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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2008

OMB No 1545-0047

Open to Public Inspection

			-	C Name of organization	07-01-2008 and ending 06-30-	2009		D Employer	identification number
_	dress ch	nange	Please use IRS	KIPP Foundation				94-3362	724
┌ Na	me cha	inge	label or print or	Doing Business As				E Telephone	number
┌ Inı	tıal retu		type. See Specific	Number and street (or P.O.	box if mail is not delivered to street a	ddress) Doom	/suite	(415) 39	9-1556
Г те	mınatıc		Instruc- tions.	135 Main Street No 1700	box ii iiiaii is not delivered to street a	duless) Roon	i/ Suite	G Gross rece	sipts \$ 23,805,065
	nended			City or town, state or coun	try, and ZIP + 4				
		n pending		San Francisco, CA 94105	,,				
,		L	E Nan	L ne and address of Princip	aal Officer	IIV-3			
			i Nai	ne and address of Finicip	oal Officer	l H(a)	Is thi affilia	s a group retu tes?	rn for
				AIN STREET 1700 RANCISCO,CA 94105					
T Ta	ıx-exem	npt status) (3) ◄ (insert no)				affiliates inclu	
	leh eit	e le http	//www kip			H(c)		o, attach a ii p Exemption I	st See instructions) Number F -
, vv	CD SIL	e. F nttp	//www kip	p org,		"(c)		F	
К Тур	e of org	ganization	Corporat	tion trust association	other 🕨	L Yea	r of Foi	mation 2000	M State of legal domicile CA
- Da	rt I	L Summ	12rv						
T G	$\overline{}$	Summ Briefly de	•	e organization's mission	or most significant activities				
		•		•	ETWoRK OF COLLEGE PREP PL	JBLIC SCH	0 O LS	SERVING S	TUDENTS IN
ည		UNDERS	ERVED C	COMMUNITIES					
區									
Governance	١.								
ŝ	2		,		ntinued its operations or dispose				
	3		-		g body (Part VI, line 1a)				13
Eĕ	4				the governing body (Part VI, lin 、	elb)	•		·
Activities &	5			nployees (Part V, line 2a				5	
a a	6			olunteers (estimate if nec	m Part VIII, line 12, column (C	,		6	
		=			m Form 990-T, line 34	,		71	
	۳	Net unit	Tatea Basi	mess taxable meeme nor		Drio	r Year	Current Year	
	8	8 Contributions and grants (Part VIII, line 1h)							
9	9				2g)			15,320,750	
Revenue	10	_), lines 3, 4, and 7d)			371,376	
걆	11			, , ,	es 5, 6d, 8c, 9c, 10c, and 11e)			367,660	,
	12	Total re	venue—a	dd lines 8 through 11 (m	ust equal Part VIII, column (A)	, line			
		12)	<u> </u>					17,345,772	
	13			ar amounts paid (Part IX,				2,730,438	2,392,026
	14		•	or for members (Part IX, o					0
8	15	Salaries	s, other co	ompensation, employee b	enefits (Part IX, column (A), lin	es 5-		7,133,988	9,197,445
Expenses	16a	•	ıonal fund	Iraısıng fees (Part IX, col	umn (A), line 11e)				0
흜	ь	(Total fur	ndraising ex	penses, Part IX, column (D), li	ne 25 ^{781,954}				
ш	17	•		(Part IX, column (A), line	·			8,676,681	10,524,310
	18	Total ex	xpenses—	-add lines 13–17 (must e	equal Part IX, line 25, column (A	())		18,541,107	22,113,781
	19	Revenu	e less exp	penses Subtract line 18	from line 12			-1,195,335	1,667,797
<u>8</u>						В	eginni	ng of Year	End of Year
sets stans	20	Totalas	ssets (Par	rt X, line 16)				28,725,478	29,990,063
Net Assets or Fund Balances	21	Total lia	abilities (F	Part X, line 26)				10,556,723	10,308,123
2 E	22	Netass	ets or fun	nd balances Subtract line	21 from line 20			18,168,755	19,681,940
Pa	rt II	Signa	ture Blo	ock					
					amined this return, including accompar				
Plea		1.	,	correct, and complete Declara	tion of preparer (other than officer) is	based on all ir	I		parer has any knowledge
Sign		***** Signat	ture of office	er			2010- Date	07-19	
Her		Tina	Sachs CFO						
			or print nam	ne and title					
		Preparer's	. k		Date	Check If		Preparer's PT	N (See Gen Inst)
Paid		signature		A HENLEY		self- empolyed	• —		
	arer's								
Use		ıf self-em		•				EIN 🕨	
	_	Gautess, 6	M ZIF T H					Phone no	(415) 781-0793
May	the IR	S discuss	this retii	SAN FRANCISCO, CA 94	105 vn above? (See instructions) .				✓ Yes No

Part III Statement of Program Service Accomplishments (See the instructions.)

