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CLIENT'S COPY



Core Knowledge Charter School Foundation 1725 Sharp Point Dr Fort Collins, CO 80525 Attention: Peter Kast

Dear Peter:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than by May 16, 2022 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial
 accounts and foreign activity. Please make sure you have informed us of any foreign financial
 accounts or foreign activity so that we have the necessary information to complete any required
 disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP



FOR YEAR ENDED JUNE 30, 2021

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization For calendar year 2020, or fiscal year beginning __JUL_1____, 2020, and ending __JUN_30___,

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service		o not send to the IRS. Keep for ww.irs.gov/Form8879EO for the	your red	cords.	22	2020
Name of exempt organization o	r person subject to tax	The state of the s	- iatest l	mormation.	Taxpaver iden	tification number
CORE KNOWLEDGE	CHADMED COMO				,, ayon naon	modifier number
CORE KNOWLEDGE Name and title of officer or pers	on subject to tax	L FOUNDATION			84-135	4344
PETER KAST	on subject to tax					-011
PRESIDENT/TREA	SURER					
Part I Type of R	eturn and Return Info	rmation (Whole Dollars Only				
Officer the box for the refurn	for which you are uning the					
check the box on line 1a, 2a	1, 3a, 4a, 5a, 6a, or 7a below	Form 8879-EO and enter the ap	plicable	amount, if any, from	m the return. If	you
blank, then leave line 1b, 2b return, then enter -0- on the	, 3b , 4b , 5b , 6b , or 7b , whice applicable line below. Do no	hever is applicable, blank (do no ot complete more than one line in	t enter -0	arn being filed with)-). But, if you enter	this form was ed -0- on the	
1a Form 990 check here	▶ X b Total revenue	, if any (Form 990, Part VIII, colui	mn (A) li	ma 10\		
2a Form 990-EZ check her	e D Total reve	nue, if any (Form 990-EZ, line 9)	11111 (A), III	ne 12)	1b	422,668.
3a Form 1120-POL check	here b Total t	ax (Form 1120-POL, line 22)			2b	
4a Form 990-PF check her	e ▶ b Tax based	on investment income (Form 9 ue (Form 8868, line 3c)	990-PF F	Part VI line 5)	3b	
5a Form 8868 check here	b Balance d	ue (Form 8868, line 3c) Form 990-T, Part III, line 4)		art vi, iiile 5)	4b	
6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)			5b	
7a Form 4720 check here Part II Declaratio	b Total tax (Form 4720, Part III, line 1) Orization of Officer or Pe			6D	
Index penaltics of a in	n and Signature Auth	orization of Officer or Pe	erson S	bubject to Tax	/D	
(name of experient)	declare that X I am an of	ficer of the above organization or	r	l am a person subje	act to tay with	room t t
(name of organization)		es and statements, and, to the bount in Part I above is the amoun	(EIN)	a perden dubje	or to tax with	respect to I have examined a cop
PIN: check one box only	my signature for the electro	ent at 1-888-353-4537 no later th involved in the processing of the d resolve issues related to the pa nic return and, if applicable, the	consent	to electronic funds	ersonal withdrawal.	
Tauthorize CLIF	TONLARSONALLEN			to	enter my PIN	57428
		ERO firm name			The second second	Enter five numbers, but
as my signature						do not optor all serve
PIN on the return's of As an officer or perselectronically filed re	disclosure consent screen. son subject to tax with respecturn. If I have indicated with	ally filed return. If I have indicated the IRS Fed/State program, I all ct to the organization, I will enter in this return that a copy of the program, I will enter my PIN on the results.	r my PIN	as my signature or	oned ERO to e	nter my
Signature of officer or person subject to to						
Part III Certification	n and Authentication				Date >	
ERO's EFIN/PIN. Enter your s		10 - N - N				
number (EFIN) followed by you	ir five-digit self-selected DIA	ification	0.45	000===	A DOME	- 1/2 can dis-
, , , , , , , , , , , , , , , , , , , ,	. IIVo digit sch-selected FIN.	<u> </u>		80355902		
I certify that the above numeric	entry is my PIN which is m	y signature on the 2020 electron		ot enter all zeros		
IRS e-file Providers for Busines	ss Returns.	merients of Pub. 4163, Modern	nically file	ed return indicated a ile (MeF) Information	above. I confir n for Authorize	m d
RO's signature ► CLIFTOI	NLARSONALLEN L	LP		Date ▶ _ 05/01	1/22	
	ERO Must	Retain This Form - See I			- 44	
	Do Not Submit This	Form to the IRS Unless	Pegus	cted To De C		
HA For Panarroad B			neque	sted to Do So		
_HA For Paperwork Reduction	on Act Notice, see instruct	ions.			Form	8879-EO (2020)

Form **8868**

(Rev. January 2020)

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. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

	atic 6-Month Extension of Time. Only subr	mit origin	al (no copies peeded)			
All corpor	rations required to file an income tax return other than F	Orm 990.T	(including 1100 O files)			
must use	Form 7004 to request an extension of time to file incon	ne tax retu	rns.	hips, REMIC	Os, and trusts	
Type or	Name of exempt organization or other filer, see instru	uctions.		Taxpaye	er identification	number (TIN)
print	CORE KNOWLEDGE CHARMED GOVE	001 70				(1114)
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	OOL FC	DUNDATION		84-135	4344
filing your	1725 SHARP POINT DR	see instruc	tions.			
return, See instructions.	City, town or post office, state, and ZIP code. For a f	foreign add	ross and instructions			
	FORT COLLINS, CO 80525	oreigir add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	le a separa	te application for each return			
Application	on	Return	Application			0 1
Is For		Code	Is For			Return
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			Code
Form 990		02	Form 1041-A			07
West Contract	0 (individual)	03	Form 4720 (other than individua)		08
Form 990-		04	Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	T (trust other than above) SARAH SIEGRIST	06	Form 8870 0 SOUTH QUEBEC ST			10
Telephe If the o	one No. 719-510-4391 rganization does not have an office or place of business for a Group Return, enter the organization's four digit	s in the Uni Group Exe	Fax No. ted States, check this box mption Number (GEN)	. If this is fo	or the whole are	Dup, check this
oox 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs	of all memb	ers the extensi	on is for.
the o	uest an automatic 6-month extension of time until	MA) anization's	7 16, 2022 to	file the exen	npt organizatio	
2 If the	e tax year entered in line 1 is for less than 12 months, cl Change in accounting period	heck reaso	n: Initial return	Final retu	rn	
		or 6069. e	nter the tentative tax less			
3a If thi	s application is for Forms 990-BL, 990-PF, 990-T, 4720.		tan, 1000	3a	\$	0
3a If thi	s application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.				Ψ	
3a If thi	nonrefundable credits. See instructions. s application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and	Ja		0.
3a If thi any b If thi estin	nonrefundable credits. See instructions. s application is for Forms 990-PF, 990-T, 4720, or 6069 nated tax payments made. Include any prior year overp.	ayment allo	owed as a credit.		s	
3a If thi any i b If thi estin c Bala	nonrefundable credits. See instructions. s application is for Forms 990-PF, 990-T, 4720, or 6069 nated tax payments made. Include any prior year overp nce due. Subtract line 3b from line 3a. Include your pa	ayment allo yment with	owed as a credit.	3b	\$	0.
3a If thi any b If thi estin c Bala	nonrefundable credits. See instructions. s application is for Forms 990-PF, 990-T, 4720, or 6069	ayment allo yment with	owed as a credit. this form, if required, by	3b	¢	0.

