23 self-employed P02024184 |  |  |  |  |  |
| Preparer    | Firm's name SAX LLP  | Firm's EIN 81-2950760       |  |  |  |  |  |
| Use Only    | Firm's address 1040 AVENUE OF THE AMERICAS-16TH FL                     |                             |  |  |  |  |  |
|             | NEW YORK, NY 10018   | Phone no. 212 - 661 - 8640  |  |  |  |  |  |
| May the IF  | RS discuss this return with the preparer shown above? See instructions | X Yes No                    |  |  |  |  |  |
| 232001 12-1 | LHA For Paperwork Reduction Act Notice, see the separate instructions. | Form <b>990</b> (2022)      |  |  |  |  |  |
| S           | SEE SCHEDULE OFOR ORGANIZATION MISSION STATEMENT CONTINUATION          |                             |  |  |  |  |  |
|             | FUDIIC DISCIOSULE COL  | V                           |  |  |  |  |  |
|             |  |                             |  |  |  |  |  |

|          | 1990 (2022) KNOWLEDGE FUTURES, INC. 84-3111259 Page  | 2        |
|----------|--|----------|
| Pai      | rt III Statement of Program Service Accomplishments  | •        |
|          |  | ζ        |
| 1        | Briefly describe the organization's mission:   |          |
|          | THE KNOWLEDGE FUTURES GROUP BUILDS INFRASTRUCTURE FOR A MORE<br>EFFECTIVE, EQUITABLE, AND SUSTAINABLE KNOWLEDGE ECONOMY. WE CURRENTLY        |          |
|          | EFFECTIVE, EQUITABLE, AND SUSTAINABLE KNOWLEDGE ECONOMY. WE CURRENTLY<br>MAINTAIN THREE CORE PRODUCTS: PUBPUB, AN OPEN-SOURCE PLATFORM FOR   |          |
|          | PUBLISHING ACADEMIC WORK; THE UNDERLAY, A (CONTINUE ON SCHEDULE O)   | —        |
| <u> </u> | Did the organization undertake any significant program services during the year which were not listed on the                                 | —        |
| 2        |  | 10       |
|          | prior Form 990 or 990-EZ?  | U        |
| 3        | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                                 |          |
| 3        | If "Yes," describe these changes on Schedule O.  | 0        |
| 4        | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.         |          |
| -        | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |          |
|          | revenue, if any, for each program service reported.  |          |
| 4a       | 0.00 0.00 77 152   | <u> </u> |
| iu       | IN OUR THIRD YEAR AS A NONPROFIT, WE'VE GROWN THE NUMBER OF COMMUNITIES  | - '      |
|          | THAT WE SUPPORT (4,000+) AND LAUNCHED A SUSTAINABILITY MODEL. WE SAW   |          |
|          | OUR 100,000TH USER SIGNUP AND 5,000TH COMMUNITY CREATED IN NOVEMBER AND  | _        |
|          | DECEMBER 2022, RESPECTIVELY, AND BY THE END OF THE YEAR HAD SEEN THE   | _        |
|          | 65,000TH PUB CREATED. IN 2022, WE HAD A TOTAL OF 53 MEMBERS WITH AN  | _        |
|          | AVERAGE CONTRIBUTION SIZE OF \$3,619. THE CONTENT TEAM (NOW CALLED THE   | _        |
|          | COMMUNITY TEAM) SIGNED NINE SERVICES CONTRACTS AND BILLED 152,970.00 IN  | _        |
|          | REVENUE. WE WERE ALSO ABLE TO CHANNEL FEEDBACK AND IDEAS FROM PARTNERS   |          |
|          | TO LAUNCH 4 ADDITIONAL SERVICES IN DECEMBER 2022: OER COURSE   | _        |
|          | PRESENTATIONS, ARCHIVING AND INDEXING, TEXT-TO-AUDIO, AND COPYEDITING.   |          |
|          |  |          |
|          |  |          |
| 4b       | (Code:) (Expenses \$ including grants of \$) (Revenue \$)  | )        |
|          |  |          |
|          |  |          |
|          |  |          |
|          |  |          |
|          |  |          |
|          |  |          |
|          |  |          |
|          |  |          |
|          |  |          |
|          |  |          |
|          |  |          |
|          |  |          |
| 4c       | (Code:) (Expenses \$ including grants of \$) (Revenue \$)  | _)       |
|          |  |          |
|          |  | _        |
|          |  |          |
|          |  | —        |
|          |  | —        |
|          |  |          |
|          |  |          |
|          |  |          |
|          |  | —        |
|          |  | _        |
|          |  |          |
| 4d       | Other program services (Describe on Schedule O.)   |          |
|          | (Expenses \$ including grants of \$ ) (Revenue \$ )  |          |
| 4e       | Total program service expenses 929,908.  |          |
|          | Form <b>990</b> (20  | 22)      |
| 232002   | 2 12-13-22   |          |

| Form  | aan | (2022) |
|-------|-----|--------|
| FUIII | 990 | (2022) |

Part IV Checklist of Required Schedules

KNOWLEDGE FUTURES, INC.

|     |   |     | 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   | X   |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                                   | 2   | Х   |          |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |     |     |          |
|     | public office? If "Yes," complete Schedule C, Part I  | 3   |     | <u> </u> |
| 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   |     | <u> </u> |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or      |     |     |          |
|     | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5   |     | X        |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to         |     |     |          |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I      | 6   |     | <u>X</u> |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                         |     |     |          |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                              | 7   |     | X        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete      |     |     |          |
|     | Schedule D, Part III  | 8   |     | X        |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for     |     |     |          |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?         |     |     |          |
|     | If "Yes," complete Schedule D, Part IV  | 9   |     | <u>X</u> |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                      |     |     |          |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10  |     | X        |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, |     |     |          |
|     | as applicable.  |     |     |          |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,       |     |     |          |
|     | Part VI   | 11a |     | X        |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total      |     |     |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b |     | <u>X</u> |
| С   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total       |     |     |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c |     | <u>X</u> |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in     |     |     |          |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d |     | <u>X</u> |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X             | 11e |     | Х        |
| 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 | X   |          |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete               |     |     |          |
|     | Schedule D, Parts XI and XII  | 12a | X   |          |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                         |     |     |          |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional             | 12b |     | <u>X</u> |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                 | 13  |     | X        |
|     | Did the organization maintain an office, employees, or agents outside of the United States?                                       | 14a |     | X        |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,           |     |     |          |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000        |     |     |          |
|     | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b |     | <u> </u> |
| 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  |     | <u> </u> |
| 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  |     | <u> </u> |
| 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  |     | <u> </u> |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines      |     |     | 77       |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |     | <u>X</u> |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"            |     |     | 37       |
|     | complete Schedule G, Part III   | 19  |     | X        |
|     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                       | 20a |     | X        |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                      | 20b |     |          |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                       |     |     | 37       |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                 | 21  |     | X        |

Form 990 (2022)

| Form 990 ( | 2022) | KNOWLEDGE FU                 | TURES,      |
|------------|-------|------------------------------|-------------|
| Part IV    | Che   | cklist of Required Schedules | (continued) |

|          |   |     |     | No       |
|----------|---|-----|-----|----------|
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |     |     |          |
|          | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |     | X        |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current                                   |     |     |          |
|          | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |     |     |          |
|          | Schedule J  | 23  | Х   | <u> </u> |
| 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 |     | X        |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     | <u> </u> |
| 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 |     | X        |
| b        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and                                    |     |     |          |
|          | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete   |     |     |          |
|          | Schedule L, Part I  | 25b |     | x        |
| 26       | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   |     |     |          |
|          | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |     |     |          |
|          | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26  |     | x        |
| 27       | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,                                   |     |     |          |
|          | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled                                   |     |     |          |
|          | entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>                               | 27  |     | x        |
| 28       | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,  |     |     |          |
| 20       | instructions for applicable filing thresholds, conditions, and exceptions):   |     |     |          |
| а        | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>                                       |     |     |          |
| u        |   | 28a |     | x        |
| Ь        | "Yes," complete Schedule L, Part IV   | 28b |     | X        |
|          | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  | 200 |     | <u> </u> |
| U        |   | 28c |     | x        |
| 29       | "Yes," complete Schedule L, Part IV<br>Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29  |     | X        |
| 29<br>30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                                   | 23  |     |          |
| 30       |   | 30  |     | x        |
| 24       | contributions? If "Yes," complete Schedule M  | 30  |     | X        |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     |          |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  |     |     | x        |
| ~~       | Schedule N, Part II   | 32  |     |          |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |     |     | x        |
| ~ ~      | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33  |     |          |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and                                     |     |     | v        |
|          | Part V, line 1  | 34  |     | X<br>X   |
|          | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |     |          |
| 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 |     | <u> </u> |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                                    |     |     | 37       |
|          | If "Yes," complete Schedule R, Part V, line 2   | 36  |     | X        |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |     |     |          |
|          | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |     | X        |
| 38       | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  |     |     |          |
|          | Note: All Form 990 filers are required to complete Schedule O   | 38  | Х   | <u> </u> |
| Pa       |   |     |     |          |
|          | Check if Schedule O contains a response or note to any line in this Part V  |     |     |          |
|          |   |     | Yes | No       |
|          | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a   | _   |     |          |
| b        | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b  | 4   |     |          |

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

232004 12-13-22

Х Form 990 (2022)

1c

|            | 990 (2022) KNOWLEDGE FUTURES, INC. 84-3111  | 259        | Pa  | age <b>5</b>  |
|------------|---|------------|-----|---------------|
| Par        | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |            |     |               |
|            |   |            | Yes | No            |
| 2a         | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 14 |            |     |               |
|            | , , , ,   | 04         |     | х             |
|            | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b         |     | <u>x</u>      |
|            | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a<br>oh   |     |               |
|            | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   | 3b         |     |               |
| 4a         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a   | 4 -        |     | х             |
|            | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a         |     |               |
| D          | If "Yes," enter the name of the foreign country   |            |     |               |
| <b>F</b> - | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   | <b>F</b> - |     | v             |
|            | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a         |     | <u>x</u><br>x |
|            | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b         |     |               |
|            | 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   | 0          |     | v             |
|            | any contributions that were not tax deductible as charitable contributions?   | 6a         |     | <u> </u>      |
| b          | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  |            |     |               |
| -          | were not tax deductible?  | 6b         |     |               |
| 7          | Organizations that may receive deductible contributions under section 170(c).   | 7.         |     | v             |
|            | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                     | 7a         |     | <u> </u>      |
|            | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b         |     |               |
| с          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   | _          |     | v             |
|            | to file Form 8282?  | 7c         |     | <u> </u>      |
|            | If "Yes," indicate the number of Forms 8282 filed during the year 7d  | -          |     | v             |
| -          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e         |     | <u>X</u>      |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f         |     | X             |
| -          | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g         |     |               |
| -          | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h         |     |               |
| 8          | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  | -          |     |               |
|            | sponsoring organization have excess business holdings at any time during the year?  | 8          |     |               |
| 9          | Sponsoring organizations maintaining donor advised funds.   |            |     |               |
| а          | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a         |     |               |
|            | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b         |     |               |
| 10         | Section 501(c)(7) organizations. Enter:   |            |     |               |
|            | Initiation fees and capital contributions included on Part VIII, line 12  |            |     |               |
| b          | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |            |     |               |
| 11         | Section 501(c)(12) organizations. Enter:  |            |     |               |
|            | Gross income from members or shareholders 11a   |            |     |               |
| b          | Gross income from other sources. (Do not net amounts due or paid to other sources against   |            |     |               |
|            | amounts due or received from them.)   |            |     |               |
|            | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a        |     |               |
|            | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b   |            |     |               |
| 13         | Section 501(c)(29) qualified nonprofit health insurance issuers.  | 40         |     |               |
| а          | Is the organization licensed to issue qualified health plans in more than one state?  | 13a        |     |               |
|            | Note: See the instructions for additional information the organization must report on Schedule O.   |            |     |               |
| b          | Enter the amount of reserves the organization is required to maintain by the states in which the  |            |     |               |
|            | organization is licensed to issue qualified health plans 13b  |            |     |               |
|            | Enter the amount of reserves on hand  |            |     | v             |
|            | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a        |     | <u> </u>      |
|            | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>  | 14b        |     |               |
| 15         | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   |            |     | v             |
|            | excess parachute payment(s) during the year?  | 15         |     | X             |
|            | If "Yes," see the instructions and file Form 4720, Schedule N.  | 4.5        |     | v             |
| 16         | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16         |     | <u> </u>      |
| 4-         | If "Yes," complete Form 4720, Schedule O.   |            |     |               |
| 17         | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities   |            |     |               |
|            | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  | 17         |     |               |
|            | If "Yes," complete Form 6069.   | Γ          | 900 | (0000)        |
| 232005     | 12-13-22  | Form       | 330 | (2022)        |