	Briefly describe the organization's mission The purpose of the KIPP Foundation is to create a respect Schools) that are successful in helping students from educations and the competitive world beyond			
2	,,,,,,,	program services during the year which	were not listed on	No
	If "Yes," describe these new services on Scheo	tule O		
3	Did the organization cease conducting or make services?	significant changes in how it conducts	any program	No
	If "Yes," describe these changes on Schedule	o		
4	Describe the exempt purpose achievements fo Section 501(c)(3) and (4) organizations and 4 others, the total expenses, and revenue, if any	947(a)(1) trusts are required to report		ons to
4a	Leadership Development - The KIPP Foundation trains to Program(KSLP) KSLP has two tracks. The Fisher Fellow and leading a new KIPP School and includes - a six-we operational leadership - Residencies, to observe and patheld during the year. Conferences are led by KIPP staff with four different cohorts focusing on developing staff.	rship and the Leadership Pathways Program The ek intensive program of coursework at New Yor rticipate in the leadership and operation of high- and professionals outside of the KIPP Foundatio	e schools through its year long KIPP School e Fisher Fellowship is a year-long training k University covering instructional, organiz performing KIPP Schools - Several training in The Leadership Pathways Program is a	focused on opening zational, and ig conferences are year-long training
4b	(Code) (Expenses \$ On-going school support - The Foundation provides on- support, school operations, real estate, fundraising, and			51,906) lum, instructional
4 c	Research and Improvement - The Foundation focuses of	-	at the KIPP Foundation and KIPP Schoo	
	The Foundation is committed to the idea that data shot growth. Smart decisions translate into improved educat		gramming, instruction, operations, extern	armessaying and
	(Code) (Expenses \$	572,442 including grants of \$) (Revenue \$)
4 .1	Other management (C)	I- 0)		
4d	, ,	•	Pavanua ¢	١
_			<u>'</u>)
4e	e Total program service expenses \$	17,494,276 Must equal Part IX, Line 2	15, column (B).	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		 N o
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		N o
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		N o
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	150			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
·	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this	2a	141			
L	return					
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin					
	return?			3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s over, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		Νο
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νo
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νo
с	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•		5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	natsu •••	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	/ prem	niums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
_	required?	• •		7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
9	year?					_
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter	•		90		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
	facilities	100				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
			i		ı	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section	Δ.	Governing	Body an	d Management
~~~		00101111119	Doug and	a i iaiiageiiieiie

			165	140				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 13							
Ь	Enter the number of voting members that are independent 10							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No				

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA, IL, NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Tina Sachs 135 MAIN STREET SUITE 1700 San Francisco, CA 94105 (415) 874-7387

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i		Posit	(C	) chec	:k al				(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

### Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
					$\vdash$					
					$\vdash$					
					$\vdash$					
1b Total						-	•	1,719,655	5	112,977

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►10

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
GRAND HYATT SAN ANTONIO CONVENTION CENTE 600 E MARKET STREET	HOTEL	907,079
SAN ANTONIO, TX 78205		
MATHEMATICA POLICY RESEARCH INC PO BOX 2393 PRINCETON, NJ 08543	CONSULTING	523,349
DELL MARKETING LP 1990 N CALIFORNIA BLVD STE 300 WALNUT CREEK, CA 94596	CONSULTING	323,256
DELL INC PO BOX 910916 PASADENA, CA 91110	COMPUTER COMPONENTS	206,165
NEW YORK UNIVERSITY 726 BROADWAY ROOM 238 NEW YORK, NY 10003	TEACHER SPACE	176,956
2 Total number of independent contractors (including those in 1) who receive from the organization	. ,	. 14

## Statement of Revenue

				<b>(A)</b> Total Revenue	(B) Related or Exempt Function	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated campaigns 1a	1		Revenue		512, 513, or 514
##	ь	Membership dues					
grat Nour	c	<b>1b</b> Fundraising events					
iits, ≅ ≅	d	1c Related organizations1d					
e E	e	Government grants (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	20,810,017				
age Setable	g	1f Noncash contributions included in					
and Co		lines 1a-1f \$		21 625 516			
	h	Total (Add lines 1a-1f)	<u> </u>	21,635,516			
<u> 9</u>	3-	LYCENCE FEEC	Business Code				
æ	2a	LICENSE FEES  SERVICE FEES & CONFERE	900,099	920,644	920,644		
æ	Ь	SERVICE FEES & CONFERE	900,099	897,549	897,549		
15.e	c d						
<u>.</u>	e						
Ē	f	All other programs common recommendation					
Program Serwce Revenue		All other program service revenue					
<u>~</u>	g	Total. Add lines 2a-2f					
	3	Investment income (including diviother similar amounts)		142,167			142,167
	4	Income from investment of tax-exempt b	▶				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents 203,257					
	b	Less rental expenses					
	c	Rental income 203,257 or (loss)					
	d	Net rental income or (loss)		203,257			203,257
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	507				
	ь	Less cost or other basis and	23,487				
	c	sales expenses Gain or (loss)	-22,980				
	d	Net gain or (loss)	<b>▶</b>	-22,980			-22,980
	8a	Gross income from fundraising	<u> </u>				
4.		events (not including \$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
<b>υ</b> Σ		Attach Schedule G if total exceeds					
ď		\$15,000 a					
<u> F</u>	b	Less direct expensesb					
ರ	С	Net income or (loss) from fundrais	ing events				
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
	ь	Less direct expensesb					
	c	Net income or (loss) from gaming					
	10a	Gross sales of inventory, less returns and allowances					
	ь	<b>a</b> Less cost of goods sold <b>b</b>					
	c	Net income or (loss) from sales of	inventory				
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900,099	5,425			5,425
	Ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	 \$ 5,425				