023841 04-01-20

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning UL 1, 2020

C Name of organization

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

and ending JUN 30,

Check if applicable: D Employer identification number Address change CORE KNOWLEDGE CHARTER SCHOOL FOUNDATION Name change Doing business as Initial return 84-1354344 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1725 SHARP POINT DR 970-672-5823 City or town, state or province, country, and ZIP or foreign postal code Amended return G Gross receipts \$ 422,668. FORT COLLINS, CO 80525 H(a) Is this a group return Applica-F Name and address of principal officer: PETER KAST pending for subordinates? SAME AS C ABOVE Yes X No H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► N/A H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 1996 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: ADVANCE OPPORTUNITIES FOR Governance INNOVATION BY SUPPORTING CO'S CHARTER SCHOOLS. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Activities & Total number of individuals employed in calendar year 2020 (Part V, line 2a) 4 4 Total number of volunteers (estimate if necessary) 5 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 6 25 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7a 0. **Prior Year** Contributions and grants (Part VIII, line 1h) **Current Year** 304,031. 407,425. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 1,273. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,295. 10,035. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12,948. 315,339. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 422,668. 439,000. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,000. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0 . 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0 . 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,517. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 21,390. 450,517. 23,390. 19 Revenue less expenses. Subtract line 18 from line 12 -135,178.399,278. 0 **Beginning of Current Year** 20 Total assets (Part X, line 16) **End of Year** 339,372. 637,002. 21 Total liabilities (Part X, line 26) 101,648. 0. Net assets or fund balances. Subtract line 21 from line 20 237,724. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Date PETER KAST, PRESIDENT/TREASURER Here Type or print name and title Print/Type preparer's name Preparer's signature PTIN Paid BECKY DETTMANN BECKY DETTMANN 05/01/22 P01408585 self-employed Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749 Use Only Firm's address 8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111 Phone no. (303) 779-5710 May the IRS discuss this return with the preparer shown above? See instructions 032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. X Yes Form 990 (2020)

P	Part III Statement of Program Service Accomplishments 84-1354344	Page 2
	Check if Schedule O contains a response or pate to any live in the	
1	anony describe the ordanization's mission.	
	THE COLORADO LEAGUE OF CHARTER CONOCICL ASSESSMENT	
	THE COLORADO LEAGUE OF CHARTER SCHOOLS' MISSION IS TO IMPROVE STUDENT	1
	ACHIEVEMENT, EXPAND CHOICES AMONG HIGH QUALITY PUBLIC SCHOOLS, AND POSITIVELY ADVANCE OPPORTUNITIES FOR INNOVATION BY SERVING AND SUPPORTING COLORADO'S CHARTER SCHOOLS	
	SUPPORTING COLORADO'S CHARTER SCHOOLS.	
2	Did the organization undertake any significant program as a second secon	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	X No
3		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X No
4	Describe the organization on Schedule O.	140
	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 expenses.	
		,
4a	1 g am service reported.	4
Ta		0.)
	PROVIDE SUPPORT FOR CORE KNOWLEDGE CHARTER SCHOOL.	<u> </u>
		_
4b	(Code:) (Expenses \$ including exacts (6	
	(Code:) (Expenses \$	1
		_
4c	(Code:) (Expenses \$including grants of \$	
	(Code:) (Expenses \$)
		- 10
		3
6		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$	
4e	Total program service expenses ► 23,324.	
2002	12-23-20 Form 990	(2020)