# Public Disclosure Copy

Form **990** (2022)

| Form | 990 | (2022) |
|------|-----|--------|
|      | 000 |        |

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

| Check if Schedule O contains a response or note to any line in this Part VI |  |
|---|--|
|   |  |

| Sec   | tion A. Governing Body and Management   |           |                    |                 |              |          |
|---|---|-----------|--------------------|-----------------|--------------|----------|
|   |   |           |                    |                 | Yes          | No       |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year   | <u>1a</u> |                    | 5               |              |          |
|   | If there are material differences in voting rights among members of the governing body, or if the governing   |           |                    |                 |              |          |
|   | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.   |           |                    |                 |              |          |
| b   | Enter the number of voting members included on line 1a, above, who are independent  | 1b        |                    | 3               |              |          |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other  |           |                    |                 |              |          |
|   | officer, director, trustee, or key employee?  |           |                    | 2               |              | X        |
| 3   | Did the organization delegate control over management duties customarily performed by or under the  | e direc   | t supervision      |                 |              |          |
|   | of officers, directors, trustees, or key employees to a management company or other person?   |           |                    |                 |              | X        |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 99  |           | s filed?           |                 |              | X        |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's asse   | ets?      |                    | 5               |              | X        |
| 6   | Did the organization have members or stockholders?  |           |                    | 6               |              | X        |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or ap  |           |                    |                 |              |          |
|   | more members of the governing body?   |           |                    | 7a              |              | X        |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, st  | ockho     | lders, or          |                 |              |          |
|   | persons other than the governing body?  |           |                    | 7b              |              | X        |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year   |           |                    |                 |              |          |
| а   | The governing body?   |           |                    | <u>8a</u>       | X            |          |
| b   | Each committee with authority to act on behalf of the governing body?   |           |                    | <u>8b</u>       | X            |          |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read  |           |                    |                 |              |          |
| <u></u>   | organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |           |                    | 9               |              | X        |
| Sec   | tion B. Policies (This Section B requests information about policies not required by the Internal Re-   | venue     | Code.)             |                 |              |          |
|   |   |           |                    |                 | Yes          | No<br>X  |
|   | Did the organization have local chapters, branches, or affiliates?  |           |                    | 10a             |              | <u> </u> |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such cha  | apters    | , affiliates,      |                 |              |          |
|   | and branches to ensure their operations are consistent with the organization's exempt purposes?   |           |                    | 10b             | X            |          |
|   | Has the organization provided a complete copy of this Form 990 to all members of its governing body   | / befor   | e filing the form? | 11a             |              |          |
| b   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.   |           |                    | 10              | v            |          |
| 12a   | Did the organization have a written conflict of interest policy? If "No," go to line 13   |           |                    | 12a<br>12b      | X<br>X       | <u> </u> |
|   | <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  |           |                    |                 |              |          |
| с   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y   | ,         |                    | 10              | x            |          |
| 40  | on Schedule O how this was done   |           |                    | 12c             | X            |          |
| 13  | Did the organization have a written whistleblower policy?   |           |                    | <u>13</u><br>14 | X            |          |
| 14  | Did the organization have a written document retention and destruction policy?  |           |                    | 14              |              |          |
| 15  | Did the process for determining compensation of the following persons include a review and approval   | i by in   | dependent          |                 |              |          |
| -   | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |           |                    | 150             |              | х        |
| a<br>L  | The organization's CEO, Executive Director, or top management official<br>Other officers or key employees of the organization   |           |                    | 15a             | x            |          |
| U   | ,   |           |                    | 15b             | - 23         |          |
| 16-   | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.<br>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem | nent w    | ith a              |                 |              |          |
| 104   |   |           |                    | 16a             |              | х        |
| h   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat   |           |                    | 100             |              |          |
| D   | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ   |           | -                  |                 |              |          |
|   | exempt status with respect to such arrangements?  |           |                    | 16b             |              |          |
| Sec   | tion C. Disclosure  |           |                    | 100             |              | L        |
| 17  | List the states with which a copy of this Form 990 is required to be filed <u>MA</u>  |           |                    |                 |              |          |
| 18  |   |           |                    |                 |              | ole      |
|   | for public inspection. Indicate how you made these available. Check all that apply.   |           | ((0)(0             | ,,)             |              |          |
|   | Own website       Another's website       X       Upon request       Other (explain   | on Sr     | hedule ()          |                 |              |          |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co   |           | ,                  | nd finan        | cial         |          |
| statements available to the public during the tax year.   |   |           |                    |                 |              |          |
| 20 State the name, address, and telephone number of the person who possesses the organization's books and records |   |           |                    |                 |              |          |
|   | GABRIELD STEIN - 617-370-5665   |           |                    |                 |              |          |
|   | 245 MAIN STREET, CAMBRIDGE, MA 02142  |           |                    |                 |              |          |
| 232006  | 12-13-22  |           |                    | Forn            | 1 <b>990</b> | (2022)   |

| Form 990 (2 | 022) KNOWLEDGE FUTURES, INC.   | 84-3111259                                  |  |  |  |
|-------------|--|---|--|--|--|
| Part VII    | Compensation of Officers, Directors, Trustees, Key Employees, Higl                           | hest Compensated                            |  |  |  |
| · · · · ·   | Employees, and Independent Contractors   |   |  |  |  |
|             | Check if Schedule O contains a response or note to any line in this Part VII                 |   |  |  |  |
| Section A.  | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees              | S   |  |  |  |
| 1a Complet  | e this table for all persons required to be listed. Report compensation for the calendar yea | ar ending with or within the organization's |  |  |  |

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and title                               | <b>(B)</b><br>Average<br>hours per   | box              | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |          | <b>(D)</b><br>Reportable<br>compensation | <b>(E)</b><br>Reportable<br>compensation | <b>(F)</b><br>Estimated<br>amount of |   |   |   |
|---|--|------------------|--|----------|--|--|--------------------------------------|---|---|---|
|   | week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | stee or director | Institutional trustee  | Officer  |  | Highest compensated                      |                                      | from<br>the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | from related<br>organizations<br>(W-2/1099-MISC/<br>1099-NEC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) ZACH VERDIN                                     | 32.00  | _                |  |          |  |  |                                      | 125 561   | 0   | 40 104  |
| HEAD OF GROWTH AND INNOVATION                       | 20.00  |                  |  |          |  | X  |                                      | 135,561.  | 0.  | 40,104.   |
| (2) GABRIEL STEIN<br>HEAD OF OPERATIONS AND PRODUCT | 32.00  | x                |  | x        |  |  |                                      | 138,199.  | 0.  | 30,101.   |
| (3) TRAVIS RICH                                     | 32.00  |                  |  |          |  |  |                                      |   |   | · · ·   |
| EXECUTIVE DIRECTOR                                  |  | х                |  | x        |  |  |                                      | 145,111.  | Ο.  | 21,298.   |
| (4) CATHERINE AHEARN                                | 32.00  | 1                |  |          |  |  |                                      |   |   |   |
| HEAD OF COMMUNITIES                                 |  | 1                |  |          |  | x  |                                      | 139,324.  | 0.  | 13,906.   |
| (5) BOYANA KONFORTI                                 | 1.00   |                  |  |          |  |  |                                      |   |   |   |
| BOARD MEMBER  |  | Х                |  |          |  |  |                                      | 0.  | 0.  | 0.  |
| (6) MICHAEL STEBBINS                                | 1.00   |                  |  |          |  |  |                                      |   |   |   |
| BOARD MEMBER  |  | Х                |  |          |  |  |                                      | 0.  | 0.  | 0.  |
| (7) SAMUEL KLEIN                                    | 1.00   |                  |  |          |  |  |                                      |   |   |   |
| BOARD MEMBER  |  | Х                |  |          |  |  |                                      | 0.  | 0.  | 0.  |
|   |  |                  |  |          |  |  |                                      |   |   |   |
|   |  |                  |  |          |  |  |                                      |   |   |   |
|   |  | -                |  |          |  |  |                                      |   |   |   |
|   |  |                  |  |          |  |  |                                      |   |   |   |
|   |  | -                |  |          |  |  |                                      |   |   |   |
|   |  |                  |  |          |  |  |                                      |   |   |   |
|   |  | -                |  |          |  |  |                                      |   |   |   |
|   |  | 1                |  |          |  |  |                                      |   |   |   |
|   |  |                  |  |          |  |  |                                      |   |   |   |
|   |  |                  |  |          |  |  |                                      |   |   |   |
|   |  |                  | $\vdash$   | $\vdash$ | -  |  |                                      |   |   | <u> </u>  |
|   |  |                  |  |          |  |  |                                      |   |   |   |
|   |  |                  |  |          |  |  |                                      |   |   |   |
|   |  |                  |  |          |  |  |                                      |   |   |   |
|   |  | <u> </u>         |  |          |  |  |                                      |   |   |   |
|   |  | 4                |  |          |  |  |                                      |   |   |   |
| 232007 12-13-22                                     |  | <u> </u>         |  |          |  |  |                                      |   |   | Form <b>990</b> (2022)  |

Form 990 (2022)

Page 7

|          | Form 990 (2022) KNOWLEDGE FUTURES, INC.   |   |                                |  |                |              |   |  |   | 84-311  | 1259 Page <b>8</b>   |
|----------|---|---|--------------------------------|--|----------------|--------------|---|--|---|---|--|
| Par      | t VII Section A. Officers, Directors, Trust   |   | loye                           | ees,   |                |              | ghes                                      | t C  |   |   |  |
|          | (A) (B)<br>Name and title Average<br>hours per<br>week  |   |                                | hours per box, unless person is both an officer and a director (truttee) |                |              | (D)<br>Reportable<br>compensation<br>from | ( <b>E</b> )<br>Reportable<br>compensation<br>from related | <b>(F)</b><br>Estimated<br>amount of<br>other       |   |  |
|          |   | (list any<br>hours for<br>related<br>organizations<br>below | Individual trustee or director | Institutional trustee  | Officer        | Key employee | Highest compensated<br>employee           | Former   | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC/<br>1099-NEC) | compensation<br>from the<br>organization<br>and related<br>organizations |
|          |   | line)   | Ind                            | Inst   | Offi           | Key          | Hig<br>em                                 | For  |   |   |  |
|          |   |   |                                |  |                |              |   |  |   |   |  |
|          |   |   |                                |  |                |              |   |  |   |   |  |
|          |   |   |                                |  |                |              |   |  |   |   |  |
|          |   |   |                                |  |                |              |   |  |   |   |  |
|          |   |   |                                |  |                |              |   |  |   |   |  |
|          |   |   |                                |  |                |              |   |  |   |   |  |
| с        | Subtotal<br>Total from continuation sheets to Part VII<br>Total (add lines 1b and 1c)   | , Section A   |                                |  |                |              |   |  | 558,195.<br>0.<br>558,195.                          | 0<br>0<br>0                                   | • 0.   |
| 2        | Total number of individuals (including but no<br>compensation from the organization   |   |                                |  |                |              |   |  |   |   | 4  |
| 3        | Did the organization list any <b>former</b> officer,<br>line 1a? If "Yes," complete Schedule J for su   | ,   |                                |  | •              |              | '   | 0  | · · ·   | ,   | Yes No<br>3 X  |
| 4        | For any individual listed on line 1a, is the su and related organizations greater than \$150  | m of reportable<br>,000? If "Yes,"                          | e co<br>" <i>coi</i>           | mpe<br>mple  | ensat<br>ete S | tion<br>Sche | and<br>edule                              | oth<br>J f   | ner compensation from t                             | he organization                               |  |
| 5<br>Sec | Did any person listed on line 1a receive or a<br>rendered to the organization? <i>If</i> "Yes," com<br>tion <b>B. Independent Contractors</b> |   |                                |  |                |              |   |  |   |   | 5 X  |
| 1        | Complete this table for your five highest cor<br>the organization. Report compensation for t  |   |                                |  |                |              |   |  |   |   | sation from  |
|          | (A)<br>Name and business  |   |                                | ONE  |                |              |   |  | (B)<br>Description of s                             |   | <b>(C)</b><br>Compensation   |
|          |   |   |                                |  |                |              |   |  |   |   |  |
|          |   |   |                                |  |                |              |   |  |   |   |  |
|          |   |   |                                |  |                |              |   |  |   |   |  |
|          |   |   |                                |  |                |              |   |  |   |   |  |
| 2        | Total number of independent contractors (ir \$100,000 of compensation from the organiz  | •   | ot lin                         | nitec  | l to t         | thos<br>0    | e list<br>)                               | ted  | above) who received m                               | ore than                                      |  |