	12	Total Revenue. Add lines 1h, 2g, 3		23,781,578	1,818,193	C	327,869
	1	8c,	<u>.</u>				I

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,289,526	2,289,526		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	102,500	102,500		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	959,994	148,492	651,441	160,061
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,740,073	5,347,785		289,586
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	242,329	173,001	54,086	15,242
9	Other employee benefits	694,267	432,581	217,570	44,116
10	Payroll taxes	560,782	391,884	139,006	29,892
11	Fees for services (non-employees)				
а	Management				
b	Legal	27,252	27,252		
c	Accounting	69,500		69,500	_
d	Lobbying				_
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				_
g	Other	3,556,712	3,148,491	385,366	22,855
12	Advertising and promotion	283,541	250,079	29,539	3,923
13	Office expenses	641,619	322,060	294,400	25,159
14	Information technology	252,880	88,357	150,734	13,789
15	Royalties				_
16	Occupancy	789,952	472,718	263,016	54,218
17	Travel	2,355,709	2,051,129	225,729	78,851
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	26,691	26,181	510	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	299,896	180,759	98,596	20,541
23	Insurance	32,993	19,886	10,847	2,260
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	PROFESSIONAL DEVELOPMEN	1,423,231	1,400,362	9,630	13,239
ь	School leader training	351,088	351,088		<del>.</del>
c	Employee Recruitment &	224,667	127,107	91,793	5,767
d	Data acquisition	104,000	104,000		
e	other	84,579	39,038	43,086	2,455
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	22,113,781	17,494,276	3,837,551	781,954
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet
--------	---------	-------

					(A) Beginning of year		(B End of	•
	1	Cash—non-interest-bearing			895	1	2114 5	775
	2	Savings and temporary cash investments			17,069,657	2	1	8,814,166
	3	Pledges and grants receivable, net			8,774,528	3		7,080,586
	4	Accounts receivable, net			1,720,445	4		2,450,793
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S				6		
	7	Notes and loans receivable, net			89,415	7		43,167
	8	Inventories for sale or use				8		
90	9	Prepaid expenses and deferred charges			312,936	9		186,566
Assets	10a	Land, buildings, and equipment cost basis	l l	0.070.447				
⋖	_		10a	2,076,417				
	Ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	830,469	670,988	10c		1,245,948
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 $\it Complete Paschedule D$	rt VII c	of		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Schedule D$ .	rt VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			86,614	15		168,062
	16	Total assets. Add lines 1 through 15 (must equal line 34)			28,725,478	16	2	9,990,063
	17	Accounts payable and accrued expenses .			1,851,989	17		1,883,344
	18	Grants payable			863,919	18		342,441
	19	Deferred revenue			834,163	19		672,242
	20	Tax-exempt bond liabilities				20		
<u>, ö</u>	21	Escrow account liability Complete Part IV of Schedule D		•		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			7,006,652	25		7,410,096
	26	Total liabilities. Add lines 17 through 25			10,556,723	26	1	0,308,123
ş A		Organizations that follow SFAS 117, check here ► ✓ and complethrough 29, and lines 33 and 34.	ete lin	es 27				
Balance	27	Unrestricted net assets			7,114,420	27	1	1,318,836
<u>ප</u>	28	Temporarily restricted net assets			11,054,335	28		8,363,104
Ξ	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	d comp	lete				
S O	30	Capital stock or trust principal, or current funds				30		
ě	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Assets	32	Retained earnings, endowment, accumulated income, or other fur				32		
Net ,	33	Total net assets or fund balances			18,168,755	33	1	9,681,940
<u>z</u>	34	Total liabilities and net assets/fund balances			28,725,478	-		9,990,063
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart YT	Financial	Statements	and Reporting

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493207006110

**Employer identification number** 

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

(IPP F	oundat	ion						0.4	-3362724	4		
Pa	rt I	Reason	for Public Cl	harity Status (to be co	mpleted	by all or	nanızatıo					
				ation because it is (Please	•				211001000			
1	$\Gamma$	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	170(b)(1)(	(A)(i).			
2	Γ	A school de	escribed in <b>Sect</b>	tion 170(b)(1)(A)(ii). (Attac	:h Schedu	le E)						
3	Г	A hospital	or a cooperative	e hospital service organizati	on descrit	oed in <b>Sec</b>	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	e H )	
4	Γ	A medical i	research organı	zation operated in conjuncti	on with a h	nospital de	escribed ii	n <b>Section</b> :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Γ	An organiza	atıon operated f	or the benefit of a college or	university	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )								
6	$\Gamma$	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	굣	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public	2
		describedi	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in <b>Section 170(b)(1)(A)</b>	<b>(vi)</b> (Com	plete Pari	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontributior	ıs, membe	rship fees	, and gro	SS
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certair	exceptio	ns, and (2	) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	x) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)			
10	Г	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	( <b>a)(4).</b> (Se	ee instruc	tions )	
11	Γ	one or more the box tha	e publicly suppo	and operated exclusively foorted organizations describe type of supporting organizations Type II c	d in section	on 509(a) omplete li	(1) or sec	tıon 509(a hrough 11	a)(2) See	Section 5		.Check
е	Γ	•	foundation man	rtify that the organization is agers and other than one or			•			•	•	
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organiz	zatio <u>n,</u>
		check this		as the organization accepted	d any gift i	or contribi	ition from	any of the				J
g		following pe		as the organization accepted	a any gne	or contrib	11011 110111	any or the	•			
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wit	th persons	describe	d ın (ıı)		Yes	No
		and (111) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(	ii)	
		(iii) a 35%	controlled enti	ty of a person described in (	ı) or (11) al	oove?				11g(	iii)	
h		Provide the	following inforr	mation about the organizatio	ns the org	anızatıon	supports					
		ame of	(ii) EIN	(iii) Type of organization	(iv) I		1 * .*	ou notify		sthe	, ,	nount of
		orted IIzation		(described on lines 1-9 above or IRC section	organiz col (i) l	ation in listed in	_	ınızatıon i) of your		ation in organized	supp	ort
	o rgan			(See Instructions))	your go docur	verning		ort?		US?		
					Yes	No	Yes	No	Yes	No		
		·										
										1	1	

Total

# Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked tile box	on line 5, 7, 0	r o or Part I.)				
