990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

20**21**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning 01/01/2021 and ending 12/31/2021 **B** Check if applicable: C Name of organization D Employer identification number Address change KN CONSULTANTS LTD 46-4698607 Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return 510-541-3119 5 W 102nd St 5A Final return/terminated City or town, state or province, country, and ZIP or foreign postal code **F** Group Exemption Amended return New York, NY 10025-4784 Number ▶ Application pending G Accounting Method: Cash Accrual Other (specify) ▶ **H** Check **▶** ✓ if the organization is **not** required to attach Schedule B I Website: ▶ knconsultants.org J Tax-exempt status (check only one) — 🗾 501(c)(3) 🔲 501(c) ((Form 990).) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 **K** Form of organization: Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 107,063 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . ~ 1 0 2 Program service revenue including government fees and contracts 2 107.063 3 3 0 4 4 0 5a Gross amount from sale of assets other than inventory 5a 0 Less: cost or other basis and sales expenses b 0 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) С 5c 0 6 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 6a 0 Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 0 **c** Less: direct expenses from gaming and fundraising events . . . 6c 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a Gross sales of inventory, less returns and allowances . . . 7a 0 Less: cost of goods sold 7b b 0 Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . С 7c 0 8 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 107,063 10 10 0 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits 12 65,284 13 Professional fees and other payments to independent contractors 13 1,604 14 14 0 15 15 0 16 16 1,650 17 17 68,538 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 38,525 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 8.186 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0 Net assets or fund balances at end of year. Combine lines 18 through 20 21 46,711

Form 990-EZ (2021) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 8,186 22 22 Cash, savings, and investments . . . 46,711 0 23 23 Land and buildings 0 Other assets (describe in Schedule O) 24 0 24 0 8,186 25 25 46,711 Total liabilities (describe in Schedule O) . . 0 26 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 27 8.186 27 46,711 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 1 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Non-profit consulting, research projects, and events intended to advance more inclusive and equitable scholarship within higher education. 0) If this amount includes foreign grants, check here (Grants \$ 28a 65,284 29 29a) If this amount includes foreign grants, check here . 30 30a **31** Other program services (describe in Schedule O) 0) If this amount includes foreign grants, check here 31a 32 65,284 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (Forms W-2/1099-MISC/ (a) Name and title hours per week benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) Polly Thistlethwaite 1.00 0 0 0 **Board Chair** Rebecca Kennison 40.00 60,000 0 n **Executive Director** Cheryl Ball 1.00 0 0 0 Secretary-Treasurer Christopher Long 1.00 0 0 0 Director Robert Hilliker 1.00 0 0 0 **Director** Nick Lindsay 1.00 0 0 Director

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	0.4		. 4
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34		•
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		~
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			,
b 38a	Did the organization file Form 1120-POL for this year?	37b		<i>'</i>
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		/
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ► NY			
42a	The organization's books are in care of ▶ Rebecca Kennison Telephone no. ▶ 5	510-54	1-3119	9
_	Located at ► <u>5 W 102nd St 5A, New York, NY 10025-4784</u> ZIP + 4 ►	10025		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country ▶	720		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.)	> 🗆
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		/
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		/
С	Did the organization receive any payments for indoor tanning services during the year?	44c		>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O			
15-	explanation in Schedule O	44d		.1
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	15h		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 99	0-EZ (2	021)								P	age 4
										Yes	No
46		ne organization engage, directly or in									
	to ca	ndidates for public office? If "Yes," c	omplete Schedule C,	Part I				. [46		~
Part '		Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51.	s must answer que				nplete th	e tab	les fo	or line	es
		Check if the organization used Sch	nedule O to respond	to any question i	n this Part	: VI					Щ
47		he organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec					47	Yes	No 🗸
48 49a b 50	Did the If "Ye Comp	e organization a school as described in the organization make any transfers to es," was the related organization a se plete this table for the organization's oyees) who each received more than	an exempt non-char ction 527 organizatio five highest compens	ritable related orga n?	anization? other than	 office	 ers, directe	. [ors, tr			✓ ✓ d key
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS 1099-NEC)	contribu SC/ benefit p	tions to	enefits, o employee nd deferred ation			d amou pensati	
None											
f 51	Comp \$100	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ Name and business address of each independent	s five highest compenization. If there is no	ensated independe		ctors		rece			thar
None											
d	Total	number of other independent contra	ctors each receiving	over \$100 000	•						
52	Did 1	the organization complete Schedu oleted Schedule A	•		ganization	s mu		n a ▶ ✓	Yes		lo
		of perjury, I declare that I have examined this red complete. Declaration of preparer (other than						nowled	ge and	belief,	it is
	1001, 411	\	omoci, is based on an inio	mation of which propa	Ter rias arry Kr						
Sign Here		Signature of officer Rebecca Kennison, Executive Directory Type or print name and title	ector			Date					
Paid		Print/Type preparer's name	Preparer's signature		Date		Check self-emplo	it	PTIN		
Prep		Firm's name				C:	·	yeu			
Use (Unly	Firm's name					s EIN ►				
Mav th	ne IRS	Firm's address ► discuss this return with the preparer	shown above? See i	nstructions		Phone		▶ □	Yes		lo.
,		- I Ivan		-							