|   |                            |   | 2022) KNOWLEDGE F                             | UTURES,                               | INC      | 2.                  |                                    | 84-3111                       | 259 Page <b>9</b>                  |
|---|----------------------------|---|---|---------------------------------------|----------|---------------------|------------------------------------|-------------------------------|------------------------------------|
| Pa  | rt V                       | / | Statement of Revenue                          |                                       |          |                     |                                    |                               |                                    |
|   |                            |   | Check if Schedule O contains a respor         | nse or note to a                      | any lin  | e in this Part VIII |                                    |                               |                                    |
|   |                            |   |   |                                       |          | (A)                 | (B)                                | (C)                           | (D)                                |
|   |                            |   |   |                                       |          | Total revenue       | Related or exempt function revenue | Unrelated<br>business revenue | Revenue excluded<br>from tax under |
|   |                            |   |   |                                       |          |                     | Infiction revenue                  | business revenue              | sections 512 - 514                 |
| ς<br>Ω  | 1                          | а | Federated campaigns 1a                        |                                       |          |                     |                                    |                               |                                    |
| ant   | •                          |   | Membership dues 1b                            |                                       |          |                     |                                    |                               |                                    |
| ษิอิ  |                            |   | Fundraising events 1c                         |                                       |          |                     |                                    |                               |                                    |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |                            |   |   |                                       |          |                     |                                    |                               |                                    |
| , Gi  | d Related organizations 1d |   |   |                                       |          |                     |                                    |                               |                                    |
| Sins  |                            |   | All other contributions, gifts, grants, and   |                                       |          |                     |                                    |                               |                                    |
| utio  |                            | T |   | 6,875,6                               | 25       |                     |                                    |                               |                                    |
| ditio   |                            |   |   |                                       | <u> </u> |                     |                                    |                               |                                    |
| hon   |                            | - | Noncash contributions included in lines 1a-1f |                                       |          | 6 975 625           |                                    |                               |                                    |
| a C   |                            | n | Total. Add lines 1a-1f                        |                                       |          | 6,875,625.          |                                    |                               |                                    |
|   | _                          |   | DDOGDAN GEDUTCE                               | Business                              |          | 77 152              | 77 152                             |                               |                                    |
| ice   | 2                          |   | PROGRAM SERVICE                               | 9000                                  | 99       | 77,153.             | 77,153.                            |                               |                                    |
| ervi  |                            | b |   |                                       |          |                     |                                    |                               |                                    |
| ר Si<br>enנ   |                            | С |   |                                       |          |                     |                                    |                               |                                    |
| ran<br>3ev  |                            | d |   |                                       |          |                     |                                    |                               |                                    |
| Program Service<br>Revenue                                |                            | е |   | _                                     |          |                     |                                    |                               |                                    |
| Ч   |                            | f | All other program service revenue             |                                       |          |                     |                                    |                               |                                    |
|   |                            | g | Total. Add lines 2a-2f                        |                                       |          | 77,153.             |                                    |                               |                                    |
|   | 3                          |   | Investment income (including dividends, in    | terest, and                           |          |                     |                                    |                               |                                    |
|   |                            |   | other similar amounts)                        |                                       |          |                     |                                    |                               |                                    |
|   | 4                          |   | Income from investment of tax-exempt bor      | nd proceeds                           |          |                     |                                    |                               |                                    |
|   | 5                          |   | Royalties                                     |                                       |          |                     |                                    |                               |                                    |
|   |                            |   | (i) Real                                      | (ii) Perso                            |          |                     |                                    |                               |                                    |
|   | 6                          | а | Gross rents 6a                                |                                       |          |                     |                                    |                               |                                    |
|   |                            | b | Less: rental expenses 6b                      |                                       |          |                     |                                    |                               |                                    |
|   |                            |   | Rental income or (loss) 6c                    |                                       |          |                     |                                    |                               |                                    |
|   |                            |   | Net rental income or (loco)                   | · · · · · · · · · · · · · · · · · · · |          |                     |                                    |                               |                                    |
|   |                            |   | Gross amount from sales of (i) Securiti       | es (ii) Oth                           | ier      |                     |                                    |                               |                                    |
|   |                            |   | assets other than inventory <b>7a</b>         |                                       |          |                     |                                    |                               |                                    |
|   |                            | b | Less: cost or other basis                     |                                       |          |                     |                                    |                               |                                    |
| e   |                            | - | and sales expenses                            |                                       |          |                     |                                    |                               |                                    |
| venue   |                            | c | Gain or (loss)                                |                                       |          |                     |                                    |                               |                                    |
| 0   |                            |   | Net gain or (loss)                            |                                       |          |                     |                                    |                               |                                    |
| Other R   |                            |   | Gross income from fundraising events (not     |                                       |          |                     |                                    |                               |                                    |
| )the  | 0                          | a | including \$ of                               |                                       |          |                     |                                    |                               |                                    |
| 0   |                            |   | contributions reported on line 1c). See       |                                       |          |                     |                                    |                               |                                    |
|   |                            |   | . ,   | 80                                    |          |                     |                                    |                               |                                    |
|   |                            | L | Part IV, line 18                              |                                       |          |                     |                                    |                               |                                    |
|   |                            |   | Less: direct expenses                         | 8b                                    |          |                     |                                    |                               |                                    |
|   |                            |   | Net income or (loss) from fundraising even    |                                       |          |                     |                                    |                               |                                    |
|   | 9                          | а | Gross income from gaming activities. See      |                                       |          |                     |                                    |                               |                                    |
|   |                            | _ | Part IV, line 19                              | 9a                                    |          |                     |                                    |                               |                                    |
|   |                            |   |   | 9b                                    |          |                     |                                    |                               |                                    |
|   |                            |   | Net income or (loss) from gaming activities   | r <u> </u>                            |          |                     |                                    |                               |                                    |
|   | 10                         | а | Gross sales of inventory, less returns        |                                       |          |                     |                                    |                               |                                    |
|   |                            |   | and allowances                                |                                       |          |                     |                                    |                               |                                    |
|   |                            | b | Less: cost of goods sold                      | 10b                                   |          |                     |                                    |                               |                                    |
|   |                            | с | Net income or (loss) from sales of inventor   | /                                     |          |                     |                                    |                               |                                    |
| ŝ   |                            |   |   | Business                              | Code     |                     |                                    |                               |                                    |
| e out   | 11                         | а |   |                                       |          |                     |                                    |                               |                                    |
| ane   |                            | b |   |                                       |          |                     |                                    |                               |                                    |
| Miscellaneous<br>Revenue                                  |                            | с |   |                                       |          |                     |                                    |                               |                                    |
| lisc.<br>B  |                            | d | All other revenue                             |                                       |          |                     |                                    |                               |                                    |
| Σ   |                            |   | Total. Add lines 11a-11d                      |                                       |          |                     |                                    |                               |                                    |
|   | 12                         |   | Total revenue. See instructions               |                                       |          | 6,952,778.          | 77,153.                            | 0.                            | 0.                                 |
| -   |                            |   |   |                                       |          | -                   | -                                  |                               |                                    |

232009 12-13-22

Form **990** (2022)

| Secu   | on 501(c)(3) and 501(c)(4) organizations must compl  |                  |   | ipiele column (A).              |                                       |
|--------|--|------------------|---|---------------------------------|---------------------------------------|
|        | Check if Schedule O contains a respons   | (A)              |   | (C)                             | (D)                                   |
|        | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                                 | Total expenses   | <b>(B)</b><br>Program service<br>expenses | Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1      | Grants and other assistance to domestic organizations  |                  | expenses                                  | general expenses                | expenses                              |
|        | and domestic governments. See Part IV, line 21   |                  |   |                                 |                                       |
| 2      | Grants and other assistance to domestic  |                  |   |                                 |                                       |
| 2      |  |                  |   |                                 |                                       |
| 3      | Grants and other assistance to foreign   |                  |   |                                 |                                       |
| 3      | organizations, foreign governments, and foreign  |                  |   |                                 |                                       |
|        | individuals. See Part IV, lines 15 and 16  |                  |   |                                 |                                       |
| 4      |  |                  |   |                                 |                                       |
| 4<br>5 | Benefits paid to or for members<br>Compensation of current officers, directors,                            |                  |   |                                 |                                       |
| 5      | -  | 206,607.         | 83,432.                                   | 82,643.                         | 40,532.                               |
| 6      | trustees, and key employees  | 200,007.         | 05,452.                                   | 02,043.                         | 40,352.                               |
| 6      | Compensation not included above to disqualified  |                  |   |                                 |                                       |
|        | persons (as defined under section 4958(f)(1)) and  |                  |   |                                 |                                       |
| -      | persons described in section 4958(c)(3)(B)   | 660,937.         | 560,772.                                  | 32,530.                         | 67,635.                               |
| 7      | Other salaries and wages   | 000,957.         | 500,112.                                  | 54,550.                         | 07,000.                               |
| 8      | Pension plan accruals and contributions (include   |                  |   |                                 |                                       |
| ~      | section 401(k) and 403(b) employer contributions)  | 74,861.          | 55,767.                                   | 9,808.                          | 0 286                                 |
| 9      | Other employee benefits  | 63,078.          | 46,881.                                   | 8,350.                          | 9,286.<br>7,847.                      |
| 10     | Payroll taxes  | 05,070.          | 40,001.                                   | 0,550.                          | /,04/•                                |
| 11     | Fees for services (nonemployees):  |                  |   |                                 |                                       |
| a<br>L | Management   | 5,297.           |   | 5,297.                          |                                       |
| b      |  | 31,600.          |   | 31,600.                         |                                       |
|        | Accounting   | 51,000.          |   | 51,000.                         |                                       |
| d      | Lobbying   |                  |   |                                 |                                       |
| f      | Investment management fees   |                  |   |                                 |                                       |
| g      | Other. (If line 11g amount exceeds 10% of line 25,   |                  |   |                                 |                                       |
| 9      | column (A), amount, list line 11g expenses on Sch 0.)  | 109,679.         | 96,092.                                   | 13,587.                         |                                       |
| 12     | Advertising and promotion  | 20370730         | 5070521                                   |                                 |                                       |
| 13     | Office expenses  | 23,571.          |   | 23,571.                         |                                       |
| 14     | Information technology   | 42,119.          | 42,119.                                   |                                 |                                       |
| 15     | Royalties  | /                |   |                                 |                                       |
| 16     | Occupancy  |                  |   |                                 |                                       |
| 17     | Travel   | 32,465.          | 32,465.                                   |                                 |                                       |
| 18     | Payments of travel or entertainment expenses   |                  |   |                                 |                                       |
|        | for any federal, state, or local public officials  |                  |   |                                 |                                       |
| 19     | Conferences, conventions, and meetings   | 3,100.           | 3,100.                                    |                                 |                                       |
| 20     | Interest   |                  |   |                                 |                                       |
| 21     | Payments to affiliates   |                  |   |                                 |                                       |
| 22     | Depreciation, depletion, and amortization  |                  |   |                                 |                                       |
| 23     | Insurance  | 9,280.           | 9,280.                                    |                                 |                                       |
| 24     | Other expenses. Itemize expenses not covered   |                  |   |                                 |                                       |
|        | above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A), |                  |   |                                 |                                       |
|        | amount, list line 24e expenses on Schedule 0.)   |                  |   |                                 |                                       |
| а      | OTHER EXPENSES   | 7,673.<br>1,211. |   | 7,673.                          |                                       |
| b      | RECRUITING   | 1,211.           |   | 1,211.                          |                                       |
| с      |  |                  |   |                                 |                                       |
| d      |  |                  |   |                                 |                                       |
| е      | All other expenses   |                  |   |                                 |                                       |
| 25     | Total functional expenses. Add lines 1 through 24e   | 1,271,478.       | 929,908.                                  | 216,270.                        | 125,300.                              |
| 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)   |                  |   |                                 | 000                                   |

#### KNOWLEDGE FUTURES, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

84-3111259 Page 10

Form 990 (2022)

1

2

Part X Balance Sheet

|                    | 3        | Pledges and grants receivable, net                   |                           | 500,000.                    | 3        | 100,000.                 |
|--------------------|----------|--|---------------------------|-----------------------------|----------|--------------------------|
|                    | 4        | Accounts receivable, net                             |                           | 54,614.                     | 4        | 14,643.                  |
|                    | 5        | Loans and other receivables from any current or      |                           |                             |          |                          |
|                    |          | trustee, key employee, creator or founder, subst     |                           |                             |          |                          |
|                    |          | controlled entity or family member of any of the     |                           |                             | 5        |                          |
|                    | 6        | Loans and other receivables from other disquali      | fied persons (as defined  |                             |          |                          |
|                    |          | under section 4958(f)(1)), and persons described     |                           | 6                           |          |                          |
| ŝ                  | 7        | Notes and loans receivable, net                      |                           |                             | 7        |                          |
| Assets             | 8        | Inventories for sale or use                          |                           |                             | 8        |                          |
| Ä                  | 9        | Prepaid expenses and deferred charges                |                           | 58,208.                     | 9        | 30,471.                  |
|                    | 10a      | Land, buildings, and equipment: cost or other        |                           |                             |          |                          |
|                    |          | basis. Complete Part VI of Schedule D                | 10a                       |                             |          |                          |
|                    | b        | Less: accumulated depreciation                       | 10b                       |                             | 10c      |                          |
|                    | 11       | Investments - publicly traded securities             |                           |                             | 11       |                          |
|                    | 12       | Investments - other securities. See Part IV, line 1  | 1                         |                             | 12       |                          |
|                    | 13       | Investments - program-related. See Part IV, line     | 11                        |                             | 13       |                          |
|                    | 14       | Intangible assets                                    |                           |                             | 14       |                          |
|                    | 15       | Other assets. See Part IV, line 11                   |                           | 15                          |          |                          |
|                    | 16       | Total assets. Add lines 1 through 15 (must equ       |                           | 1,316,734.                  | 16       | 7,037,167.               |
|                    | 17       | Accounts payable and accrued expenses                | 47,663.                   | 17                          | 80,900.  |                          |
|                    | 18       | Grants payable                                       |                           |                             | 18       | 10 115                   |
|                    | 19       | Deferred revenue                                     |                           | 37,249.                     | 19       | 43,145.                  |
|                    | 20       | Tax-exempt bond liabilities                          |                           |                             | 20       |                          |
|                    | 21       | Escrow or custodial account liability. Complete      |                           | 21                          |          |                          |
| es                 | 22       | Loans and other payables to any current or form      |                           |                             |          |                          |
| iliti              |          | trustee, key employee, creator or founder, subst     |                           |                             |          |                          |
| Liabilities        |          | controlled entity or family member of any of thes    |                           |                             | 22       |                          |
|                    | 23       | Secured mortgages and notes payable to unrela        | Г                         |                             | 23       |                          |
|                    | 24       | Unsecured notes and loans payable to unrelated       | Г                         |                             | 24       |                          |
|                    | 25       | Other liabilities (including federal income tax, pa  | -                         |                             |          |                          |
|                    |          | parties, and other liabilities not included on lines | s 17-24). Complete Part X |                             |          |                          |
|                    |          | of Schedule D  | Г                         | 04 010                      | 25       | 104 045                  |
|                    | 26       | Total liabilities. Add lines 17 through 25           |                           | 84,912.                     | 26       | 124,045.                 |
| ŝ                  |          | Organizations that follow FASB ASC 958, che          | ck here X                 |                             |          |                          |
| Balances           |          | and complete lines 27, 28, 32, and 33.               |                           | 172 252                     |          | E 333 000                |
| alaı               | 27       | Net assets without donor restrictions                |                           | <u>472,253.</u><br>759,569. | 27       | 5,332,808.<br>1,580,314. |
|                    | 28       | Net assets with donor restrictions                   |                           | 159,509.                    | 28       | 1,300,314.               |
| ŝ                  |          | Organizations that do not follow FASB ASC 9          |                           |                             |          |                          |
| Net Assets or Fund | ~        | and complete lines 29 through 33.                    |                           |                             | 00       |                          |
| sts                | 29       | Capital stock or trust principal, or current funds   |                           |                             | 29<br>30 |                          |
| SSE                | 30       | Paid-in or capital surplus, or land, building, or ec |                           | <u>30</u><br>31             |          |                          |
| et A               | 31       | Retained earnings, endowment, accumulated in         |                           | 1,231,822.                  | 31<br>32 | 6,913,122.               |
| ž                  | 32<br>33 | Total net assets or fund balances                    |                           | 1,316,734.                  | 32<br>33 | 7,037,167.               |
|                    | 33       | TOTAL HADINITIES AND HEL ASSELS/TUNU DAIANCES        |                           | 1,510,754.                  | აა       | Form <b>990</b> (2022)   |
|                    |          |  |                           |                             |          | (2022)                   |

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

Cash - non-interest-bearing

Savings and temporary cash investments

84-3111259 Page 11

**(B)** End of year

6,892,053.