	ublic Support		T					
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			33,070,917	15,320,750	2	21,635,516	70,027,183
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf						$\longrightarrow$	
3	The value of services or facilities furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3			33,070,917	15,320,750	2	21,635,516	70,027,183
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included on line 1 that exceed 2% of the amount							30,471,877
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							39,555,306
	4							
	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007		2008	(f) Total
7	A mounts from line 4			33,070,917	15,320,750		21,635,516	70,027,183
8	Gross income from interest, dividends, payments received on securities loans,							
	rents, royalties and income from similar			532,156	729,979		345,424	1,607,559
	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 IV )							
11	Total Support (Add lines 7 through 10)							71,634,742
12	Gross receipts from related activities, etc	(See instruction	ons )	•	•	12		
13	First Five Years. If the Form 990 is for the	organization's	first. second. th	ırd. fourth. or fifth	tax vear as a 5	01(c)(	3)	
	organization, check this box and <b>stop here</b>		,	,,	,	- (-)(		<b>▶</b> ┌
<u> </u>	omputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) dıv	ided by line 11 o	column (f))		14		<b>55.220</b> %
15	Public Support Percentage for 2007 Sched	ule A , Part IV -	A, line 26f			15		56.820 %
16a	33 1/3% Test - 2008. If the organization did	d not check the	box on line 13,	and line 14 is 33	3 1/3% or more,	check	this box	
	and <b>stop here.</b> The organization qualifies as		•					►✓
Ь	33 1/3% Test - 2007. If the organization did			,	15 is 33 1/3% o	r more	, check thi	s ▶□
172	box and stop here. The organization qualified 10% Facts and Circumstances Test - 2008.				3 16a or 16h a	and line	14 is 10'	
1/4	more, and if the organization meets the "fac	•						
	organization meets the "facts and circumst							<b>▶</b> ┌
b	10% Facts and Circumstances Test - 2007.	If the organizat	tion did not chec	k a box on line 1:	3, 16a, 16b, or	17a an	nd line 15 i	
	more, and if the organization meets the "fac							
10	the organization meets the "facts and circu							<b>►</b> □
18	<b>Private Foundation.</b> If the organization did	not check the l	DOX ON LINE 13, ]	.oa, 100, 1/a or	1/D, CHECK THIS	ox ar	ıu see	▶□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public

Inspection

#### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

Name of the organization KIPP Foundation

**Employer identification number** 

		94-3362724
		Funds or Accounts. Complete if the
organization anomorea i teo to rorm 550,	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate Contributions to (during year)		
Aggregate Grants from (during year)		
Aggregate value at end of year		
rt II Conservation Easements. Complete if the	he organization answered "Yes	" to Form 990, Part IV, line 7.
	or pleasure)	an historically importantly land area certified historic structure
Complete lines 2a-2d if the organization held a qualified on the last day of the tax year	l conservation contribution in the fo	Held at the End of the Yea
Tabel mumber of companyation accompany		2a
·		2b
	. ,	2c
Number of conservation easements included in (c) acqu	uired after 8/17/06	2d
·	d, released, extinguished, or termin	ated by the organization during
the taxable year 🕨		
Number of states where property subject to conservation	n easement is located ►	
Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	e periodic monitoring, inspection, v	iolations, and Yes No
Staff or volunteer hours devoted to monitoring, inspecting	ig and enforcing easements during f	the year 🕨
A mount of expenses incurred in monitoring, inspecting, a	and enforcing easements during the	e year ► \$
Does each conservation easement reported on line 2(d) $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	above satisfy the requirements of s	section Yes No
balance sheet, and include, if applicable, the text of the f	footnote to the organization's financ	
art, historical treasures, or other similar assets held for	public exhibition, education or rese	earch in furtherance of public service,
- · · · · · · · · · · · · · · · · · · ·	· ·	·
(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
(ii) Assets included in Form 990, Part X		<b>►</b> \$
		s for financial gain, provide the
Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
Assets included in Form 990, Part X		<b>▶-</b> \$
	Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate Grants from (during year) Did the organization inform all donors and donor advisors funds are the organization's property, subject to the organization form all grantees, donors, and don used only for charitable purposes and not for the benefit impermissible private benefit?  **TIT** Conservation Easements.** Complete if til Purpose(s) of conservation easements held by the organ Preservation of land for public use (e.g., recreation of Protection of natural habitat  Preservation of open space Complete lines 2a-2d if the organization held a qualified on the last day of the tax year  Total number of conservation easements Number of conservation easements on a certified history Number of conservation easements modified, transferred the taxable year  **Number of conservation easements modified, transferred the taxable year **  Number of states where property subject to conservation Does the organization have a written policy regarding the enforcement of the conservation easements it holds?  Staff or volunteer hours devoted to monitoring, inspecting, and the property of the conservation easement reported on line 2(d) 170(h)(4)(B)(ii) and 170(h)(4)(B)(iii)?  In Part XIV, describe how the organization reports consibility and provide, in Part XIV, the text of the formation of the organizations Maintaining Collections Complete if the organization answered "Ye."  If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIV, the text of the footnote to its finance if the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for provide, in Part XIV, the text of the footnote to its finance if the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publication and provide the following amounts relating to these items  (i) Revenues included in	Total number at end of year  Aggregate Contributions to (during year) Aggregate Contributions to (during year) Aggregate Value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in funds are the organization inform all donors and donor advisors in writing that the assets held in funds are the organization inform all grantees, donors, and donor advisors in writing that grant fur used only for chantable purposes and not for the benefit of the donor or donor advisor or ottimpermissible private benefit?  **II Conservation Fasements.** Complete if the organization answered "Yes"  Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of land for public use (e.g., recreation or pleasure) Preservation of open space Complete lines 2a - 2d if the organization held a qualified conservation contribution in the foon the last day of the tax year  Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or termin the taxable year \( \)  Number of conservation easements modified, transferred, released, extinguished, or termin the taxable year \( \)  Does the organization have a written policy regarding the periodic monitoring, inspection, veriforcement of the conservation easements it holds?  Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the pose of the conservation easements in the servation easements in its revenue is balance sheet, and include, if applicable, the text of the footnote to the forganization's finance to reganization's financing for conservation easements. In its revenue state art, historical Treasure  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  If the organization elected, as perm

Part	IIII Organizations Maintaining Collections of Art	, His	tori	cal Treasu	res, or Othe	er Similar Ass	ets (co	ontinued)
3	Using the organization's accession and other records, check any items (check all that apply)	of th	e foll	owing that are	a significant i	use of its collection	n	
а	Public exhibition	d	Γ	Loan or exch	ange programs	5		
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and expla Part XIV	ın hov	v the	/ further the o	rganızatıon's e	xempt purpose in		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as						Yes	Г No
Par		Com	plete	o if the organ		vered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other interme included on Form 990, Part X?	dıary	for c	ontributions o	r other assets		Yes	Г No
b	If "Yes," explain why in Part XIV and complete the following tabl	е						
						A mo	unt	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X, line	21?				Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV							
Par	<b>t V</b> Endowment Funds. Complete if the organization (a)Current Year		were Prior '			rt IV, line 10. Three Years Back (	a <b>\</b> Eour V	oars Pask
1a	Beginning of year balance	(0)	FIIOI	rear (c) we	rears back (u	Timee rears back (	eji odi 1	ears back
b	Contributions							
_								
C	Investment earnings or losses							
d	Grants or scholarships							
е	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held a	ıs						
а	Board designated or quasi-endowment							
b	Permanent endowment							
c	Term endowment ▶							
3a	Are there endowment funds not in the possession of the organization by	ation	that a	are held and a	dmınıstered foı	the	Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
b	If "Yes" to 3a(II), are the related organizations listed as required					3b		
4	Describe in Part XIV the intended uses of the organization's end							
Par	VI Investments—Land, Buildings, and Equipme	nt. S	<u>ee F</u>	<u>orm 990, Pa</u>	rt X, line 10.			