# "Yes," complete Schedule A Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public order of it in the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public order of it in the organization engage in lobolying activities on the half of or in opposition to candidates for public order of it in the organization engage in lobolying activities on behalf of or in opposition to candidates for during the tax year? if "ites," complete Schedule C, "Part II" Section 501(c)(51) organization assection 501(c)(4), 501(c)(6), 50		Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Ye	No
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 D, Part II 4 Section 90 (Ic(SI) organizations. Did the organization engage in lobbying activities, or have a section 50 (It) decitor in effect during the tax year? If Yes, complete Schedule C, Part II 5 Is the organization associan 50 (Ic(SI), 50 (Ic(SI), 50 (Ic(SI), 50 (Ic(SI), 50 (Ic(SI)), 50 (Ic(SI), 50 (Ic(S					
public office? If 'Pes, 'complete Schedule C, Part I Section 501(50) agrantations. Did the organization engage in lobbying activities, or have a section 501(9) electron in effect during the tax year? If 'Pes, 'complete Schedule C, Part II Is the organization as estorion 501(4), 501(6)(5), co 501(6)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 II "Pes, 'complete Schedule C, Part III 5 Did the organization and an organization are procedure 98-197 II "Pes, 'complete Schedule C, Part III 1 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historic and erase, or historic structure? II "Pes, 'complete Schedule D, Part II III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, 'complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not issed in Part X, or provide credit cusseling, did the management, or edit megality, serve as a custodian for amounts not issed in Part X, or provide credit cusseling, did the management, or edit megality, serve as a custodian for amounts not issed in Part X, or provide credit cusseling, did the management, or edit megality, serve as a custodian for amounts not issed in Part X, or provide credit cusseling, and the management, or edit megality, serve as a custodian for amounts not issed in Part X, or provide receivations and the serve of the solid assets reported in Part X, line 167 If "Yes," complete Schedule D, Part V III Did the organization report an amount for other sessets in Part X, line 15, that is 5% or more of its total assets reported in Part X		Is the organization required to complete Schedule B. Schedule of Contributors?	1		
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? "I" Yes," complete Schedule C, Part II. Is the organization a section 501(h), 501(c)(s), 501(c)(s), or	3	Did the organization engage in direct or indirect political campaign activities on hebalf of or in apposition to	. 2	X	
during the tax year? If "Yes," complete Schedule C, Part II Is the organization as settins of 501(s)(4, 501 (s)(5), or 901(s)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-197 If "Yes," complete Schedule C, Part III 5	4		3		x
5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96:197 #'ves," complete Schedule C, Part III 5 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 O, Part II 7 Did the organization region and accounts on the control of the environment, historical areas, or historical treasures, or other similar assets for "Yes," complete Schedule D, Part III 8 Did the organization proport an amount for Part X, line 21, for secrow 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? 10 Did the organization proport an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V II the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V III the organization report an amount for investments or be recurrises in Part X, line 107 If "Yes," complete Schedule D, Part V III the organization report an amount for investments or the securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part V III Did the organization report an amount for other assets in Part X, line 157 If "Yes," complete Schedule D, Part V III Did the organization report an amount for investments or the tax year include a footnote that addressess the part X, line 167 If "Yes," complete Schedule D, Part V III Did the organization report an amount for other assets in Part X, line 157 If "Yes," complete Schedule D, Part X III Did the organization report an amount for other lastitities in Part X, line 157 If "Yes," complete Schedule III Depth Yes, organization		during the tax year? If "Yes " complete School to C. D. L. III	t		
similar amounts as defined in Revenue Procedure 98-197 # "Yes," complete Schedule C, Part III 5	5		4		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts of which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I he environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II So Did the organization receive or hold a conservation easement, including easements to preserve open space, which is the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II So Part III So Did the organization peror an amount in Part X, line 21, for escrow or outstodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, dobt management, credit repair, or debt negotiation services? 10 Did the organization in export on a mount in Part X, line 21, for escrow or outstodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, dobt management, credit repair, or debt negotiation services? 11 If the organization in export on a mount for lives the country of the organization in export or any of the following questions is "Yes," then complete Schedule D, Part V V. III. He 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 VIII. VII		similar amounts as defined in Revenue Procedure 09 100 and a similar amounts as defined in Revenue Procedure 09 100 and a similar amounts as defined in Revenue Procedure 09 100 and a similar amounts as defined in Revenue Procedure 09 100 and a similar amounts as defined in Revenue Procedure 09 100 and a similar amounts as defined in Revenue Procedure 09 100 and a similar amounts as defined in Revenue Procedure 09 100 and a similar amounts as defined in Revenue Procedure 09 100 and a similar amounts as defined in Revenue Procedure 09 100 and a similar amounts as defined in Revenue Procedure 09 100 and a similar amounts as defined in Revenue Procedure 09 100 and a similar amounts as defined in Revenue Procedure 09 100 and a similar amounts as defined in Revenue Procedure 09 100 and a similar amounts as defined in Revenue Procedure 09 100 and a similar amounts as defined in Revenue Procedure 09 100 and a similar amounts as defined in Revenue Procedure 09 100 and a similar amounts as defined in Revenue Procedure 09 100 and a similar amounts as defined in Revenue Procedure 09 100 and a similar amounts are defined in Revenue Procedure 09 100 and a similar amounts are defined in Revenue Procedure 09 100 and a similar amounts are defined in Revenue Procedure 09 100 and a similar amounts are defined in Revenue Procedure 09 100 and a similar amounts are defined in Revenue 00 and a similar amounts are defined in Revenue 00 and a similar amounts are defined in Revenue 00 and a similar amounts are defined in Revenue 00 and a similar amounts are defined in Revenue 00 and a similar amounts are defined in Revenue 00 and a similar amounts are defined in Revenue 00 and a similar amounts are defined in Revenue 00 and a similar amounts are defined in Revenue 00 and a similar amounts are defined in Revenue 00 and a similar amounts are defined in Revenue 00 and a similar amounts are defined in Revenue 00 and a similar amounts are defined in Revenue 00 and a similar amounts are defined in Revenue 00 and a similar amounts are defined	1		
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If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 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? 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 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 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 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X To the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		Torrodalo D, Tarts XI allu XII			
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or more? If "Yes," complete Schedule F, Parts I and IV 14b X 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 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 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization of Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did Tarts I and III 23 Did Tarts I and III 24 Did Tarts I and III 25 Did Tarts I and III 26 Did Tarts I and III 27 Did Tarts I and III 28 Did Tarts I and III 29 Did Tarts I and III 20 Did Tarts I and III 20 Did Tarts I and III 20 Did Tarts I and III 21 Did Tarts I and III 22 Did Tarts I and III 23 Did Tarts I and III 24 Did Tarts I and III 25 Did Tarts I and III 26 Did Tarts I and III 27 Did Tarts I and III 28 Did Tarts I and III 29 Did Tarts I and III 20 Did Tarts I and III 20 Did Tart	b		14a		X
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Zob 20c Zob 2	19	The first of the f	18		X
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II.	20a		19		
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II 32003 12-23-20 21 X					X_
032003 12-23-20 21 X	-	bid the digalization report more than \$5,000 of grants or other assistance to any domestic annual control of the control of th	20b		
		domestic government on Part IX, column (A), line 1? If "Yes " complete Selective I Box is the second or			1320
	032003	12-23-20			