(A) Beginning of year

703,912.

1

2

| Form | 990 (2022) KNOWLEDGE FUTURES, INC.  | 84-     | 3111259 | Pa  | <sub>ge</sub> 12 |
|------|---|---------|---------|-----|------------------|
| Pa   | rt XI Reconciliation of Net Assets  |         |         |     |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XI   | <u></u> |         |     |                  |
|      |   |         |         |     |                  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1       | 6,952   |     |                  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2       | 1,271   |     |                  |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3       | 5,681   |     |                  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4       | 1,231   | .,8 | 22.              |
| 5    | Net unrealized gains (losses) on investments  | 5       |         |     |                  |
| 6    | Donated services and use of facilities  | 6       |         |     |                  |
| 7    | Investment expenses   | 7       |         |     |                  |
| 8    | Prior period adjustments  | 8       |         |     |                  |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)  | 9       |         |     | 0.               |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |         |         |     |                  |
|      | column (B))   | 10      | 6,913   | 3,1 | 22.              |
| Pa   | rt XII Financial Statements and Reporting   |         |         |     |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XII  | <u></u> |         |     |                  |
|      |   |         |         | Yes | No               |
| 1    | Accounting method used to prepare the Form 990: X Cash Carual Cother  |         |         |     |                  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule        | 0.      |         |     |                  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |         | 2a      |     | X                |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a    |         |     |                  |
|      | separate basis, consolidated basis, or both:  |         |         |     |                  |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |         |         |     |                  |
| b    | Were the organization's financial statements audited by an independent accountant?                                    |         | 2b      | Х   |                  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      | basis,  |         |     |                  |
|      | consolidated basis, or both:  |         |         |     |                  |
|      | X Separate basis Consolidated basis Both consolidated and separate basis  |         |         |     |                  |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | audit,  |         |     |                  |
|      | review, or compilation of its financial statements and selection of an independent accountant?                        |         | 2c      | Х   |                  |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sche    | dule O  |         |     |                  |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       |         |         |     |                  |
|      | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |         | 3a      |     | X                |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed aud  | it 📔    |     | 1                |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              | <u></u> | 3b      |     |                  |

| SCHEDULE A | ١ |
|------------|---|
|------------|---|

Department of the Treasury Internal Revenue Service

(Form 990)

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

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047            |
|------------------------------|
| 2022                         |
| Open to Public<br>Inspection |

Т

| Name of th | e organization |
|------------|----------------|
|------------|----------------|

| Nar | ne of   | the organization   |                        |  |                    |                  |                                 |                | identification number                           |  |
|-----|---|--|------------------------|--|--------------------|------------------|---------------------------------|----------------|---|--|
| _   |   |  | ILEDGE FUTU            |  |                    |                  |                                 | 84-3111259     |   |  |
| Pa  | nrt I   | Reason for Public  | Charity Status.        | (All organizations must c                              | omplete th         | his part.) S     | See instruction                 | IS.            |   |  |
| The | orgar   | nization is not a private found                          | dation because it is:  | (For lines 1 through 12, c                             | heck only          | one box.)        |                                 |                |   |  |
| 1   |   | A church, convention of ch                               | urches, or association | on of churches described                               | l in <b>sectio</b> | on 170(b)(       | 1)(A)(i).                       |                |   |  |
| 2   |   | A school described in sect                               | tion 170(b)(1)(A)(ii). | (Attach Schedule E (Forn                               | n 990).)           |                  |                                 |                |   |  |
| 3   |   | A hospital or a cooperative                              | hospital service org   | anization described in <b>s</b> e                      | ection 170         | )(b)(1)(A)(i     | ii).                            |                |   |  |
| 4   |   | A medical research organiz                               | zation operated in co  | njunction with a hospital                              | described          | l in sectio      | on 170(b)(1)(A                  | .)(iii). Enter | the hospital's name,                            |  |
|     |   | city, and state:   |                        |  |                    |                  |                                 |                |   |  |
| 5   |   | An organization operated f                               | or the benefit of a co | ollege or university owned                             | l or operat        | ed by a go       | overnmental u                   | nit describe   | ed in   |  |
|     | section 170(b)(1)(A)(iv). (Complete Part II.) |  |                        |  |                    |                  |                                 |                |   |  |
| 6   |   |  |                        |  |                    |                  |                                 |                |   |  |
| 7   | X   | An organization that norma                               | ally receives a substa | antial part of its support fi                          | rom a gove         | ernmental        | unit or from th                 | ne general j   | oublic described in                             |  |
|     | section 170(b)(1)(A)(vi). (Complete Part II.) |  |                        |  |                    |                  |                                 |                |   |  |
| 8   |   | A community trust describe                               | ed in section 170(b)   | (1)(A)(vi). (Complete Par                              | t II.)             |                  |                                 |                |   |  |
| 9   |   | An agricultural research or                              | -                      |  |                    | -                |                                 | -              | -   |  |
|     |   | or university or a non-land-                             | grant college of agric | culture (see instructions).                            | Enter the          | name, city       | , and state of                  | the college    | or  |  |
|     |   | university:  |                        |  |                    |                  |                                 |                |   |  |
| 10  |   | An organization that norma                               |                        |  |                    |                  |                                 |                |   |  |
|     |   | activities related to its exer                           |                        |  |                    |                  |                                 |                | -   |  |
|     |   | income and unrelated busi                                |                        | e (less section 511 tax) fro                           | om busines         | sses acqui       | red by the org                  | ganization a   | itter June 30, 1975.                            |  |
|     |   | See section 509(a)(2). (Co                               |                        | See he had the second framework the second             | (                  |                  | 00(-)(4)                        |                |   |  |
| 11  |   | An organization organized                                | -                      | •  | •                  |                  |                                 | www.outtho     | numpered of one or                              |  |
| 12  |   | An organization organized                                | -                      | •  |                    |                  |                                 | -              |   |  |
|     |   | more publicly supported or<br>lines 12a through 12d that |                        |  |                    |                  |                                 |                |   |  |
| a   |   | <b>Type I.</b> A supporting orga                         |                        |  |                    |                  |                                 |                | aivina  |  |
|     |   | the supported organization                               | -                      | -  | • • • •            | -                |                                 |                |   |  |
|     |   | organization. You must                                   |                        |  | indjointy c        |                  |                                 |                | pporting  |  |
| k   |   | <b>Type II.</b> A supporting org                         | -                      |  | tion with it       | s supporte       | ed organizatio                  | n(s), by hay   | vina  |  |
| -   |   | control or management of                                 |                        |  |                    |                  | -                               |                | •   |  |
|     |   | organization(s). You mus                                 |                        |  |                    |                  |                                 | 5              |   |  |
| c   | : [   | Type III functionally inte                               |                        |  | in connect         | tion with, a     | and functional                  | lly integrate  | d with,   |  |
|     |   | its supported organizatio                                |                        |  |                    |                  |                                 | , ,            |   |  |
| c   |   | Type III non-functionall                                 | y integrated. A sup    | porting organization oper                              | ated in co         | nnection v       | vith its suppo                  | rted organiz   | zation(s)                                       |  |
|     |   | that is not functionally in                              | tegrated. The organi   | zation generally must sat                              | isfy a distr       | ibution rea      | quirement and                   | an attentiv    | /eness  |  |
|     |   | requirement (see instruct                                | tions). You must co    | mplete Part IV, Sections                               | A and D,           | and Part         | <b>V</b> .                      |                |   |  |
| e   |   | Check this box if the org                                | anization received a   | written determination fro                              | m the IRS          | that it is a     | Туре I, Туре                    | II, Type III   |   |  |
|     |   | functionally integrated, o                               | r Type III non-functio | nally integrated supporti                              | ng organiz         | ation.           |                                 |                |   |  |
| f   | Ent   | er the number of supported                               | organizations          |  |                    |                  |                                 |                |   |  |
|     |   | vide the following informatio                            |                        |  | (iv) is the ora:   | anization listed |                                 |                |   |  |
|     |   | (i) Name of supported<br>organization                    | (ii) EIN               | (iii) Type of organization<br>(described on lines 1-10 | in your governi    | ing document?    | (v) Amount o<br>support (see ir | -              | (vi) Amount of other support (see instructions) |  |
|     |   | organization   |                        | above (see instructions))                              | Yes                | No               |                                 | istructions)   |   |  |
|     |   |  |                        |  |                    |                  |                                 |                |   |  |
|     |   |  |                        |  |                    |                  |                                 |                |   |  |
|     |   |  |                        |  |                    |                  |                                 |                |   |  |
|     |   |  |                        |  |                    |                  |                                 |                |   |  |
|     |   |  |                        |  |                    |                  |                                 |                |   |  |
|     |   |  |                        |  |                    |                  |                                 |                |   |  |
|     |   |  |                        |  |                    |                  |                                 |                |   |  |
|     |   |  |                        | 1  |                    |                  |                                 |                |   |  |
|     |   |  |                        |  |                    |                  |                                 |                |   |  |
| Tot | al  |  |                        |  |                    |                  |                                 |                |   |  |
| _   |   | Paperwork Reduction Act N                                | Notice, see the Inst   | ructions for Form 990 o                                | 990-F7             | 232021 12        | -09-22                          | Sche           | ule A (Form 990) 2022                           |  |
|     |   | -  |                        |  |                    |                  | -                               |                |   |  |
|     |   | P  |                        | Disclos  | sur                | el               | \UD                             | V              |   |  |
|     |   | -  |                        |  |                    | _                |                                 |                |   |  |

| Schedule A | 000 | 0000   |
|------------|-----|--------|
| Schedule A | 990 | 1 2022 |