	Description of investment			) Cost or other is (investment)	<b>(b)</b> Cost or other basis (other)	(c) Depreciation	<b>(d)</b> Bo	ok value
1a L	and							
b B	uildings	•						
c L	easehold improvements			152,837		59,480		93,357
d E	quipment			885,661		422,176		463,485
	ther	•		1,037,919		348,813		689,106
Total	Add lines 1a-1e (Column (d) should equal Form 990, Part X, colum	nn (B)	, lıne	10(c).)				1,245,948
						Schedule D (	Form 9	90) 2008

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2			
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Metho	) Method of valuation r end-of-year market value		
Financial derivatives and other financial products					
Closely-held equity interests					
O ther					
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)					
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.			
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation		
(2) 2 22 April 10 April 20 Apr	(2) 200% (4)40	Cost or end-of-	year market value		
-					
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )					
Part IX Other Assets. See Form 990, Part X, II	ne 15.				
(a) Descri	ption		( <b>b)</b> Book value		
Total. (Column (b) should equal Form 990, Part X, col.(B) line					
Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability	X, line 25. (b) A mount				
Federal Income Taxes	(b) A mount				
CAPITAL LEASE	62,630				
GUARANTEES	68,455				
GOVERNMENT ADVANCE	6,970,613				
E-rate liability	308,398				
	200,330				
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	7,410,096				

Par	XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	23,781,578
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,113,781
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,667,797
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-154,612
9	Total adjustments (net) Add lines 4 - 8	9	-154,612
10		10	1,513,185
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9  XII Reconciliation of Revenue per Audited Financial Statements With Revenue Per		
1	Total revenue, gains, and other support per audited financial	Jei ke	24,524,941
	statements	1	, , _
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	743,363
3	Subtract line <b>2e</b> from line <b>1</b>	3	23,781,578
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	(
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	23,781,578
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	23,011,756
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
с	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	897,975
3	Subtract line <b>2e</b> from line <b>1</b>	3	22,113,781
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)		,
с -	Add lines 4a and 4b	4c	22.112.701
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	22,113,781

Ident if ier	Ret urn Reference	Explanation
Part XI, Line 8 - Other Adjustments		to unconsolidate kcep mortgage from kipp foundation
Part XIII, Line 2d - Other Adjustments		kcep mortgage's portion of program services expense

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493207006110

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

**Inspection** 

Name of the organization						Employer identii	ication number
KIPP Foundation						94-3362724	
Part I General Inform	nation on Gra	nts and Assistanc	e			•	
2 Describe in Part IV the or	d to award the gra rganızatıon's proc	nts or assistance? edures for monitoring tl	ne use of grant funds in t	he United States			
Part IV and Sche	IV, line 21 for a edule I-1 if addi	ny recipient that rec itional space is	eived more than \$5,0	00. Check this box	tes. Complete if the o	eived more than \$5,	d "Yes" on 000. Use
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sect		=					40
organizations	er organizations .						<u> </u>
For Danerwork Peduction Act Noti	ica coatha Instruc	tions for Form 990		Cat No. 50059	D .	Sc	hadula T (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance (b) Number of recipients (c) A mount of cash grant (d) A mount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other)  EXCELLENCE IN TEACHING AWARD 10 100,000 general support  KIPPSTER OF THE YEAR GRANT 1 2,500 general support					
KIPPSTER OF THE YEAR GRANT 1 2 500	(a)Type of grant or assistance	1		(book, FMV, appraisal,	(f)Description of non-cash assistance
KIPPSTER OF THE YEAR GRANT  1 2,500  general support	EXCELLENCE IN TEACHING AWARD	10	100,000		general support
	KIPPSTER OF THE YEAR GRANT	1	2,500		general support

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE MAJORITY OF GRANTS AND AWARDS DISTRIBUTED FROM KIPP FOUNDATION DURING THE 2008-09 FISCAL YEAR were REQUIRED TO COMPLY WITH SPECIFIC GRANT CRITERIA SET FORTH BY THE DONATING FOUNDATIONS ASSURANCE THAT AWARDED FUNDS WERE SPENT IN ACCORDANCE WITH THE TERMS OF THE GRANT AGREEMENT WAS OBTAINED BY SENDING THE MONEY DIRECTLY TO THE RECIPIENT'S SCHOOLO AS OPPOSED TO THE INDIVIDUAL IN ADDITION, THE FOUNDATION WAS SUBJECT TO A ANNUAL SINGLE AUDIT AND REVIEW OF SCHOOL FINANCIAL STATEMENTS TO ENSURE THAT EACH SCHOOL RECEIVED AN UNQUALIFIED OPINION AND WAS DEEMED TO BE FREE OF MATERIAL WEAKNESSES IN ITS INTERNAL CONTROLS