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	CONSULTANTS LTD					46-46	
Pai							ons.
The o	organization is not a private founda		,		-	•	
1	A church, convention of church					0(b)(1)(A)(i).	
2	A school described in section	. , , , , , , ,	,	,	,		
3	A hospital or a cooperative hos						/:::\
4	A medical research organization hospital's name, city, and state	•	onjunction with a nosp	onal desc	nbea in s	section 170(b)(1)(A)(iii). Enter the
5	An organization operated for the		college or university	owned o	r operate	ed by a government	al unit described in
	section 170(b)(1)(A)(iv). (Comp		conege of university	owned c	Гороган	a by a government	ar arm accombod in
6	☐ A federal, state, or local govern	,	mental unit described	l in secti o	on 170(b)	(1)(A)(v).	
7	An organization that normally						the general public
	described in section 170(b)(1)			•	Ü		,
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	☐ An agricultural research organi	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a la	and-grant college
	or university or a non-land-gra university:		·	,			· ·
10	An organization that normally r receipts from activities related	eceives (1) more	than 33 ¹ /3% of its su	pport fro	m contrib	outions, membership	fees, and gross
	support from gross investment	income and uni	related business taxal	ble incom	nė (less se	ection 511 tax) from	businesses
	acquired by the organization a		•		•	•	
11	An organization organized and	•		-			
12	 An organization organized and one or more publicly supported 						
	the box on lines 12a through 12						
а			• • • • • • • • • • • • • • • • • • • •			•	. •
	the supported organization						
	supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B			
b	☐ Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), by having
	control or management of				persons	that control or mana	age the supported
	organization(s). You must	-	•				
С							ally integrated with,
_	its supported organization(, ,	•		-		
d	Type III non-functionally i that is not functionally integrated						
	requirement (see instruction						u an attentiveness
е	_ ` `	•	•		-		all Type III
·	functionally integrated, or T						e ii, Type iii
f	Enter the number of supported of	• •					
g	Provide the following information	about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
			(,	,
				Yes	No		
(A)							
(B)							
(0)							
(C)							
(D)							
,_,							
(E)							
Tota							

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	, ,		/ 1	'	,	
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	, ,					,,
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support				() 2222		
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the	organization'	s first, second	l, third, fourth,	or fifth tax ye	12 ear as a section	n 501(c)(3)
Cooti	organization, check this box and stop her	re					🕨 📙
Secti	on C. Computation of Public Suppor Public support percentage for 2021 (line 6			11 column (f)\		14	<u></u> %
15 16a	Public support percentage from 2020 Sch 33 ¹ / ₃ % support test—2021. If the organi box and stop here. The organization qual	nedule A, Part zation did not	II, line 14 . check the box		 nd line 14 is 30	15	check this
b	33 ¹ / ₃ % support test—2020. If the organization this box and stop here. The organization	zation did not	check a box c	on line 13 or 16	Sa, and line 15	is 33 ¹ /3% or m	ore, check
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	acts-and-circu	mstances test, est. The organ	check this bo	x and stop he	re. Explain
18	Private foundation. If the organization of				, 17a, or 17b,	check this bo	x and see

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

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.)

Secti	on A. Public Support			,		,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	68,347	73,062	65,300	57,868	107,063	371,640
2	Gross receipts from admissions, merchandise			·			
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	68,347	73,062	65,300	57,868	107,063	371,640
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Cooti	line 6.)						371,640
	on B. Total Support	(-) 0017	(h) 0010	(-) 0010	(4) 0000	(a) 0001	(f) Total
Galen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		68,347	73,062	65,300	57,868	107,063	371,640
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	68,347	73,062	65,300	57,868	107,063	371,640
14	First 5 years. If the Form 990 is for the	organization's	s first, second	, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he						▶ 🗆
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8					15	100 %
16	Public support percentage from 2020 Sch			<u></u>		16	100 %
	on D. Computation of Investment In					T -= T	
17	Investment income percentage for 2021 (17	0 %
18	Investment income percentage from 2020					18	0 %
19a	331/3% support tests—2021. If the organ						
1.	17 is not more than 33 ¹ / ₃ %, check this box	_	_	-		_	_
b	331/3% support tests – 2020. If the organiz						
00	line 18 is not more than 331/3%, check this l	_	=	•		-	_
20	Private foundation. If the organization di	u not cneck a l	oox on line 14,	19a, or 19b, c	HECK THIS DOX	and see instruc	Juons 🕨 🔲

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 and D, and complete Part V.)

Section A. All Supporting Organizations

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

"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would

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.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

2b

3a

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	on A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional (see instructions).	-	ntegrated Type III suppo	rting organization

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	d)	
Sect	ion D-Distributions				Current Year
1 2	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		orted	2	
3	Administrative expenses paid to accomplish exempt purp	nizations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive		
				8	
10	Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount			9 10	
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
6	Excess from 2021				

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A	, Part II, Line 10 - Program revenue included consulting, research, and events management on behalf of one project funded by
the Andrew	W. Mellon Foundation (713.75 hours at \$150/hr).

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
KN CONSULTANTS LTD	46-4698607
Form 990-EZ, Part I, Line 16 - Administration - \$1328.70; Governmental registration fees - \$25; Subscription	ns: \$296.12
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Schedule O, Statement 1 KN CONSULTANTS LTD

Form: Form 990-EZ (2021) EIN: 46-4698607

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

Working with academic institutions and related academic organization to promote efficient infrastructure for information dissemination to disadvantaged populations.