Part II

KNOWLEDGE FUTURES, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

| Sec  | ction A. Public Support                                      |                       |                       |                                  |                              |                     |           |
|------|--|-----------------------|-----------------------|----------------------------------|------------------------------|---------------------|-----------|
| Cale | ndar year (or fiscal year beginning in)                      | <b>(a)</b> 2018       | <b>(b)</b> 2019       | (c) 2020                         | (d) 2021                     | (e) 2022            | (f) Total |
| 1    | Gifts, grants, contributions, and                            |                       |                       |                                  |                              |                     |           |
|      | membership fees received. (Do not                            |                       |                       |                                  |                              |                     |           |
|      | include any "unusual grants.")                               |                       | 423,000.              | 1830000.                         | 2410625.                     | 6875625.            | 11539250. |
| 2    | Tax revenues levied for the organ-                           |                       |                       |                                  |                              |                     |           |
|      | ization's benefit and either paid to                         |                       |                       |                                  |                              |                     |           |
|      | or expended on its behalf                                    |                       |                       |                                  |                              |                     |           |
| 3    | The value of services or facilities                          |                       |                       |                                  |                              |                     |           |
|      | furnished by a governmental unit to                          |                       |                       |                                  |                              |                     |           |
|      | the organization without charge $\dots$                      |                       |                       |                                  |                              |                     |           |
| 4    | Total. Add lines 1 through 3                                 |                       | 423,000.              | 1830000.                         | 2410625.                     | 6875625.            | 11539250. |
| 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)   |                       |                       |                                  |                              |                     | 2657405.  |
| 6    | Public support. Subtract line 5 from line 4.                 |                       |                       |                                  |                              |                     | 8881845.  |
| Sec  | ction B. Total Support                                       |                       |                       |                                  |                              |                     |           |
| Cale | ndar year (or fiscal year beginning in)                      | (a) 2018              | <b>(b)</b> 2019       | (c) 2020                         | (d) 2021                     | (e) 2022            | (f) Total |
| 7    | Amounts from line 4  |                       | 423,000.              | 1830000.                         | 2410625.                     | 6875625.            | 11539250. |
| 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                               |                       |                       |                                  |                              |                     |           |
|      | business is regularly carried on                             |                       |                       |                                  |                              |                     |           |
| 10   | Other income. Do not include gain                            |                       |                       |                                  |                              |                     |           |
|      | or loss from the sale of capital                             |                       |                       |                                  |                              |                     |           |
|      | assets (Explain in Part VI.)                                 |                       | 4,000.                |                                  |                              |                     | 4,000.    |
| 11   | Total support. Add lines 7 through 10                        |                       |                       |                                  |                              |                     | 11543250. |
| 12   | Gross receipts from related activities,                      | etc. (see instructio  | ons)                  |                                  |                              | 12                  | 672,440.  |
| 13   | First 5 years. If the Form 990 is for th                     | e organization's fi   | rst, second, third, f | fourth, or fifth tax y           | ear as a section 5           | 01(c)(3)            |           |
|      | organization, check this box and stop                        |                       |                       |                                  |                              |                     | X         |
| Sec  | ction C. Computation of Publi                                | c Support Per         | centage               |                                  |                              |                     |           |
| 14   | Public support percentage for 2022 (I                        | ine 6, column (f), d  | ivided by line 11, c  | column (f))                      |                              | 14                  | %         |
| 15   | Public support percentage from 2021                          | Schedule A, Part      | II, line 14           |                                  |                              | 15                  | %         |
| 16a  | 33 1/3% support test - 2022. If the c                        | organization did no   | t check the box or    | n line 13, and line <sup>-</sup> | 14 is 33 1/3% or m           | ore, check this bo  | x and     |
|      | $\ensuremath{ \text{stop}}$ here. The organization qualifies | as a publicly supp    | orted organization    |                                  |                              |                     |           |
| b    | 33 1/3% support test - 2021. If the c                        | organization did no   | t check a box on l    | ine 13 or 16a, and               | line 15 is 33 1/3%           | or more, check th   | is box    |
|      | and stop here. The organization qual                         | ifies as a publicly s | supported organiza    | ation                            |                              |                     |           |
| 17a  | 10% -facts-and-circumstances test                            | - 2022. If the org    | anization did not c   |                                  |                              |                     |           |
|      | and if the organization meets the fact                       | s-and-circumstanc     | es test, check this   | box and stop he                  | <b>re.</b> Explain in Part   | VI how the organiz  | zation    |
|      | meets the facts-and-circumstances te                         | st. The organizatio   | n qualifies as a pu   | blicly supported o               | rganization                  |                     |           |
| b    | 10% -facts-and-circumstances test                            | - 2021. If the org    | anization did not c   | heck a box on line               | e 13, 16a, 16b, or 1         | 7a, and line 15 is  | 10% or    |
|      | more, and if the organization meets th                       | e facts-and-circum    | nstances test, cheo   | ck this box and <b>st</b>        | t <b>op here.</b> Explain ii | n Part VI how the   |           |
|      | organization meets the facts-and-circu                       | umstances test. Th    | e organization qua    | alifies as a publicly            | supported organiz            | ation               |           |
| 18   | Private foundation. If the organization                      | n did not check a     | box on line 13, 16a   | a, 16b, 17a, or 17b              | , check this box a           | nd see instructions | s         |
|      |  |                       |                       |                                  |                              |                     |           |

Schedule A (Form 990) 2022

| Schedule A | Form | 990) | 202  |
|------------|------|------|------|
|            |      | 000  | 2022 |

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

| Sec       | ction A. Public Support   |                             |                            |                       |                      |                      |                   |
|-----------|---|-----------------------------|----------------------------|-----------------------|----------------------|----------------------|-------------------|
| Cale      | ndar year (or fiscal year beginning in)                                 | (a) 2018                    | <b>(b)</b> 2019            | (c) 2020              | (d) 2021             | (e) 2022             | (f) Total         |
| 1         | Gifts, grants, contributions, and                                       |                             |                            |                       |                      |                      |                   |
|           | membership fees received. (Do not                                       |                             |                            |                       |                      |                      |                   |
|           | include any "unusual grants.")  |                             |                            |                       |                      |                      |                   |
| 2         | Gross receipts from admissions,   |                             |                            |                       |                      |                      |                   |
|           | merchandise sold or services per-                                       |                             |                            |                       |                      |                      |                   |
|           | formed, or facilities furnished in any activity that is related to the  |                             |                            |                       |                      |                      |                   |
|           | organization's tax-exempt purpose                                       |                             |                            |                       |                      |                      |                   |
| 3         | Gross receipts from activities that                                     |                             |                            |                       |                      |                      |                   |
| -         | are not an unrelated trade or bus-                                      |                             |                            |                       |                      |                      |                   |
|           | iness under section 513   |                             |                            |                       |                      |                      |                   |
| 4         | Tax revenues levied for the organ-                                      |                             |                            |                       |                      |                      |                   |
| -         | ization's benefit and either paid to                                    |                             |                            |                       |                      |                      |                   |
|           | or expended on its behalf   |                             |                            |                       |                      |                      |                   |
| 5         | The value of services or facilities                                     |                             |                            |                       |                      |                      |                   |
| Ũ         | furnished by a governmental unit to                                     |                             |                            |                       |                      |                      |                   |
|           | the organization without charge   |                             |                            |                       |                      |                      |                   |
| 6         | Total. Add lines 1 through 5  |                             |                            | 1                     |                      | 1                    | 1                 |
|           | Amounts included on lines 1, 2, and                                     |                             |                            |                       |                      | 1                    | 1                 |
| 18        | 3 received from disgualified persons                                    |                             |                            |                       |                      |                      |                   |
| h         | Amounts included on lines 2 and 3 received                              |                             |                            |                       |                      | 1                    |                   |
|           | from other than disqualified persons that                               |                             |                            |                       |                      |                      |                   |
|           | exceed the greater of \$5,000 or 1% of the                              |                             |                            |                       |                      |                      |                   |
| -         | amount on line 13 for the year  |                             |                            |                       |                      | 1                    | +                 |
|           | Add lines 7a and 7b   |                             |                            |                       |                      |                      | <u> </u>          |
|           | Public support. (Subtract line 7c from line 6.)                         |                             |                            |                       |                      |                      | 1                 |
|           | ••  | (2) 2010                    | (b) 2010                   | (0) 2020              | (4) 2021             | (0) 2022             | (f) Total         |
|           | ndar year (or fiscal year beginning in)                                 | (a) 2018                    | (b) 2019                   | (c) 2020              | (d) 2021             | (e) 2022             | (f) Total         |
|           | Amounts from line 6<br>Gross income from interest,                      |                             |                            |                       |                      |                      | +                 |
| iua       | dividends, payments received on   |                             |                            |                       |                      |                      |                   |
|           | securities loans, rents, royalties,                                     |                             |                            |                       |                      |                      |                   |
|           | and income from similar sources   |                             |                            |                       |                      |                      | +                 |
| b         | Unrelated business taxable income                                       |                             |                            |                       |                      |                      |                   |
|           | (less section 511 taxes) from businesses                                |                             |                            |                       |                      |                      |                   |
|           | acquired after June 30, 1975  |                             |                            |                       |                      |                      | <u> </u>          |
|           | Add lines 10a and 10b   |                             |                            |                       |                      | +                    |                   |
| 11        | Net income from unrelated business activities not included on line 10b, |                             |                            |                       |                      |                      |                   |
|           | whether or not the business is  |                             |                            |                       |                      |                      |                   |
|           | regularly carried on  | ļ                           |                            |                       |                      | l                    |                   |
| 12        | Other income. Do not include gain or loss from the sale of capital      |                             |                            |                       |                      |                      |                   |
|           | assets (Explain in Part VI.)  |                             |                            |                       |                      | ļ                    |                   |
|           | Total support. (Add lines 9, 10c, 11, and 12.)                          |                             |                            |                       |                      |                      |                   |
| 14        | First 5 years. If the Form 990 is for the                               | •                           |                            |                       | year as a section 5  | 501(c)(3) organizati | on,               |
| _         | check this box and stop here  |                             | •                          |                       |                      |                      |                   |
| Sec       | ction C. Computation of Publi   | c Support Per               | rcentage                   |                       |                      |                      |                   |
| 15        | Public support percentage for 2022 (I                                   | ine 8, column (f), c        | livided by line 13,        | column (f))           |                      | 15                   | %                 |
| <u>16</u> | Public support percentage from 2021                                     |                             |                            |                       |                      | 16                   | %                 |
|           | ction D. Computation of Inves   |                             |                            |                       |                      |                      |                   |
| 17        | Investment income percentage for 20                                     | <b>)22</b> (line 10c, colur | mn (f), divided by l       | ine 13, column (f))   |                      | 17                   | %                 |
| 18        | Investment income percentage from                                       |                             |                            |                       |                      | 18                   | %                 |
| 19a       | 33 1/3% support tests - 2022. If the                                    | organization did r          | not check the box          | on line 14, and line  | e 15 is more than 3  | 33 1/3%, and line 1  | 7 is not          |
|           | more than 33 1/3%, check this box ar                                    | nd <b>stop here.</b> The    | organization qual          | ifies as a publicly s | supported organiza   | ation                |                   |
| b         | 33 1/3% support tests - 2021. If the                                    | organization did r          | not check a box or         | n line 14 or line 19a | a, and line 16 is mo | ore than 33 1/3%, a  | and               |
|           | line 18 is not more than 33 1/3%, che                                   | ck this box and <b>st</b>   | t <b>op here.</b> The orga | anization qualifies   | as a publicly suppo  | orted organization   |                   |
| 20        | Private foundation. If the organization                                 |                             |                            |                       |                      |                      |                   |
| 23202     | 23 12-09-22   |                             |                            |                       |                      |                      | A (Form 990) 2022 |
|           |   | hlin r                      |                            |                       | Con                  |                      | -                 |
|           | ru  |                             | <b>JISCI</b>               | <b>72016</b>          | e Cop                | У                    |                   |

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22

# Public Disclosure Copy

|                 | anizations (continued) |
|-----------------|------------------------|
| (Form 990) 2022 | KNOWLEDGE              |

1

2

|     |  |     | Yes | No |
|-----|--|-----|-----|----|
| 11  | Has the organization accepted a gift or contribution from any of the following persons?  |     |     |    |
| а   | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and   |     |     |    |
|     | 11c below, the governing body of a supported organization?   | 11a |     |    |
| b   | A family member of a person described on line 11a above?   | 11b |     |    |
| с   | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   |     |     |    |
|     | detail in Part VI.   | 11c |     |    |
| Sec | tion B. Type I Supporting Organizations  |     |     |    |
|     |  |     | Yes | No |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, |     |     |    |

|   | directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) |
|---|--|
|   | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported |
|   | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the       |
|   | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.               |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported                            |
|   | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                     |
|   | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated                     |

**Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supported or controlled the supporting organization

| supervised   | . or controlled | i the supporting | i organization. |
|--------------|-----------------|------------------|-----------------|
| Section C. T | ype II Supp     | orting Org       | anizations      |

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed

 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 managed

 1
 1

| Section D. | All Type III | Supporting | Organizations |
|------------|--------------|------------|---------------|

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

#### Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method | d that the organization used a | o satisfy the Integral Part | Test during the ye | ear (see instructions). |
|---|----------------------------------|--------------------------------|-----------------------------|--------------------|-------------------------|
|---|----------------------------------|--------------------------------|-----------------------------|--------------------|-------------------------|

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| с | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see instructio | ns). |
|---|---|---|------|
|   |   |   |      |

- 2 Activities Test. Answer lines 2a and 2b below.
- **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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "*Yes*" or "*No*" *provide details in* **Part VI.**
- **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.*

232025 12-09-22

## Public Disclosure Copy

6

7

8

Multiply line 5 by 0.035.

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

### Public Disclosure Copy

| Schedule A (Form 990) 2022 | KNOWLEDGE FUTURES, | INC. |
|----------------------------|--------------------|------|

84-3111259 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5

| Sec | tion C - Distributable Amount  |         |                                | Current Year  |
|-----|--|---------|--------------------------------|---------------|
| 1   | Adjusted net income for prior year (from Section A, line 8, column A)              | 1       |                                |               |
| 2   | Enter 0.85 of line 1.  | 2       |                                |               |
| 3   | Minimum asset amount for prior year (from Section B, line 8, column A)             | 3       |                                |               |
| 4   | Enter greater of line 2 or line 3.   | 4       |                                |               |
| 5   | Income tax imposed in prior year   | 5       |                                |               |
| 6   | Distributable Amount. Subtract line 5 from line 4, unless subject to               |         |                                |               |
|     | emergency temporary reduction (see instructions).                                  | 6       |                                |               |
| 7   | Check here if the current year is the organization's first as a non-functionally i | integra | ated Type III supporting orgar | nization (see |
|     | instructions)  |         |                                |               |