O ther Information	Part IV	DEPARTMENT OF EDUCATION (DOE) SCHOOL GRANTS ARE APPLIED FOR BY THE INDIVIDUAL SCHOOLS THROUGH SUBMISSION OF DETAILED BUDGET REQUESTS, WHICH ARE ULTIMATELY APPROVED FOR FUNDING BY THE DOE UPON AWARD, GRANT LETTERS ARE PROVIDED TO EACH OF THE SCHOOLS STATING SPECIFIC TERMS FOR COSTS ACCEPTED FOR FUNDING AND BUDGET COMPLIANCE IN ADDITION, A CONFERENCE CALL IS HELD DIRECTLY WITH A DOE REPRESENTATIVE AND A REPRESENTATIVE FROM EACH OF THE KIPP SCHOOLS WHO WERE AWARDED FUNDING, TO REVIEW THE AWARD GUIDELINES COMPLIANCE THROUGHOUT THE YEAR IS MONITORED BY THE KIPP FOUNDATION FINANCE TEAM THROUGH REVIEW OF THE QUARTERLY DRAWDOWN REQUESTS EACH RECIPIENT SCHOOL IS REQUIRED TO SUBMIT APPROPRIATE DOCUMENTATION AND RECORDS FOR ALL EXPENSES FOR WHICH THEY ARE REQUESTING TO DRAWDOWN FUNDS KIPP FOUNDATION WILL REVIEW EACH REQUEST FOR ACCURACY, ACCORDANCE WITH THE ORIGINAL BUDGET REQUEST AND LEGITIMACY
	+	

Software ID:

**Software Version:** 

**EIN:** 94-3362724

Name: KIPP Foundation

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIPP Gaston College Preparatory 320 Plesant Hill Road Gaston, NC 27832	20-5664061	501(C)(3)	4,000				GENERAL SUPPORT
New Profit Inc2 Canal Park Cambridge, MA 02141	04-3396766	501(C)(3)	15,000				GENERAL SUPPORT
KIPP Delta College Prepa 215 Cherry St Helena, AR 72342	31-1807400	501(C)(3)	7,000				GENERAL SUPPORT
Foundations Inc2 Executive Dr Suite 1 Moorestown, NJ 08057	52-1801849	501(C)(3)	4,900				GENERAL SUPPORT
National Alliance for Public Charter SchoolsPO Box 2690 Vashon, WA 98070	30-0274709	501(C)(3)	7,500				GENERAL SUPPORT
KIPP Delta College Prep215 Cherry St Helena, AR 72342	31-1807400	501(C)(3)	7,000				GENERAL SUPPORT
KIPP Endeavor A cademy 2700 East 18th Street Ste 115 B Kansas City, MO 64127	20-8552002	501(C)(3)	1,000				Team & Family Grants - to visit other KIPP school
KIPP Metro Atlanta Collaborative191 Peachtree Street NE Suite 810 Atlanta, GA 30303	11-3723114	501(C)(3)	666				Team & Family Grants - to visit other KIPP school
KIPP DC LEAP4801 Benning Road SE Washington, DC 20019	74-2974642	501(C)(3)	1,000				Team & Family Grants - to visit other KIPP school
KIPP Minnesota1601 Laurel Avenue Minneapolis,MN 55403	20-8877750	501(C)(3)	996				Team & Family Grants - to visit other KIPP school

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash assistance or assistance FMV, appraisal, or government ıf applıcable assistance other) 501(C)(3) KIPP North Carolina320 20-5664061 1,000 Team & Family Plesant Hill Road Grants - to visit Gaston, NC 27832 other KIPP school KIPP Sunshine Peak 13-4230051 501(C)(3) 863 Team & Family Academy 375 South Grants - to visit Teion Street other KIPP school Denver, CO 80223 05-0546103 1.000 Team & Family KIPP Philadelphia 501(C)(3) Charter School 2709 Grants - to visit North Broad Street 4th other KIPP school Floor Philadelphia, PA 19132 KIPP Polaris Academy 13-3875888 501(C)(3) 946 Team & Family 9634 Mesa Drive Grants - to visit other KIPP school Houston, TX 77078 KIPP Pride High School 20-5664061 1,000 501(C)(3) Team & Family 320 Plesant Hill Road Grants - to visit other KIPP school Gaston, NC 27832 KIPP Ascend Charter 30-0135927 501(C)(3) 75,000 subgrant from School1616 S Avers Ave Atlantic Philanthropies Chicago, IL 60623 KIPP Ujima Village 52-2342513 75,000 subgrant from 501(C)(3) Academy4701 Atlantic Greenspring Ave Room Philanthropies 115 Baltimore, MD 21209 KIPP Bridge College Prep 01-0585829 501(C)(3) 75,000 subgrant from 991 14th Street Atlantic Oakland, CA 94607 Philanthropies 13-5562191 The Children's Aid 501(C)(3) 125,000 subgrant from Society105 East 22nd Atlantic Philanthropies Street New York, NY 10010 501(C)(3) KIPP Journey Academy 20-8627107 100,000 subgrant from 1406 Myrtle Avenue Atlantic Columbus, OH 43211 Philanthropies

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (d) A mount of cash (e) A mount of non-(a) Name and address of **(b)** EIN (c) IRC Code (f) Method of (g) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash assistance or assistance FMV, appraisal, or government ıf applıcable assistance other) 52-2342513 501(C)(3) 37,500 KIPP U11ma V1llage subgrant from Atlantic Academy4701 Greenspring Ave Room Philanthropies 115 Baltimore, MD 21209 501(C)(3) 37,500 KIPP Lead College Prep 20-4523652 subgrant from Charter School 6060 Atlantic Miller Avenue Philanthropies Gary, IN 46403 KIPP Colorado Schools 13-4230051 501(C)(3) 37,500 subgrant from 375 S Tejon Street Atlantic Denver, CO 80223 Philanthropies KIPP Bay Area 20-5010766 501(C)(3) 75,000 High School start up SCHOOLS426 17th grant Street Suite 200 Oakland, CA 94612 KIPP Delta Collegiate 31-1807400 501(C)(3) 75,000 High School start up 320 Missouri St grant Helena, AR 72342 501(C)(3) High School start up KIPP DC910 17th Street 74-2974642 75,000 NW Suite 1050 grant Washington, DC 20006 501(C)(3) KIPP New York625 W 20-3971209 75,000 High School start up 133rd St Room 345 grant New York, NY 10027 501(C)(3) 75,000 High School start up KIPP Bay Area 20-5010766 SCHOOLS426 17th grant Street Suite 200 Oakland, CA 94612 KIPP Delta Collegiate 75,000 High School start up 31-1807400 501(C)(3) 320 Missouri St grant Helena, AR 72342 75,000 KIPP DC910 17th Street 74-2974642 501(C)(3) High School start up NW Suite 1050 arant Washington, DC 20006