22	and a garnization report more man \$5 mon of greater as all a		Ye	s I
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 assets.	22	+	+
24	a Did the organization have a tax-exempt hond in	23		1
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			+
	Schedule K, If "No " go to line 250			
1	Did the organization invest any proceeds of tax overmet band.	24a		1
(Did the organization maintain an escrew account other than a confidence of the confi	24b		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization.	24c		_
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		_
				1.
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		1 2
	the organization's prior Forms 990 or 990-F72			
6	Schedule L, Part I Did the organization report any amount on Part X. line 5 or 22, for receively a few sections and the section of 990-EZ? If "Yes," complete	25b		
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		2
7	or farmly member of any of these persons? It may member of the members	26		X
	Provide a gigit of other assistance to any other as to			-
8	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
а	A current of former officer, director, trustee, key employee, creator or founder, expendent of the control of t			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a.	28a		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		X
	· · · · · · · · · · · · · · · · · · ·			
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar	28c		X
,	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		X
		30		v
2	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
		01		- 21
		32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
ļ	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
	Part V, line 1		-	
a	Part V, line 1	34		X
~	to life 55a, did the organization receive any payment from or angent in	35a		X
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	_	
				**
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-	X
	and the state of the partition of the state	07		37
		37	-	X
art	The second state of the second	38	x	
	- and the state of	30	Δ	
	Check if Schedule O contains a response or note to any line in this Part V		[
a E	enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Y	es	No
, ,	ther the number of Forms W-2G included in line 12. Enter 0, if not apply 14.			
2	signification comply with backup withholding rules for reportable payments to word			
((gambling) winnings to prize winners?	1c		

	- (Continued)			
:	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	N
	and state year entitled with or within the year covered but to			
		0		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) a Did the organization have unrelated business gross income of \$1,000 are required.	2b		
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?			
	The first of the f	3a		X
4	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b		
	b If "Yes," enter the name of the foreign country	4a		X
	See instructions for filing requirements for FinCEN Form 114 Populations			
5	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
		5a		X
1	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100.000.	5b		X
6	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
	If Yes," did the organization include with every solicitation an express statement that such	6a		X
7	Organizations that may receive deductible contributions under section 170(c).	6b		
	bid the organization receive a payment in excess of \$75 made partly as a contribution and partly to			
ı	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		X
(and organization sell, exchange, or otherwise dispose of tangible never and	7b		
•	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive and forms 8282 filed during the year	7c		X
•	Did the organization receive any funds, directly or indirectly to pay promiting any			
f	during the year, pay premiums directly or indirectly on a second second	7e		X
9	Samuel 1 cocked a contribution of distilled intellectual property did the	7f		X
h	a contribution of cals, poals, airplanes or other vehicles alial it	7g		
8	The state of the s	7h		_
9	organization have excess business holdings at any time during the year?	0		
20	sponsoring organizations maintaining donor advised funds.	8		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to the sponsoring organization make any taxable distributions under section 4966?	9a		
10	or garried in make a distribution to a donor, donor advisor, or related paragraph	9b		
а	occurry organizations. Enter:	30		
b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 200, Part VIII III, and a feet VIII III			
11	specific products of Form 990, Part VIII, line 12, for public use of club facilities			
ı.	of to the total of			
b	Gross income from members or shareholders Gross income from other sources (Do not not amounts also			
_				
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling.			
b		12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified beauty along the state of the state			
	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization.	13a		
b	Note: See the instructions for additional information the organization must report on Schedule O. 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			
С	organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indeed to indeed to indicate in which the			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a	X	
		14b		
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X	
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			
	If "Yes," complete Form 4720, Schedule O.	16	X	_
			00	
		Form 9	90 (202	20)

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.

	ction A. Governing Body and Management			X
1:	Enter the number of voting members of the governing body at the end of the tax year		Ye	s No
	in the care material uniterences in voting rights among members of the governing back.	4		
	a subjected broad authority to all executive committee or similar commit			
ł	and the most of voting members included on line 1a, above, who are independent.			
2	y all cotor, trustee, or key employee have a family relationship or a business at the	4		
3	Did the organization delegate control over management duties customarily a reference to the control over management duties customarily a reference to the control over management duties customarily a reference to the control over management duties customarily a reference to the control over management duties customarily a reference to the control over management duties customarily a reference to the control over management duties customarily a reference to the control over management duties customarily a reference to the control over management duties customarily a reference to the control over management duties customarily a reference to the control over management duties customarily a reference to the control over management duties customarily a reference to the control over management duties customarily a reference to the control over management duties customarily a reference to the control over management duties and the control over management duties customarily a reference to the control over management duties and the control over management duties an	2		X
4	and organization make any significant changes to its governing.	3		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	. 4		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect the stockholders.			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X
	and an area governing body?			
b		78		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7k		X
а			77	
a	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Boot VIII. 0.	8a		
9	is there any officer, director, trustee, or key employee listed in Part VII. Section A	8b	X	
500				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X
100	Did the access of the second o		V	T
h	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the	108	Yes	No X
D		100		A
	to dilotto titeli operationis are consistent with the exceptant	10k		
h	the digarization provided a complete copy of this Form 990 to all members of its generalists.	112		Х
		116		A
120	the organization have a written conflict of interest policy?	12a	X	
		12b		Х
·	and enforce compliance with the policy? If "Yes " describe	12.0		-21
	an estretatic of now this was done	120		x
14	5 WHITE WHISTEDIOWEL DOILCY?	13	X	
	a written document retention and destruction policy?	14	X	
	persons include a review and a serious and a		633	
а	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official			
b	()Ther officers or less and less and less are less and less are l	15a		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		X
16a				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
b	If "Yes," did the organization follows a written policy or a pro-	16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
70	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
Sect	ion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1033 (1004 and 1004 A.)			
1	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.	only)	availab	ole
	Own website Apath will see these available. Office all that apply.			
19	Describe on Schedule O whether (and if so, how) the organization made its source its source in the described of the control of			
:	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	financ	cial	
20 3	State the name, address, and telephone number of the person who possesses the average in the control of the person who possesses the average in the control of the person who possesses the average in the person who person who person who person who person who person in the person			
-	DIDGRIDI /13-310-4391			
(500 SOUTH OURBEC CODERM CUITAR 444			
	12-23-20 GENERAL SUITE III, CENTENNIAL, CO 80111		000	
		Form	990 (2020)

Form	aan	(2020)
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CORE KNOWLEDGE CHARTER SCHOOL FOUNDATION

84-1354344

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

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

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

- 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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 instructions for the order in which to list the persons above.