6

7

8

 a
 Excess from 2018

 b
 Excess from 2019

 c
 Excess from 2020

 d
 Excess from 2021

 e
 Excess from 2022

| Scho  | dule A (Form 990) 2022 KNOWLEDGE FUT   | TRES INC.                        |                               | 8    | 4-3111259 Page 7                 |
|-------|--|----------------------------------|-------------------------------|------|----------------------------------|
| Par   |  |                                  | nizations (continu            |      |                                  |
| Secti | on D - Distributions   |                                  | Contine                       | 100) | Current Year                     |
| 1     | Amounts paid to supported organizations to accomplish exer                   | mot purposes                     |                               | 1    | Current Four                     |
| 2     | Amounts paid to perform activity that directly furthers exemp                |                                  |                               |      |                                  |
| -     | organizations, in excess of income from activity                             |                                  |                               | 2    |                                  |
| 3     | Administrative expenses paid to accomplish exempt purpose                    | s of supported organizations     | 3                             | 3    |                                  |
| 4     | Amounts paid to acquire exempt-use assets                                    |                                  | -                             | 4    |                                  |
| 5     | Qualified set-aside amounts (prior IRS approval required - pro-              | vide details in <b>Part VI</b> ) |                               | 5    |                                  |
| 6     | Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions. |                                  |                               | 6    |                                  |
| 7     | Total annual distributions. Add lines 1 through 6.                           |                                  |                               | 7    |                                  |
| 8     | Distributions to attentive supported organizations to which th               | e organization is responsive     |                               |      |                                  |
|       | (provide details in Part VI). See instructions.                              | 5                                |                               | 8    |                                  |
| 9     | Distributable amount for 2022 from Section C, line 6                         |                                  |                               | 9    |                                  |
| 10    | Line 8 amount divided by line 9 amount                                       |                                  |                               | 10   |                                  |
|       |  | (i)                              | (ii)                          |      | (iii)                            |
| Secti | on E - Distribution Allocations (see instructions)                           | Excess Distributions             | Underdistribution<br>Pre-2022 | IS   | Distributable<br>Amount for 2022 |
| 1     | Distributable amount for 2022 from Section C, line 6                         |                                  |                               |      |                                  |
| 2     | Underdistributions, if any, for years prior to 2022 (reason-                 |                                  |                               |      |                                  |
|       | able cause required - explain in Part VI). See instructions.                 |                                  |                               |      |                                  |
| 3     | Excess distributions carryover, if any, to 2022                              |                                  |                               |      |                                  |
| a     | From 2017  |                                  |                               |      |                                  |
| b     | From 2018  |                                  |                               |      |                                  |
| с     | From 2019  |                                  |                               |      |                                  |
| d     | From 2020  |                                  |                               |      |                                  |
| e     | From 2021  |                                  |                               |      |                                  |
| f     | Total of lines 3a through 3e   |                                  |                               |      |                                  |
| g     | Applied to underdistributions of prior years                                 |                                  |                               |      |                                  |
| h     | Applied to 2022 distributable amount   |                                  |                               |      |                                  |
| i     | Carryover from 2017 not applied (see instructions)                           |                                  |                               |      |                                  |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                       |                                  |                               |      |                                  |
| 4     | Distributions for 2022 from Section D,                                       |                                  |                               |      |                                  |
|       | line 7: \$   |                                  |                               |      |                                  |
| a     | Applied to underdistributions of prior years                                 |                                  |                               |      |                                  |
| b     | Applied to 2022 distributable amount   |                                  |                               |      |                                  |
| c     | Remainder. Subtract lines 4a and 4b from line 4.                             |                                  |                               |      |                                  |
| 5     | Remaining underdistributions for years prior to 2022, if                     |                                  |                               |      |                                  |
|       | any. Subtract lines 3g and 4a from line 2. For result greater                |                                  |                               |      |                                  |
|       | than zero, explain in Part VI. See instructions.                             |                                  |                               |      |                                  |
| 6     | Remaining underdistributions for 2022. Subtract lines 3h                     |                                  |                               |      |                                  |
|       | and 4b from line 1. For result greater than zero, explain in                 |                                  |                               |      |                                  |
|       | Part VI. See instructions.   |                                  |                               |      |                                  |
| 7     | Excess distributions carryover to 2023. Add lines 3j                         |                                  |                               |      |                                  |
|       | and 4c.  |                                  |                               |      |                                  |
| 8     | Breakdown of line 7:   |                                  |                               |      |                                  |

Public Disclosure Copy

| Schedule A    | (Form 990) 2022   |   | GE FUTURES,  |   |   | 84-3111259 Page 8   |
|---------------|---|---|--|---|---|---|
| Part VI       | Supplemental Infor<br>Part IV, Section A, lines<br>line 1; Part IV, Section D,<br>Section D, lines 5, 6, and<br>(See instructions.) | l, 2, 3b, 3c, 4b, 4d<br>lines 2 and 3; Pa | c, 5a, 6, 9a, 9b, 9c, 1<br>rt IV, Section E, lines | 1a, 11b, and 11c; Pa<br>1c, 2a, 2b, 3a, and 3 | art IV, Section B, lines 1<br>3b; Part V, line 1; Part V, | and 2; Part IV, Section C,<br>Section B, line 1e; Part V, |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
|               |   |   |  |   |   |   |
| 232028 12-09- |   |   |  |   | 0   | Schedule A (Form 990) 2022                                |
|               | Р   | ublic                                     | DISC   | osure   | Copy  |   |

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### Name of the organization

### Schedule of Contributors

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

### 2022

Employer identification number

84-3111259

| Organization type (check or | э):                                       |
|-----------------------------|---|
| Filers of:                  | Section:                                  |
| Form 990 or 990-EZ          | X 501(c)( 3 ) (enter number) organization |

KNOWLEDGE FUTURES

|             | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|-------------|--|
|             | 527 political organization   |
| Form 990-PF | 501(c)(3) exempt private foundation  |
|             | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|             | 501(c)(3) taxable private foundation   |

INC.

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

#### Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

6

5

4

3

2

1

Employer identification number

84-3111259

KNOWLEDGE FUTURES, INC.

(b) (d) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution Х Person Payroll 1,000,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Х Person Payroll 4,600,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Х Payroll Noncash 125,000. \$ (Complete Part II for noncash contributions.) (c) (d) (b) **Total contributions** Name, address, and ZIP + 4 Type of contribution Person Х Payroll 1,000,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Х Person Payroll 125,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

 25,625.
 Person
 X

 Payroll
 Image: Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

Public Disclosure Copy

\$

Name of organization

KNOWLEDGE FUTURES, INC.

Employer identification number

84-3111259

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed.           |                      |
|------------------------------|---|---|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |   |   |                      |
|                              |   | \$  |                      |
| (a)<br>No.<br>from           | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| Part I                       |   |   |                      |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |   |   |                      |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |   |   |                      |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |   |   |                      |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |   |   |                      |
|                              |   | \$  |                      |

| Name of o       | rganization  |  |                 |                           | Employer identification number                        |
|-----------------|--|--|-----------------|---------------------------|---|
|                 | EDGE BURUDEG ING   |  |                 |                           | 04 2111250  |
| Part III        | EDGE FUTURES , INC • Exclusively religious, charitable, etc., contribut  | tions to organizations described in                              | section 501(    | c)(7), (8), or (10) th    | 84-3111259<br>at total more than \$1,000 for the year |
|                 | from any one contributor. Complete columns (a)   | a) through (e) and the following line e                          | entry. For org  | anizations                |   |
|                 | completing Part III, enter the total of exclusively religious,<br>Use duplicate copies of Part III if additional | charitable, etc., contributions of \$1,000 c<br>space is needed. | or less for the | year. (Enter this info. o | nce.) Ψ   |
| (a) No.         |  |  |                 |                           |   |
| from<br>Part I  | (b) Purpose of gift  | (c) Use of gift  |                 | (d) Desc                  | ription of how gift is held                           |
|                 |  |  |                 |                           |   |
|                 |  |  |                 |                           |   |
|                 |  |  |                 |                           |   |
|                 |  |  |                 |                           |   |
|                 |  | (e) Transfer of g  | gift            |                           |   |
|                 |  |  |                 |                           |   |
|                 | Transferee's name, address, a  | and ZIP + 4  | Rel             | ationship of tra          | nsferor to transferee                                 |
|                 |  |  |                 |                           |   |
|                 |  |  |                 |                           |   |
|                 |  |  |                 |                           |   |
| (a) No.         |  | I  |                 |                           |   |
| `from<br>Part I | (b) Purpose of gift  | (c) Use of gift  |                 | (d) Desc                  | ription of how gift is held                           |
| Turr            |  |  |                 |                           |   |
|                 |  |  |                 |                           |   |
|                 |  |  |                 |                           |   |
|                 |  |  |                 |                           |   |
|                 |  | (e) Transfer of g  | gift            |                           |   |
|                 |  |  |                 |                           |   |
|                 | Transferee's name, address, a  | and ZIP + 4  | Rel             | ationship of tra          | nsferor to transferee                                 |
|                 |  |  |                 |                           |   |
|                 |  |  |                 |                           |   |
|                 |  |  |                 |                           |   |
| (a) No.         |  | l  |                 |                           |   |
| from<br>Part I  | (b) Purpose of gift  | (c) Use of gift  |                 | (d) Desc                  | ription of how gift is held                           |
|                 |  |  |                 |                           |   |
|                 |  |  |                 |                           |   |
|                 |  |  |                 |                           |   |
| -               |  |  |                 |                           |   |
|                 |  | (e) Transfer of g  | gift            |                           |   |
|                 |  |  |                 |                           |   |
| -               | Transferee's name, address, a  |  | Kei             | ationship of tra          | nsferor to transferee                                 |
|                 |  |  |                 |                           |   |
|                 |  |  |                 |                           |   |
|                 |  |  |                 |                           |   |
| (a) No.<br>from |  |  |                 | (4) Deee                  | vintion of how with in hold                           |
| Part I          | (b) Purpose of gift  | (c) Use of gift  |                 | (a) Desc                  | ription of how gift is held                           |
|                 |  |  |                 |                           |   |
|                 |  |  |                 |                           |   |
|                 |  |  |                 |                           |   |
| r               |  |  |                 |                           |   |
|                 |  | (e) Transfer of g  | giπ             |                           |   |
|                 | Transferee's name, address, a  | and $7IP \pm 4$  | Dal             | ationship of tro          | nsferor to transferee                                 |
|                 |  |  |                 |                           |   |
|                 |  |  |                 |                           |   |
|                 |  |  |                 |                           |   |
|                 |  |  |                 |                           |   |
| 223454 11-15    | 5-22   |  |                 |                           | Schedule B (Form 990) (2022                           |
|                 | Dublia   | Dicology   | iro             | Con                       |   |
|                 | FUDIIC   | Disclosu   | ミロ              | COD                       | У   |
|                 |  |  |                 |                           |   |

| 50     | HEDULE D                                  | Supplementa  | al Financial Statements  |                | OMB No. 1545-0047                       |
|--------|---|--|--|----------------|---|
|        | n 990)                                    |  | nization answered "Yes" on Form 990,                               |                | 2022                                    |
| -      | -   |  | , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.<br>ttach to Form 990. | Open to Public |   |
|        | ment of the Treasury<br>I Revenue Service |  | 0 for instructions and the latest information.                     |                | Inspection                              |
| Nam    | e of the organization                     | on<br>KNOWLEDGE FUTURES,   | TNC  | Em             | ployer identification number 84-3111259 |
| Par    | t I Organiza                              |  | d Funds or Other Similar Funds or A                                | ccour          |   |
| . a    |   | n answered "Yes" on Form 990, Part IV, lin                               |  | ooou           |   |
|        | -   |  | (a) Donor advised funds  | (b) Fur        | nds and other accounts                  |
| 1      | Total number at er                        | nd of year   |  |                |   |
| 2      |   | f contributions to (during year)   |  |                |   |
| 3      | Aggregate value o                         | f grants from (during year)  |  |                |   |
| 4      | Aggregate value at                        | t end of year  |  |                |   |
| 5      | Did the organizatio                       | on inform all donors and donor advisors in v                             | writing that the assets held in donor advised fur                  | nds            |   |
|        |   |  | exclusive legal control?   |                | Yes No                                  |
| 6      |   |  | dvisors in writing that grant funds can be used                    |                |   |
|        | • •                                       |  | r donor advisor, or for any other purpose confe                    | rring          |   |
| Dar    | impermissible prive                       |  | · · · · · · · · · · · · · · · · · · ·                              |                |   |
| Par    |   |  | ganization answered "Yes" on Form 990, Part IV                     | /, line /      |   |
| 1      |   | servation easements held by the organization                             |  |                |   |
|        |   | of land for public use (for example, recrea                              |  |                |   |
|        |   | f natural habitat  | Preservation of a cer  | tified hi      | storic structure                        |
| 2      |   | of open space  | ied conservation contribution in the form of a c                   | 000000         | tion accoment on the last               |
| 2      | day of the tax year                       |  | red conservation contribution in the form of a c                   | onserva        | Held at the End of the Tax Year         |
| а      |   |  |  | 2a             |   |
|        |   |  |  | -              |   |
|        | -   | -  | ucture included in (a)   |                |   |
|        |   | vation easements included in (c) acquired a                              |  |                |   |
| -      |   |  |  | 2d             |   |
| 3      |   | •  | eased, extinguished, or terminated by the orga                     |                | during the tax                          |
|        | year                                      |  |  |                | Ū                                       |
| 4      | Number of states                          | where property subject to conservation eas                               | sement is located  |                |   |
| 5      | Does the organization                     | tion have a written policy regarding the per                             | iodic monitoring, inspection, handling of                          |                |   |
|        | violations, and enf                       | orcement of the conservation easements it                                | holds?   |                | Yes No                                  |
| 6      | Staff and voluntee                        | r hours devoted to monitoring, inspecting,                               | handling of violations, and enforcing conservat                    | on ease        | ements during the year                  |
|        |   |  |  |                |   |
| 7      | Amount of expens                          | es incurred in monitoring, inspecting, hanc                              | lling of violations, and enforcing conservation e                  | asemen         | its during the year                     |
|        |   |  |  |                |   |
| 8      |   |  | e satisfy the requirements of section 170(h)(4)(E                  |                |   |
| -      |   |  |  |                |   |
| 9      |   | •  | on easements in its revenue and expense state                      |                |   |
|        |   |  | ote to the organization's financial statements the                 | nat desc       | cribes the                              |
| Par    | t III Organization s acc                  | ounting for conservation easements.<br>Ations Maintaining Collections of | Art, Historical Treasures, or Other                                | Simila         | r Assets.                               |
|        |   | the organization answered "Yes" on Form                                  |  |                |   |
| 1a     |   |  | 8, not to report in its revenue statement and ba                   | lance s        | heet works                              |
| 14     | •   | · •  | blic exhibition, education, or research in further                 |                |   |
|        |   |  | ncial statements that describes these items.                       |                |   |
| b      | · •                                       |  | 8, to report in its revenue statement and baland                   | e sheet        | t works of                              |
|        | -   |  | exhibition, education, or research in furtherand                   |                |   |
|        |   | ng amounts relating to these items:                                      | ·  | •              |   |
|        | (i) Revenue inclu                         | ded on Form 990, Part VIII, line 1                                       |  |                | \$                                      |
|        |   |  |  |                | \$                                      |
| 2      |   |  | asures, or other similar assets for financial gain                 |                | e                                       |
|        | the following amou                        | unts required to be reported under FASB A                                | SC 958 relating to these items:                                    |                |   |
| а      | Revenue included                          | on Form 990, Part VIII, line 1   |  |                | \$                                      |
| b      | Assets included in                        | Form 990, Part X   |  |                | \$                                      |
| LHA    | For Paperwork R                           | eduction Act Notice, see the Instructions                                | s for Form 990.  |                | Schedule D (Form 990) 2022              |
| 232051 | 09-01-22                                  |  |  |                |   |