Form 990,Schedule I,	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	( <b>e)</b> A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	, , ,			
KIPP New York625 W 133rd St Room 345 New York, NY 10027	20-3971209	501(C)(3)	75,000				High School start up grant			
KIPP Inc10711 KIPP Way Houston,TX 77099	13-3875888	501(C)(3)	15,000				Community of Practice Grant			
KIPP LA Schools445 S Figueroa St Suite 2580 Los Angeles,CA 90071	13-4230051	501(C)(3)	9,750				Sustainability Grants			
KIPP Academy of Opportunity7019 South Van Ness Avenue Los Angeles,CA 90047	13-4230051	501(C)(3)	9,750				Sustainability Grants			
KIPP SF Bay Academy 1430 Scott Street San Francisco, CA 94115	20-5010766	501(C)(3)	9,750				Sustainability Grants			
KIPP Summit Academy 2005 Via Barrett San Lorenzo, CA 94580	42-1564209	501(C)(3)	19,500				Sustainability Grants			
KIPP Heartwood Academy1250 South King Road San Jose, CA 95122	14-1911383	501(C)(3)	19,500				Sustainability Grants			
KIPP LA Schools445 S Figueroa St Suite 2580 Los Angeles,CA 90071	13-4230051	501(C)(3)	9,750				Sustainability Grants			
KIPP LA Schools445 S Figueroa St Suite 2580 Los Angeles, CA 90071	13-4230051	501(C)(3)	9,750				Sustainability Grants			
KIPP DIAMOND Academy2110 Howell Avenue Memphis,TN 38108	68-0502820	501(C)(3)	47,653				Department of Education subgrant			

Form 990,Schedule I,	Part II, Gra	nts and Other As	ssistance to Gov	ernments and O	rganizations in	the United States	<b>;</b>
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		( <b>e)</b> A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant
KIPP Academy Nashville 123 Douglas Avenue Nashville,TN 37207	20-2799123	501(C)(3)	10,341				Department of Education subgrant
KIPP Academy Nashville 123 Douglas Avenue Nashville,TN 37207	20-2799123	501(C)(3)	10,341				Department of Education subgrant
KIPP Academy Nashville 123 Douglas Avenue Nashville,TN 37207	20-2799123	501(C)(3)	15,596				Department of Education subgrant
KIPP Academy Nashville 123 Douglas Avenue Nashville,TN 37207	20-2799123	501(C)(3)	10,421				Department of Education subgrant
KIPP Delta College Prep 215 Cherry St Helena, AR 72342	31-1807400	501(C)(3)	39,617				Department of Education subgrant
KIPP Delta College Prep 215 Cherry St Helena, AR 72342	31-1807400	501(C)(3)	36,357				Department of Education subgrant
KIPP Delta College Prep 215 Cherry St Helena, AR 72342	31-1807400	501(C)(3)	37,475				Department of Education subgrant
KIPP Delta College Prep 215 Cherry St Helena, AR 72342	31-1807400	501(C)(3)	30,000				Department of Education subgrant
KIPP Gaston College Preparatory320 Plesant Hıll Road Gaston,NC 27832	20-5664061	501(C)(3)	19,061				Department of Education subgrant
KIPP Gaston College Preparatory320 Plesant Hill Road Gaston,NC 27832	20-5664061	501(C)(3)	19,061				Department of Education subgrant

Form 990,Schedule I,	Part II, Grai	nts and Other A	ssistance to Gov	ernments and O	rganizations in	the United States	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIPP Gaston College Preparatory320 Plesant Hıll Road Gaston,NC 27832	20-5664061	501(C)(3)	28,592				Department of Education subgrant
KIPP Gaston College Preparatory320 Plesant Hıll Road Gaston,NC 27832	20-5664061	501(C)(3)	28,592				Department of Education subgrant
KIPP Reach Academy 1901 NE 13th Street Oklahoma City, OK 73117	30-0005794	501(C)(3)	52,694				Department of Education subgrant
KIPP Reach Academy 1901 NE 13th Street Oklahoma City, OK 73117	30-0005794	501(C)(3)	52,994				Department of Education subgrant
KIPP Reach Academy 1901 NE 13th Street Oklahoma City, OK 73117	30-0005794	501(C)(3)	75,415				Department of Education subgrant
KIPP Reach Academy 1901 NE 13th Street Oklahoma City, OK 73117	30-0005794	501(C)(3)	57,652				Department of Education subgrant
KIPP Ujima Village A cademy4701 Greenspring A ve Room 115 Baltimore, MD 21209	52-2342513	501(C)(3)	63,327				Department of Education subgrant
KIPP Ujima Village A cademy4701 Greenspring A ve Room 115 Baltimore, MD 21209	52-2342513	501(C)(3)	57,017				Department of Education subgrant
KIPP Ujima Village A cademy4701 Greenspring A ve Room 115 Baltimore, MD 21209	52-2342513	501(C)(3)	31,517				Department of Education subgrant
KIPP Ujima Village A cademy4701 Greenspring Ave Room 115 Baltimore, MD 21209	52-2342513	501(C)(3)	91,807				Department of Education subgrant

Software ID: Software Version:

**EIN:** 94-3362724

Name: KIPP Foundation

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada										
		(C) Position (check all that apply)							(-)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Richard Barth , CEO	40 00	Х		Х				301,830	0	8,142