X Check this box if neither the organization r (A) Name and title	(B) Average hours per week	(do	not o	Pos	sition		one	(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer .	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) PETER KAST	0.50	_	_	0	~	王高	2			
PRESIDENT/TREASURER		X		X				0.	0.	
(2) MAUREEN SCHAFFER	0.50							0.	0.	0
SECRETARY (3) RANDY EVERETT		X		X				0.	0.	0
DIRECTOR	0.50								0.	0
(4) LAUREN VAN MAREN		X						0.	0.	0
DIRECTOR	0.50									U
		X	-					0.	0.	0
		+	+		-					
		-	1		+	+	+			
		+	+		1		+			
		-		1	+		+			
		1		1	1	1				
		+	1	1	+					

Form 990 (2020)

			Check if Schedule	- contains a	resport	se or note to any li	ne in this Part VIII			
	_						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under
Contributions, Gifts, Grants	nts		Federated campaigns		1a					sections 512 - 51
Gra	9		Membership dues		1b					
fts,	4	C			1c					
5	Z Z	d	J. Janizacionis		1d					
Suc		e	Government grants (cor	tributions)	1e					
Ħ		T	All other contributions, gifts	s, grants, and	1 1					
trib G	3	~	similar amounts not include	ed above	1f	407,425.				
00.0		g	The state of the s	in lines 1a-1f	1g \$					
	T	-	Total. Add lines 1a-1f				407,425.			
Ф		2 a				Business Code				
Z Z		b								
Program Service		С		27						
am		d								
P C C	1	е								
ď		f	All other program service	revenue						
		g	Total. Add lines 2a-2f		**********	D				
	:	3	investment income (inclu	idina divider	ds inte	rest and				
			other similar amounts)				2,295.			Name and America
	4	4	income from investment	of tax-exem	ot bond	proceeds	2,255.			2,295.
9		5	Royalties							
				(i)	Real	(ii) Personal				
	•		Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
	7	d ' a	Net rental income or (loss							
	•		Gross amount from sales of assets other than inventory		curities	(ii) Other				
			Less: cost or other basis	7a						
0			and sales expenses	1_1						
en			Gain or (loss)							
è.		d	Net gain or (loss)	70						
Other Revenue	8	а	Gross income from fundraising	na events (no	, F					
₹			including \$		of					
			contributions reported on	line 1c). See						
			Part IV, line 18		82					
- 1		D	Less: direct expenses		8b					
		C	Net income or (loss) from t	fundraising e	events					
	9	a	Gross income from gaming	g activities.	See					
			Part IV, line 19		9a					
-		b l	Less: direct expenses		9b					
	40	C	Net income or (loss) from (gaming activ	ities	>				
	IU	a (Gross sales of inventory, le	ess returns						
1		hl	and allowances	••••••	10a					
		C 1	ess: cost of goods sold		10b					
+		<u>U</u> 1	Net income or (loss) from s	ales of inver	ntory					
	11	a N	MERCHANT REBAT	PEC		Business Code				
Revenue		a <u>-</u>	TEDA!	LTO		900099	12,948.			12,948.
эле		с –								,
P		-	All other revenue		_					
		e T	otal. Add lines 11a-11d				12 040			
1	2	Т	otal revenue. See instruction	ıs			12,948.			
009							422,668.	0.	0.	15,243.

Form 990 (2020) CORE KNOWLEDGE CHARTER SCHOOL FOUNDATION Part IX | Statement of Functional Expenses 84-1354344 Page 10 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (A) Total expenses (B) Program service 7b, 8b, 9b, and 10b of Part VIII. (**D**) Fundraising Management and Grants and other assistance to domestic organizations expenses general expenses expenses and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 2,000. 2,000. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): 11 a Management b Legal c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 17,710. 17,644. 66. Information technology 14 3,680. 3,680. Royalties 15 Occupancy 16 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) b C d e All other expenses Total functional expenses. Add lines 1 through 24e 23,390. 23,324. 66.

0.

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)

Part X **Balance Sheet** 84-1354344 Page 11 Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year Cash · non-interest-bearing 293,593. Savings and temporary cash investments 589,063. 1 45,779. 3 Pledges and grants receivable, net 2 47,939. Accounts receivable, net 3 Loans and other receivables from any current or former officer, director, 4 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 5 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 6 Inventories for sale or use 7 Prepaid expenses and deferred charges 8 10a Land, buildings, and equipment: cost or other 9 basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities Investments - other securities. See Part IV, line 11 11 12 Investments - program-related. See Part IV, line 11 12 13 Intangible assets 13 14 Other assets. See Part IV, line 11 15 14 16 15 Total assets. Add lines 1 through 15 (must equal line 33) 339,372. Accounts payable and accrued expenses 16 637,002. 1,648. 18 Grants payable 17 Deferred revenue 18 19 Tax-exempt bond liabilities 19 20 Escrow or custodial account liability. Complete Part IV of Schedule D 20 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 22 23 Unsecured notes and loans payable to unrelated third parties 23 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 100,000. 25 0. Total liabilities. Add lines 17 through 25 101,648. 26 0. Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions 27 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗓 and complete lines 29 through 33. Capital stock or trust principal, or current funds 0. 0. Paid-in or capital surplus, or land, building, or equipment fund 29 0. Retained earnings, endowment, accumulated income, or other funds 30 0. 237,724. 237,724. 637,002. Total net assets or fund balances 31 32 637,002. Total liabilities and net assets/fund balances

637,002. Form 990 (2020)

339,372.

Pa	rt XI Reconciliation of Net Assets	84-13	54344	F	age 12
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)				
2	Otal expenses (must equal Port IV ash (A) !!	1			668.
3	Revenue less expenses, Subtract line 2 from line 1	2			390.
4	Net assets or fund balances at beginning of year (must equal Part V. line 30, and w. (A))	3			278.
5	and flooded out life alliens	4	23	7,	724.
6	Donated services and use of facilities Investment expenses	5			
7	Investment expenses Prior period adjustments	6			
8	Prior period adjustments Other changes in net assets or fund balances (explain on School I. O.)	7			
9	Other changes in net assets or fund balances (explain on Schedule O)	8			
10	Net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	9			0.
	Coldifii (D))				
Pai	t XII Financial Statements and Reporting	10		7,0	002.
	Check if Schedule O contains a response or note to any line in this Part XII				X
	Accounting method used to prepare the Form 990:	on a	2a	Yes	X
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent assume to the review.		2c	x	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Act and OMB Circular A-133?	dule O. le Audit			77
b	res, did the organization undergo the required audit or audits? If the organization did not used	d audit	3a		X
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number CORE KNOWLEDGE CHARTER SCHOOL FOUNDATION Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 84-1354344 The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other organization (described on lines 1-10 support (see instructions) above (see instructions)) support (see instructions) Total LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 CORE KNOWLEDGE CHARTER SCHOOL FOUNDATION 84-1354344 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization Section A. Public Support

Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(=) 0000	
1	Gifts, grants, contributions, and			15,2510	(u) 2019	(e) 2020	(f) Total
	membership fees received. (Do not						
_	include any "unusual grants.")	33,596.	107,049.	234,967.	304,031.	407,425.	100705
2	Tax revenues levied for the organ-				301,031.	407,425.	1087068
	ization's benefit and either paid to						
_	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	33,596.	107,049.	234,967.	304,031.	407,425.	1087068
5	The portion of total contributions					107,423.	100/068
	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,						
e	column (f)						52,668
Sec	Public support. Subtract line 5 from line 4. Ction B. Total Support						1034400
							1034400
7	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
8	Amounts from line 4 Gross income from interest,	33,596.	107,049.	234,967.	304,031.	407,425.	1087068
0							2007000
	dividends, payments received on						
	securities loans, rents, royalties,	20					
9	and income from similar sources	32.	230.	11.	1,273.	2,295.	3,841
J	Net income from unrelated business						3,011
	activities, whether or not the				,-1		
ın	business is regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						300
	assets (Explain in Part VI.)	15 020	45 000				
	Total support. Add lines 7 through 10	15,930.	15,383.	11,925.	10,035.	12,948.	66,221.
2	Gross receipts from rolated activities						1157130
3	Gross receipts from related activities, e	tc. (see instruction	ns)			12	208,252
•	First 5 years. If the Form 990 is for the organization, check this box and stop I	organization's firs	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	1(c)(3)	
ec	tion C. Computation of Public	Support Perc	entage				
4	Public support percentage for 2020 (line	6 column (f) di					
5	Public support percentage from 2019 S	chedulo A. Dort II	line 11, co	lumn (f))		14	89.39
6a	Public support percentage from 2019 S 33 1/3% support test - 2020. If the ord	sanization did not	, line 14		L	15	87.58 9
	33 1/3% support test - 2020. If the org stop here. The organization qualifies as	a publicly suppor	tod examination	line 13, and line 14	l is 33 1/3% or mo	re, check this box a	and
b	33 1/3% support test - 2019. If the organization qualifier	anization did not	chack a bay an iin	- 10 - 10 - 10			▶ X
	and stop here. The organization qualifie	es as a publicly su	prorted organizati	e 13 or 16a, and III	ne 15 is 33 1/3% o	r more, check this	box
7a	10% -facts-and-circumstances test -	2020. If the organ	pported organizati	on			
	and if the organization meets the facts-a	nd-circumstances	test check this h	eck a box on line 1	3, 16a, or 16b, an	d line 14 is 10% or	more,
		THE UIUAIIIZALION	Ulialities as a num	ICIV CUIDACHAN	CANADA CONTRACTOR OF THE PROPERTY OF THE PROPE		
	10 /0 -lacts-aliu-circumstances test - 2	2019. If the organ	nization did not ch	ook a bay an line d	0 40 40		>
ı	more, and if the organization meets the	facts-and-circums	tances test check	this box and ine 1	3, 16a, 16b, or 17	a, and line 15 is 10	% or
	S and the lacts and circuit	Statices test the	Organization qualit	100 00 0 11 11 1			<u> </u>
	Private foundation. If the organization of	did not about 1	- garnzation quali	ico ao a publiciy si	upported organizat	tion	
3 1	in the organization of	alu flot check a ho	X On line 12 16-	16h 17a 17			

Schedule A (Form 990 or 990-EZ) 2020 CORE KNOWLEDGE CHARTER SCHOOL FOUNDATION 84-1354344 Page 3

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.)

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	1	T was an are
1 Gifts, grants, contributions, and			(0/2010	(u) 2019	(e) 2020	(f) Total
membership fees received. (Do not						
include any "unusual grants.") 2 Gross receipts from admissions						
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						
Tailed of scrivices of facilities				14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and					4 1 1 1 1 1 1 1 1	
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						42
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) ection B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(6) T-1-1
9 Amounts from line 6 Da Gross income from interest,				(4) 2010	(e) 2020	(f) Total
dividends, payments received on						
Securities loans rents royalties						
and income from similar sources	The second second					
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975	-					
c Add lines 10a and 10b Net income from unrelated business						
activities not included in line 10b						
whether or not the business is						
regularly carried on						
Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
Total support. (Add lines 9, 10c, 11, and 12.)				E. Insert		
First 5 years. If the Form 990 is for the check this box and stop here	organization's first	, second, third, fo	urth, or fifth tax ve	ar as a section 50	1(0)(2) overeniti-	
				ar as a section so	r(c)(s) organization,	,
Public support percentage for 2020 (lin	e 8, column (f), divi	ded by line 13, co	umn (f))		15	
Public support percentage from 2019 S	chedule A Part III	line 15			16	9
ction D. Computation of Invest	ment Income F	ercentage			10	-
Investment income percentage for 202	0 (line 10c, column	(f), divided by line	13, column (f))		17	
20 Percentage Iron	19 Schedule A. Pa	rt III line 17				9
a 33 1/3% support tests - 2020. If the o	rganization did not	check the hoy on	line 14 and the - de	F .	- AMARIAN	not
and box and	Stop nere. The or	ganization qualific	on a nublish see	CONTRACTOR		
in the support tests - 20 is. If the o	uanization did not	chack a hay an il	- 44 11 40			▶∟_
urio 1V in not used il no ditenti	ALT I		,		1/3%, and	
line 18 is not more than 33 1/3%, check Private foundation. If the organization of 01-25-21						

Schedule A (Form 990 or 990-EZ) 2020 CORE KNOWLEDGE CHARTER SCHOOL FOUNDATION 84-1354344 Page 4 Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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, D, and D, D