| Sche |   | GE FUTURES,                             |                    |                                  |                |                        | 84-31         |                  |        | age <b>2</b> |
|------|---|---|--------------------|----------------------------------|----------------|------------------------|---------------|------------------|--------|--------------|
| Par  | t III Organizations Maintaining Co                                      | ollections of Art                       | , Historica        | I Treasures,                     | or Other       | Simila                 | r Assets      | <b>i</b> (contir | nued)  |              |
| 3    | Using the organization's acquisition, accession                         | on, and other records                   | , check any o      | of the following th              | nat make sig   | gnificant ι            | use of its    |                  |        |              |
|      | collection items (check all that apply):                                |   |                    |                                  |                |                        |               |                  |        |              |
| а    | Public exhibition   | d                                       | 📃 Loan             | or exchange prog                 | gram           |                        |               |                  |        |              |
| b    | Scholarly research  | е                                       | Other              |                                  |                |                        |               |                  |        |              |
| с    | Preservation for future generations                                     |   |                    |                                  |                |                        |               |                  |        |              |
| 4    | Provide a description of the organization's co                          | llections and explain                   | how they fur       | ther the organiza                | tion's exem    | pt purpo               | se in Part    | XIII.            |        |              |
| 5    | During the year, did the organization solicit or                        | r receive donations o                   | f art, historica   | al treasures, or ot              | her similar :  | assets                 |               |                  |        |              |
|      | to be sold to raise funds rather than to be ma                          |   |                    |                                  |                |                        |               | Yes              |        | No           |
| Par  | t IV Escrow and Custodial Arrang<br>reported an amount on Form 990, Par |   | te if the orga     | nization answere                 | d "Yes" on I   | Form 990               | ), Part IV, I | line 9, or       |        |              |
| 1a   | Is the organization an agent, trustee, custodia                         | an or other intermedia                  | ary for contril    | outions or other a               | assets not ir  | ncluded                |               |                  |        |              |
|      | on Form 990, Part X?  |   | •                  |                                  |                |                        |               | Yes              |        | No           |
| b    | If "Yes," explain the arrangement in Part XIII a                        |   |                    |                                  |                |                        |               |                  |        |              |
|      |   | ·                                       | C C                |                                  |                |                        |               | Amoun            | t      |              |
| с    | Beginning balance   |   |                    |                                  |                | 1c                     |               |                  |        |              |
| d    | Additions during the year   |   |                    |                                  |                |                        |               |                  |        |              |
|      | Distributions during the year   |   |                    |                                  |                |                        |               |                  |        |              |
| f    | Ending balance  |   |                    |                                  |                | 1f                     |               |                  |        |              |
| 2a   | Did the organization include an amount on Fo                            |   |                    |                                  |                | y?                     |               | Yes              |        | No           |
|      | If "Yes," explain the arrangement in Part XIII.                         |   |                    |                                  |                |                        |               |                  |        |              |
| Par  | t V Endowment Funds. Complete if  | f the organization and                  | swered "Yes"       | on Form 990, Pa                  | art IV, line 1 | 0.                     |               |                  |        |              |
|      |   | (a) Current year                        | <b>(b)</b> Prior y | ear <b>(c)</b> Two y             | ears back      | ( <b>d)</b> Three y    | /ears back    | (e) Four         | years  | back         |
| 1a   | Beginning of year balance   |   |                    |                                  |                |                        |               |                  |        |              |
| b    | Contributions   |   |                    |                                  |                |                        |               |                  |        |              |
| с    | Net investment earnings, gains, and losses                              |   |                    |                                  |                |                        |               |                  |        |              |
| d    | Grants or scholarships  |   |                    |                                  |                |                        |               |                  |        |              |
| е    | Other expenditures for facilities                                       |   |                    |                                  |                |                        |               |                  |        |              |
|      | and programs  |   |                    |                                  |                |                        |               |                  |        |              |
| f    | Administrative expenses   |   |                    |                                  |                |                        |               |                  |        |              |
| g    | End of year balance   |   |                    |                                  |                |                        |               |                  |        |              |
| 2    | Provide the estimated percentage of the curre                           | ent year end balance                    | (line 1g, colu     | mn (a)) held as:                 |                |                        |               |                  |        |              |
| а    | Board designated or quasi-endowment                                     |   | _%                 |                                  |                |                        |               |                  |        |              |
| b    | Permanent endowment   | %                                       |                    |                                  |                |                        |               |                  |        |              |
| с    | Term endowment  | %                                       |                    |                                  |                |                        |               |                  |        |              |
|      | The percentages on lines 2a, 2b, and 2c should                          | uld equal 100%.                         |                    |                                  |                |                        |               |                  |        |              |
| 3a   | Are there endowment funds not in the posses                             | ssion of the organizat                  | tion that are h    | eld and administ                 | tered for the  | e                      |               |                  |        |              |
|      | organization by:  |   |                    |                                  |                |                        |               |                  | Yes    | No           |
|      | (i) Unrelated organizations   |   |                    |                                  |                |                        |               | 3a(i)            |        |              |
|      | (ii) Related organizations  |   |                    |                                  |                |                        |               | 3a(ii)           |        |              |
| b    | If "Yes" on line 3a(ii), are the related organization                   | tions listed as require                 | ed on Schedu       | le R?                            |                |                        |               | 3b               |        |              |
| 4    | Describe in Part XIII the intended uses of the                          |   | vment funds.       |                                  |                |                        |               |                  |        |              |
| Par  | t VI Land, Buildings, and Equipme                                       |   |                    |                                  |                |                        |               |                  |        |              |
|      | Complete if the organization answered                                   |   |                    | 11a. See Form 99                 | 90, Part X, I  | ine 10.                |               |                  |        |              |
|      | Description of property   | <b>(a)</b> Cost or ot<br>basis (investm | -                  | ) Cost or other<br>basis (other) | 1              | cumulate<br>preciation | ed            | ( <b>d)</b> Boo  | k valu | le           |
| 1a   | Land  |   |                    |                                  |                |                        |               |                  |        |              |
|      | Buildings   |   |                    |                                  |                |                        |               |                  |        |              |
|      | Leasehold improvements  |   |                    |                                  |                |                        |               |                  |        |              |
|      | Equipment   |   |                    |                                  |                |                        |               |                  |        |              |
|      | Other   |   |                    |                                  |                |                        |               |                  |        |              |
|      | . Add lines 1a through 1e. (Column (d) must ed                          |   | K. column (B).     | line 10c.)                       |                |                        |               |                  |        | 0.           |
|      |   |   |                    |                                  |                |                        | Schedule      | D (Forn          | n 990) | ) 2022       |

|   | UTURES, INC.                | 84-3                                       | 111259 Page       |
|---|-----------------------------|--|-------------------|
| Part VII Investments - Other Securities.  | an Farm 000 Dart IV/ line : |  |                   |
| Complete if the organization answered "Yes"<br>(a) Description of security or category (including name of security) | (b) Book value              | (c) Method of valuation: Cost or end-of-   | vear market value |
|   | (b) BOOK value              | (C) Method of Valuation. Cost of end-of-   |                   |
| Financial derivatives   |                             |  |                   |
| 2) Closely held equity interests  |                             |  |                   |
| (A) Other   |                             |  |                   |
| (B)   |                             |  |                   |
| (C)   |                             |  |                   |
| (D)   |                             |  |                   |
| (E)   |                             |  |                   |
| (F)   |                             |  |                   |
| (G)   |                             |  |                   |
| (H)   |                             |  |                   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)   |                             |  |                   |
| Part VIII Investments - Program Related.  |                             |  |                   |
| Complete if the organization answered "Yes"   | on Form 990, Part IV, line  | 11c. See Form 990, Part X, line 13.        |                   |
| (a) Description of investment   | (b) Book value              | (c) Method of valuation: Cost or end-of-   | year market value |
| (1)   |                             |  |                   |
| (2)   |                             |  |                   |
| (3)   |                             |  |                   |
| (4)   |                             |  |                   |
| (5)   |                             |  |                   |
| (6)   |                             |  |                   |
| (7)   |                             |  |                   |
| (8)   |                             |  |                   |
| (9)   |                             |  |                   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.                               |                             |  |                   |
| Complete if the organization answered "Yes"   | on Form 000 Dort IV line :  | 11d Sac Form 000 Part V line 15            |                   |
| -   | Description                 | 110. See Form 990, Fait A, line 13.        | (b) Book value    |
|   | Description                 |  |                   |
|   |                             |  |                   |
| (2)   |                             |  |                   |
| (3) (4)   |                             |  |                   |
| (5)   |                             |  |                   |
| (6)   |                             |  |                   |
| (7)   |                             |  |                   |
| (8)   |                             |  |                   |
| (9)   |                             |  |                   |
| otal. (Column (b) must equal Form 990, Part X, col. (B) lin   | e 15.)                      |  |                   |
| Part X Other Liabilities.   |                             |  |                   |
| Complete if the organization answered "Yes"   | on Form 990, Part IV, line  | 11e or 11f. See Form 990, Part X, line 25. |                   |
| . (a) Description of liability  |                             |  | (b) Book value    |
| (1) Federal income taxes  |                             |  |                   |
| (2)   |                             |  |                   |
| (3)   |                             |  |                   |
| (4)   |                             |  |                   |
|   |                             |  |                   |
| (5)   |                             |  |                   |
| (6)<br>(7)  |                             |  |                   |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

X

(8) (9)

| Sche | edule D (Form 990) 2022 KNOWLEDGE FUTURES ,                           | INC.                       | 84-3         | 3111259 Page 4 |
|------|---|----------------------------|--------------|----------------|
| Pa   | rt XI Reconciliation of Revenue per Audited Financi                   | al Statements With Revenue | per Return.  |                |
|      | Complete if the organization answered "Yes" on Form 990, Pa           | art IV, line 12a.          |              |                |
| 1    | Total revenue, gains, and other support per audited financial stateme | ents                       |              | 6,952,778.     |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |                            |              |                |
| а    | Net unrealized gains (losses) on investments                          | 2a                         |              |                |
| b    | Donated services and use of facilities                                | 2b                         |              |                |
| с    | Recoveries of prior year grants                                       | 2c                         |              |                |
| d    | Other (Describe in Part XIII.)  | 2d                         |              |                |
| е    | Add lines 2a through 2d   |                            | 2e           | 0.             |
| 3    | Subtract line 2e from line 1  |                            |              | 6,952,778.     |
| 4    | Amounts included on Form 990, Part 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                         |              |                |
| С    | Add lines 4a and 4b   |                            |              | 0.             |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, | line 12.)                  |              | 6,952,778.     |
| Pa   | rt XII Reconciliation of Expenses per Audited Finance                 |                            | s per Return | 1.             |
|      | Complete if the organization answered "Yes" on Form 990, Pa           |                            |              |                |
| 1    | Total expenses and losses per audited financial statements            |                            |              | 1,271,478.     |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:     |                            |              |                |
| а    | Donated services and use of facilities                                |                            |              |                |
| b    | Prior year adjustments  | 2b                         |              |                |
| С    | Other losses  |                            |              |                |
| d    | Other (Describe in Part XIII.)  |                            |              |                |
| е    | Add lines <b>2a</b> through <b>2d</b>                                 |                            | 2e           | 0.             |
| 3    | Subtract line <b>2e</b> from line <b>1</b>                            |                            | 3            | 1,271,478.     |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:    |                            |              |                |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b      | 4a                         |              |                |
| b    | Other (Describe in Part XIII.)  | 4b                         |              |                |
| с    | Add lines <b>4a</b> and <b>4b</b>                                     |                            |              | 0.             |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part   | I. line 18.)               |              | 1,271,478.     |
| Pa   | rt XIII Supplemental Information.                                     |                            |              |                |

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

PART X, LINE 2:

THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY

MATERIAL, UNCERTAIN TAX POSITIONS. TAX FILINGS FOR PERIODS ENDING JUNE

30, 2020 (INITIAL FILING), AND LATER ARE SUBJECT TO EXAMINATION BY

APPLICABLE TAXING AUTHORITIES.