1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	If No, describe in Part VI how the supported organizations are all its			
2	and supported organization that does not have an IDO	1		
	The second (1) of (2): If "Yes," explain in Part VI how the organization determined			
_	organization was described in section 509(a)(1) or (2).	1199.00		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)2, (7), or	2		
D	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 502(x)(x)	3a		
	public support tests drider section 509(a)(2)? If "Ves " describe in Part VI			
•		26		
С	such a support to such organizations was used evaluated to	3b		
10		3c		
44	organization not organized in the United States ("foreign supported organization")	30		400
	. To, and if you checked box 128 or 12h in Part I answer lines 4h and 4 d .	4a		
D	and the organization have ultimate control and discretion in deciding whathaut	48		
	The Yes," describe in Part VI how the organization had such control in the second such control in the			
С		4b		
•	and organization support any foreign supported organization that does not have	10		
	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5a	F=1,0000.	4c		
2-00-000	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			
	The supported organizations added, substituted, or removed: (ii) the received			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
b	was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted as a substitute as a substituted as a substitute	5a		
	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?	5b		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5c		3
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	beliefled by one of more of its supported organizations, or (iii) other currents			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
	(as defined in section 4936(c)(3)(0)), a family member of a substantial contributor, or a 250 controlled any			
	The state of the s			
	the digarization make a loan to a disqualified person (as defined in section 4958) not described in line 72	7		
. 8	res, complete Part I of Schedule L (Form 990 or 990-FZ)			
a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
30	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described			
	Tryes," provide detail in Part VI.	9a		
b i	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ja		
	"" supporting organization had an interest? If "Yes " provide detail in Part VI	9b		
C	or designation of the second section of the second	30		
	rem, deserts in which the supporting organization also had an interest?	9c		
	and organization subject to the excess business holdings rules of section 4943 because of section	30		250
	refer to the garding certain Type II supporting organizations, and all Type III non-functionally integrated			
	apporting organizations)? If "Yes." answer line 10h helow	10a		
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			100

	Description of the second seco	-	No. of the last	_
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	+
0000	reports who directly or indirectly controls, either alone or together with porcens described in			
1	and governing body of a supported organization?	44-		
į.	A A 3500 and the little was a second described in line 11a above?	11a		+
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11b		-
Se	detail in Part VI. ction B. Type I Supporting Organizations	11c		
			1	_
2	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, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the Did the organization operate for the benefit of any supported of any, applied to such powers during the tax year.	1	Yes	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Thow providing such benefit carried out the purposes of the supported organization (-) the			
Sec	supervised, or controlled the supporting organization. ction C. Type II Supporting Organizations	2		
	Promise of game attoris			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	N
	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			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations	1		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	N
	organization's tax year, (i) a written notice describing the type and amount of support provided the contract of support provided th			
	y and sopy of the form 950 that was most recently filed as of the date of notification and (11)			
	governing documents in effect on the date of notification, to the extent net previously			
2	of the organization's directors, directors, or trustees either (i) appointed as also the	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	and organization maintained a close and continuous working relationship with the			
3	- y state of the relationship described in line 2, above, did the organization's supported organizations to	2		
	- 5 mount voice in the digalization s investment policies and in directing the use of the			
	"Thorne of assets at all times during the tax year? If "Yes " describe in Part VI the role the			
ec	tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance). Activities Test. Answer lines 2a and 2b below.	structions	3).	
а			Yes	No
	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			
b	that these activities constituted substantially all of its activities. Did the activities described in line 22, above constituted in the constitute of the	2a		
	Did the activities described in 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.			
	Parent of Supported Organization's Involvement.	2b		
а	Did the organization have the power to regularly and 3b below.			
	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?			
b	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
	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.			
	or its supported organizations? If "Voc " decerbe in Don't VI !!			

So	hedule A (Form 990 or 990-EZ) 2020 CORE KNOWLEDGE CHARTER art V Type III Non-Functionally Integrated 509(a)(3) Support	SCHOOL	FOUNDATION S	84-135/3//
1	art V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	94 1994344 Page (
	Check here if the organization satisfied the Integral Part Test as a gualif		A CONTRACTOR OF THE PROPERTY O	Part VI). See instructions
	U g manufic ille	ust complete	Sections A through E.	and the occurrence of the state
-	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Constitution Capital Gall	1		(optional)
_2	en prior year distributions	2		
_3	g. see instructions)	3		
_4	That miles I through 5.	4		
_5		5		
6	or operating expenses paid or incurred for production or	3		
	collection of gross income or for management, conservation, or			
_	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount	- 6		
1	Aggregate fair market value of all non-exempt-use assets (see		(A) Prior Year	(B) Current Year (optional)
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities			
b	Average monthly cash balances	1a		
	Fair market value of other paragraphs	1b		
	Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c)	1c		
	Discount claimed for his land	1d		
C	Discount claimed for blockage or other factors			
2	(explain in detail in Part VI):			
3	Acquisition indebtedness applicable to non-exempt-use assets	2		
4	Subtract line 2 from line 1d.	3		
V ₁ 5	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Va-
1	Adjusted net income for prior year (from Section A, line 8, column A)			Current Year
2	Enter 0.85 of line 1.	1		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	2		
4	Enter greater of line 2 or line 3.	3		
5	Income tax imposed in prior year	4		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	5		
	emergency temporary reduction (see instructions).			
7	Check here if the current year is the organization's first so a new torsion.	6		
	Check here if the current year is the organization's first as a non-functionall instructions).	y integrated 7	ype III supporting organiz	zation (see

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 CORE KNOWLEDGE CHARTER SCHOOL FOUNDATION 84-1354344 Page 7

1 Amounts paid to supported organizations to acco	- P.I		Current Year
2 Amounts paid to perform activity that directly full	mplish exempt purposes	1	
2 Amounts paid to perform activity that directly furth organizations, in excess of income from activity	ners exempt purposes of supported		
3 Administrative expenses paid to accomplish		2	
Administrative expenses paid to accomplish exem Amounts paid to acquire exempt-use assets	pt purposes of supported organization	s 3	
5 Qualified set-aside amounts (prior IPS approved		4	
ed approval rec	quired - provide details in Part VI)	5	
describe in Fart VI). See instru	ictions.	6	
aloui battoris. Add lines i trirough 6		7	
and a district of attentive supported organizations	to which the organization is responsive		
(provide details in Part VI). See instructions. 9 Distributable amount for 2020 from Section C. line		8	
Entering an including the section C, line	6	9	
10 Line 8 amount divided by line 9 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line	6		10, 2020
2 Underdistributions, if any, for years prior to 2020 (re	eason-		
able cause required - explain in Part VI). See instru	ctions.		
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3	f.		
4 Distributions for 2020 from Section D,			
line 7:			
 Applied to underdistributions of prior years 			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020), 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 2020. Subtract line	es 3h		
and 4b from line 1. For result greater than zero, expl	lain in		
Part VI. See instructions.	WIII III		
7 Excess distributions carryover to 2021. Add lines	3i		
and 4c.	7		

Schedule A (Form 990 or 990-EZ) 2020

and 4c.

8 Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

Part VI	Supplemental Information. Provide the explanations required by Park II.
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; line 1; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V (See instructions.)
The state of the s	

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
	50,040.	26,897
	30,000.	6,857
	40,200.	17,057
	25,000.	1,857

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2020

CORE KNOWLEDGE CHARTER SCHOOL FOUNDATION

Employer identification number

Organization type (che	ck one):	84-1354344
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization Note: Only a section 501 General Rule	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.
For an organizati property) from a Special Rules	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or total contributions.
any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, outor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	
literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, scie tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (en (b) instead of the contributor name and address), II, and III.	
For an organizati year, contributior is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an as exclusively for religious, charitable, etc., purposes, but no such contributions totaled more there the total contributions that were received during the year for an exclusively religious, complete any of the parts unless the General Rule applies to this organization because it repole, etc., contributions totaling \$5,000 or more during the year	e than \$1,000. If this box charitable, etc.,
Caution: An organization to out it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Forn n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Forn the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

Employer identification number

CORE KNOWLEDGE CHARTER COUCOT

(a)	ontributors (see instructions). Use duplicate copies of Part	The additional space is needed.	
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
1 (a)		\$\$	Person X
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 8,365	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
3		\$\$ \$	Person X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$11,000	Person X Payroll
a) lo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$\$	Person X Payroll
o	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization Page 2 Employer identification number CORE KNOWLEDGE CHARTER SCHOOL FOUNDATION 84-1354344 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) No. (c) Name, address, and ZIP + 4 (d) **Total contributions** Type of contribution 7 Person **Payroll** 11,000. Noncash (Complete Part II for noncash contributions.) (a) (b) No. (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) No. (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 Person **Payroll** 9,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) No. (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) No. (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) No. (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Person Payroll Noncash (Complete Part II for noncash contributions.)

023452 11-25-20

Name of organization

Employer identification number

CORE	KNOWLEDGE	CHARTER	SCHOOL	FOUNDATION

84-135/2//

(a)	Noncash Property (see instructions). Use duplicate copies of	art in additional space is needed.	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- -	,		
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. Fom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- =			

	nization		Employer identification
ייינד מום חיי	IOM EDGE		Employer identification num
Part III	OWLEDGE CHARTER SCHO	OL FOUNDATION	81-1251211
f	rom any one contributor. Complete columns	outions to organizations described in section	94-1354344 on 501(c)(7), (8), or (10) that total more than \$1,000 for the
	completing Part III, enter the total of exclusively religious	a shart fr	For organizations for the year. (Enter this info. once.)
(a) No.	Jse duplicate copies of Part III if addition	al space is needed.	To the year. (citer this into, once.)
from	(b) Purpose of gift	(2)11	
Part I	, , , , , , , , , , , , , , , , , , ,	(c) Use of gift	(d) Description of how gift is held
_			
-			
_			
-			
		(e) Transfer of gift	
	Toront		
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
-			
-			
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) December 1
		, , , , , ,	(d) Description of how gift is held
		(a) Transfer ()	4
		(e) Transfer of gift	
	Transfered a news - 11		
	nansieree's name, address, a	and ZIP + 4	B. L. W. C. L. C.
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
_	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
	mansieree's name, address, a	and ZIP + 4	Relationship of transferor to transferee
	mansieree's name, address, a	and ZIP + 4	Relationship of transferor to transferee
from			Relationship of transferor to transferee
from	(b) Purpose of gift	(c) Use of gift	
from			Relationship of transferor to transferee (d) Description of how gift is held
a) No. from Part I			
from	(b) Purpose of gift	(c) Use of gift	
from		(c) Use of gift (e) Transfer of gift	
from	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
from	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
from	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
) No.	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
Part I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
Part I	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
) No.	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
Part I	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
) No.	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
) No.	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift nd ZIP + 4 (c) Use of gift	(d) Description of how gift is held
from Part I	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
) No.	(b) Purpose of gift Transferee's name, address, a (b) Purpose of gift	(c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee (d) Description of how gift is held
) No.	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
Part I	(b) Purpose of gift Transferee's name, address, a (b) Purpose of gift	(c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee (d) Description of how gift is held

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

CORE KNOWLEDGE CHARTER SCHOOL FOUNDATION	Employer identification number 84-1354344
FORM 990, PART VI, SECTION A, LINE 1:	
THE BOARD OF DIRECTORS, BY RESOLUTION ADOPTED BY A MAJORIT	Y OF THE NUMBER
OF DIRECTORS ELECTED AND QUALIFIED AT THE TIME OF THE RESO	LUTTON MAY
DESIGNATE TWO OR MORE DIRECTORS TO CONSTITUTE AN EXECUTIVE	COMMITTEE WILLOW
SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BO	ARD OF DIRECTORS
OR SUCH LESSER AUTHORITY AS MAY BE SET FORTH IN SAID RESOL	UTION NO GUAR
DELEGATION OF AUTHORITY SHALL OPERATE TO RELIEVE THE BOARD	OF DEPENDENCE
ANY MEMBER OF THE BOARD FROM ANY RESPONSIBILITY IMPOSED BY	OF DIRECTORS OR
	LAW.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT	
BASED ON INFORMATION PROVIDED BY MANAGEMENT	ACCOUNTING FIRM
BASED ON INFORMATION PROVIDED BY MANAGEMENT. NO REVIEW BY THE BEFORE FILING.	THE BOARD OCCURS
FORM 990, PART VI, SECTION C, LINE 19:	
NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC.	
FORM 990 DADE VII I TANK 00	
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSEEING AND SELECTING AN INDEPENDENT ACC	OUNTANT HAS
NOT CHANGED FROM THE PRIOR YEAR.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020