232054 09-01-22

Schedule D (Form 990) 2022

| SCHEDULE J                 | Compensation Information  | OMB No. 1             | 545-0047   |
|----------------------------|---|-----------------------|------------|
| (Form 990)                 | For certain Officers, Directors, Trustees, Key Employees, and Highest   | 20                    | <b>7</b> 7 |
|                            | Compensated Employees<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.   | 20                    |            |
| Department of the Treasury | Attach to Form 990.   | Open to               |            |
| Internal Revenue Service   | Go to www.irs.gov/Form990 for instructions and the latest information.  | Inspe                 |            |
| Name of the organiz        |   | mployer identificatio |            |
|                            | KNOWLEDGE FUTURES, INC.   | 84-3111259            | )          |
| Part I Quest               | ons Regarding Compensation  |                       |            |
|                            |   |                       | Yes No     |
| 1a Check the appr          | opriate box(es) if the organization provided any of the following to or for a person listed on Form 990   | D,                    |            |
| Part VII, Section          | A, line 1a. Complete Part III to provide any relevant information regarding these items.  |                       |            |
| First-class                | or charter travel Housing allowance or residence for personal   | use                   |            |
| Travel for                 | companions Payments for business use of personal reside   | ence                  |            |
|                            | nification and gross-up payments  |                       |            |
| Discretion                 | ary spending account Personal services (such as maid, chauffeur, c  | chef)                 |            |
|                            |   |                       |            |
| •                          | tes on line 1a are checked, did the organization follow a written policy regarding payment or   |                       |            |
|                            | or provision of all of the expenses described above? If "No," complete Part III to explain  | 1b                    |            |
|                            | ation require substantiation prior to reimbursing or allowing expenses incurred by all directors,   |                       |            |
| trustees, and o            | ficers, including the CEO/Executive Director, regarding the items checked on line 1a?   |                       | _          |
|                            |   |                       |            |
|                            | if any, of the following the organization used to establish the compensation of the organization's  |                       |            |
|                            | Director. Check all that apply. Do not check any boxes for methods used by a related organization t   | to                    |            |
| ·                          | ensation of the CEO/Executive Director, but explain in Part III.  |                       |            |
|                            | tion committee Written employment contract  |                       |            |
|                            | nt compensation consultant  |                       |            |
| <b>X</b> Form 990          | of other organizations $X$ Approval by the board or compensation com  | mittee                |            |
|                            |   |                       |            |
|                            | did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing   |                       |            |
| e e                        | a related organization:   |                       | v          |
|                            | ance payment or change-of-control payment?  |                       | <u> </u>   |
|                            | receive payment from a supplemental nonqualified retirement plan?   |                       |            |
| •                          | receive payment from an equity-based compensation arrangement?  | 4c                    | A          |
| If "Yes" to any            | f lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  |                       |            |
| Only costion F             | 11(a)(2) = $0.1(a)(4)$ and $= 0.1(a)(20)$ argumizations must complete lines = 0   |                       |            |
| -                          | 01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.<br>ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation |                       |            |
|                            |   |                       |            |
| contingent on t            |   | 52                    | x          |
| h Any related are          | ו?<br>מסוג אוניים (1997) אוניים (   | <u>5a</u><br>5b       |            |
|                            | anization?<br>5a or 5b, describe in Part III.   |                       |            |
|                            | ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   |                       |            |
|                            | ne net earnings of:   |                       |            |
|                            |   | 60                    | x          |
|                            | n?  |                       |            |
|                            | anization?<br>5a or 6b, describe in Part III.   |                       |            |
|                            |   |                       |            |
|                            | ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments  | -                     | X          |
|                            | n lines 5 and 6? If "Yes," describe in Part III   |                       |            |
|                            |   |                       | X          |
|                            |   |                       |            |
|                            | 3, did the organization also follow the rebuttable presumption procedure described in   | 9                     |            |
|                            | tion 53.4958-6(c)?<br>k Reduction Act Notice, see the Instructions for Form 990.  | Schedule J (Form      |            |

84-3111259

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

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

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

| (A) Name and Title             |      | (B) Breakdown of W    | /-2 and/or 1099-MIS0 compensation         | C and/or 1099-NEC                         | (C) Retirement and<br>other deferred<br>compensation | (D) Nontaxable<br>benefits | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation<br>in column (B)<br>reported as deferred<br>on prior Form 990 |
|--------------------------------|------|-----------------------|---|---|--|----------------------------|------------------------------------|--|
|                                |      | (i) Base compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation |  |                            |                                    |  |
| (1) ZACH VERDIN                | (i)  | 135,561.              | 0.  | 0.  | 39,902.  | 202.                       | 175,665.                           | 0.   |
| HEAD OF GROWTH AND INNOVATION  | (ii) | 0.                    | 0.  | 0.  | 0.   | 0.                         | 0.                                 | 0.   |
| (2) GABRIEL STEIN              | (i)  | 138,199.              | 0.  | 0.  | 29,896.  | 205.                       | 168,300.                           | 0.   |
| HEAD OF OPERATIONS AND PRODUCT | (ii) | 0.                    | 0.  | 0.  | 0.   | 0.                         | 0.                                 | 0.   |
| (3) TRAVIS RICH                | (i)  | 145,111.              | 0.  | 0.  | 21,121.  | 177.                       | 166,409.                           | 0.   |
| EXECUTIVE DIRECTOR             | (ii) | 0.                    | 0.  | 0.  | 0.   | 0.                         | 0.                                 | 0.   |
| (4) CATHERINE AHEARN           | (i)  | 139,324.              | 0.  | 0.  | 13,701.  | 205.                       | 153,230.                           | 0.   |
| HEAD OF COMMUNITIES            | (ii) | 0.                    | 0.  | 0.  | 0.   | 0.                         | 0.                                 | 0.   |
|                                | (i)  |                       |   |   |  |                            |                                    |  |
|                                | (ii) |                       |   |   |  |                            |                                    |  |
|                                | (i)  |                       |   |   |  |                            |                                    |  |
|                                | (ii) |                       |   |   |  |                            |                                    |  |
|                                | (i)  |                       |   |   |  |                            |                                    |  |
|                                | (ii) |                       |   |   |  |                            |                                    |  |
|                                | (i)  |                       |   |   |  |                            |                                    |  |
|                                | (ii) |                       |   |   |  |                            |                                    |  |
|                                | (i)  |                       |   |   |  |                            |                                    |  |
|                                | (ii) |                       |   |   |  |                            |                                    |  |
|                                | (i)  |                       |   |   |  |                            |                                    |  |
|                                | (ii) |                       |   |   |  |                            |                                    |  |
|                                | (i)  |                       |   |   |  |                            |                                    |  |
|                                | (ii) |                       |   |   |  |                            |                                    |  |
|                                | (i)  |                       |   |   |  |                            |                                    |  |
|                                | (ii) |                       |   |   |  |                            |                                    |  |
|                                | (i)  |                       |   |   |  |                            |                                    |  |
|                                | (ii) |                       |   |   |  |                            |                                    |  |
|                                | (i)  |                       |   |   |  |                            |                                    |  |
|                                | (ii) |                       |   |   |  |                            |                                    |  |
|                                | (i)  |                       |   |   |  |                            |                                    |  |
|                                | (ii) |                       |   |   |  |                            |                                    |  |
|                                | (i)  |                       |   |   |  |                            |                                    |  |
|                                | (ii) |                       |   |   |  |                            |                                    |  |

#### Part III Supplemental Information

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

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



OMB No. 1545-0047

KNOWLEDGE FUTURES, INC.

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

KNOWLEDGE ECONOMY.

FORM 990, PART

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROTOCOL AND SET OF TOOLS FOR BUILDING DISTRIBUTED KNOWLEDGE GRAPHS;

COMMONPLACE, A PUBLICATION THAT DISCUSSES THE DIGITAL INFRASTRUCTURE,

POLICIES, AND CULTURES NEEDED TO DISTRIBUTE, CONSTELLATE, AND AMPLIFY

KNOWLEDGE FOR THE PUBLIC GOOD.

I,

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

THE ORGANIZATION REVIEWED THE 990 WITH THE BOARD PRIOR TO FILING. THE 990

IS REVIEWED AND APPROVED BY BOARD ASYNCHRONOUSLY.

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

AT BEGINNING OF TERM, MEMBERS LIST ALL CONFLICTS OF INTERESTS. IF CONFLICTS ARISE, MEMBERS ARE ASKED TO SEEK OUTSIDE COUNSEL AND RECUSE THEMSELVES FROM DECISIONS AS NEEDED.

FORM 990, PART VI, SECTION B, LINE 15B:

THE ORGANIZATION HAS AN EXECUTIVE COMPENSATION POLICY WHERE BY THE

EXECUTIVE COMMITTEE IS RESPONSIBLE FOR DETERMING THE COMPENSATION PACKAGE

OF TOP EXECUTIVES OF THE ORGANIZATION AND CONDUCTING AN ANNUAL REVIEW TO

ASSESS THE NEED FOR ADJUSTMENTS. THE COMMITTEE MEETS INDEPENDENT OF THE

EXECUTIVE DIRECTOR TO DISCUSS PERFORMANCE, INTERNAL AND EXTERINALY EQUITY,

AN RETENTION OF ITS EXECUTIVE OFFICERS. KFG'S PRIMARY OBJECTIVE IS TO

 PROVIDE
 A
 REASONABLE
 AND
 COMPETITIVE
 EXECUTIVE
 COMPENSATION
 OPPORTUNITY

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

| chedule O (Form 990) 2022<br>ame of the organization      | Pag Employer identification numb |
|---|----------------------------------|
| KNOWLEDGE FUTURES, INC.                                   | 84-3111259                       |
| ONSISTENT WITH MARKET-BASED PRACTICES. IN DOING SO, KFG   | SEEKS TO ENSURE                  |
| HAT PAY IS PERCEIVED TO BE FAIR AND EQUITABLE AND THE PRO | CESS FOR                         |
| ETERMING COMPENSTAION ALGNS WITH ITS MISSION AND VALUES.  |                                  |
| ORM 990, PART VI, SECTION C, LINE 19:                     |                                  |
| O OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.                |                                  |
|   |                                  |
|   |                                  |
|   |                                  |
|   |                                  |
|   |                                  |
|   |                                  |
|   |                                  |
|   |                                  |
|   |                                  |
|   |                                  |
|   |                                  |
|   |                                  |
|   |                                  |
|   |                                  |
|   |                                  |

Schedule O (Form 990) 2022

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

#### File a separate application for each return.

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

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

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

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

| Type or   | Name of exempt organization or other filer, see instruct   | Taxpayer identification number (TIN)     |  |                           |   |                                    |  |  |  |  |
|---|--|--|--|---------------------------|---|------------------------------------|--|--|--|--|
| print   | KNOWLEDGE FUTURES, INC.  | 84-3111259                               |  |                           |   |                                    |  |  |  |  |
| File by the due date for filing your  | Number, street, and room or suite no. If a P.O. box, see instructions.   |  |  |                           |   |                                    |  |  |  |  |
| instructions.   | sturn. See   |  |  |                           |   |                                    |  |  |  |  |
| Enter the   | Return Code for the return that this application is for (file  | e a separat                              | e application for each return)   |                           |   |                                    |  |  |  |  |
| Application   |  | Return                                   | Application  |                           |   | Return                             |  |  |  |  |
| Is For  |  | Code                                     | Is For   |                           |   | Code                               |  |  |  |  |
| Form 990 or Form 990-EZ   |  |  | Form 1041-A  |                           |   | 08                                 |  |  |  |  |
| Form 472  | 0 (individual)   | 03                                       | Form 4720 (other than individual)  |                           |   | 09                                 |  |  |  |  |
| Form 990-PF   |  |  | Form 5227  |                           |   | 10                                 |  |  |  |  |
| Form 990  | -T (sec. 401(a) or 408(a) trust)   | 05                                       | Form 6069  |                           |   | 11                                 |  |  |  |  |
| Form 990  | -T (trust other than above)  | 06                                       | Form 8870  |                           |   | 12                                 |  |  |  |  |
| Form 990  | -T (corporation)   | 07                                       |  |                           |   |                                    |  |  |  |  |
| <ul> <li>If the o</li> <li>If this is</li> <li>box ▶ [</li> <li>1 I red</li> <li>the</li> <li>▶ [</li> <li>2 If th</li> </ul>   | one No. ► <u>617-370-5665</u><br>organization does not have an office or place of business<br>s for a Group Return, enter the organization's four digit C<br>. If it is for part of the group, check this box ►<br>quest an automatic 6-month extension of time until<br>organization named above. The extension is for the orga<br>calendar year or<br>X tax year beginning JUL 1, 2022<br>tax year entered in line 1 is for less than 12 months, ch<br>Change in accounting period | Aroup Exe and atta NOVEN nization's , an | mption Number (GEN) If<br>ch a list with the names and TINs of<br><u>(IBER 15, 2023</u> , to file<br>return for:<br>d ending | f this is fo<br>all membo | r the whole<br>ers the exte<br>npt organiza<br> | group, check this<br>nsion is for. |  |  |  |  |
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   |  |  |  |                           |   | 0.                                 |  |  |  |  |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and<br>estimated tax payments made. Include any prior year overpayment allowed as a credit.       |  |  |  |                           |   | 0.                                 |  |  |  |  |
|   |  |  |  | <u>3b</u>                 | \$  | <u> </u>                           |  |  |  |  |
| <ul> <li>Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by<br/>using EFTPS (Electronic Federal Tax Payment System). See instructions.</li> </ul> |  |  |  |                           |   | 0.                                 |  |  |  |  |
|   | If you are going to make an electronic funds withdrawal  |  |  | <b>3c</b><br>53-TE and    | d Form 8879                                     | -                                  |  |  |  |  |

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

Form 8868 (Rev. 1-2022)