Michael Feinberg , Co- founder/DIRECTOR	40 00	×						145,010	0	15,051
Dave Levin , CO -founder/DIRECTOR	40 00	Х						148,492	0	0
DONALD FISHER , CO - founder/DIRECTOR	1 00	Х						0	0	0
DORIS FISHER , Director	1 00	Х						0	0	0
John Fisher , Director	1 00	Х						0	0	0
Scott Hamilton , Director	1 00	X						0	0	
Reed Hastings , Director	1 00	Х						0	0	0
SHAWn M Hurwitz , Director	1 00	Х						0		
Michael L Lomax , Director	1 00	Х						0	0	
Mark Nunnelly , Director	1 00	Х						0		_
SEBHA ALI , BOARD MEMBER	1 00	Х						0	0	0
KATHERINE BRADLEY , BOARD MEMBER	1 00	Х						0	0	0
DAVID LEEBRON , BOARD MEMBER	1 00	Х						0		_
TINA SACHS , CFO	40 00			Х				161,071	0	15,521
DARRYL COBB , CHIEF LEARNING OFFICER	40 00				х			153,334	0	21,542
DAVID WICK , CHIEF DVLP OFFICER	40 00					Х		186,992	0	8,873
JOHN KANBERG , DIR BOARD RELATIONS & I	40 00					Х		166,121	0	10,193
MIKE WRIGHT , regional director	40 00					Х		165,156	0	12,862
DIANE ROBINSON , DIR RECRUITMENT	40 00					Х		147,469	0	11,218
lında belans , dırector, coachıng	40 00					Х		144,180	0	9,575

Form 990,Schedule I,	, Part II, Gra	nts and Other As	ssistance to Gov	ernments and C	rganizations in	the United States	5
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	( <b>e)</b> A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIPP TRUTH Academy 3200 South Lancaster Road Ste 230 A A Dallas,TX 75216	82-0578155	501(C)(3)	500				Student Leadership Proposal Winner
KIPP Gaston College Preparatory320 Plesant Hill Road Gaston, NC 27832	20-5664061	501(C)(3)	250				Student Leadership Proposal Winner
KIPP Delta College Prep 215 Cherry St Helena, AR 72342	31-1807400	501(C)(3)	250				Student Leadership Proposal Winner
KIPP Gaston320 Plesant Hill Road Gaston, NC 27832	20-5664061	501(C)(3)	8,125				Sustainability Grants
KIPP Adelante1475 Sixth Avenue 2nd Floor Los Angeles, CA 92101	13-4230051	501(C)(3)	39,000				Sustainability Grants
KIPP LA Prep2810 Whittier Blvd Los Angeles, CA 90023	13-4230051	501(C)(3)	9,750				Sustainability Grants
KIPP Heartwood Academy1250 South King Road San Jose, CA 95122	14-1911383	501(C)(3)	19,500				Sustainability Grants

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**Questions Regarding Compensation** 

As Filed Data -

DLN: 93493207006110

OMB No 1545-0047

**Compensation Information** 

**Schedule J** (Form 990)

Department of the Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

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Internal Revenue Service	that answered "Yes" to Form 990, Part IV, line 23.		Inspection
Name of the organization KIPP Foundation		Employer identif	ication number
		94-3362724	

					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	$\sqcap$	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			İ
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t		·			
	Compensation committee	Г	Written employment contract			
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			İ
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		No

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#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	( <b>F)</b> Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Richard Barth	(1) (11)	301,830			8,046	96	309,972	
Michael Feinberg	(1) (11)	145,010			5,782	9,269	160,061	
TINA SACHS	(1) (11)	151,071	10,000		5,445	10,076	176,592	
DARRYL COBB	(1) (11)	153,334			5,848	15,694	174,876	
DAVID WICK	(1) (11)	186,992			7,385	1,488	195,865	
JOHN KANBERG	(1) (11)	166,121			4,818	5,375	176,314	
MIKE WRIGHT	(1) (11)	165,156			6,286	6,576	178,018	
DIANE ROBINSON	(1) (11)	147,469			5,843	5,375	158,687	
lında belans	(1) (11)	144,180			4,200	5,375	153,755	
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

Software ID: Software Version:

**EIN:** 94-3362724

Name: KIPP Foundation

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

Form 990, Schedule J, Part 11 - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
(A) Name	(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Richard Barth (i	301,830			8,046	96	309,972	
	145,010			5,782	9,269	160,061	
	151,071 1)	10,000		5,445	10,076	176,592	
	153,334 1)			5,848	15,694	174,876	
	186,992 1)			7,385	1,488	195,865	
JOHN KANBERG (I	166,121 1)			4,818	5,375	176,314	
	165,156 1)			6,286	6,576	178,018	
DIANE ROBINSON (I	147,469			5,843	5,375	158,687	
lında belans (i	144,180			4,200	5,375	153,755	

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DLN: 93493207006110

OMB No 1545-0047

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### **SCHEDULE 0**

(Form 990)

Department of the Treasury
Internal Revenue Service

## Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization
KIPP Foundation
94-3362724

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		DONALD FISHER AND DORIS FISHER ARE MARRIED JOHN FISHER IS THEIR SON

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The taxpayer's accounting firm prepared THE Form 990 A draft of the return was forwarded to the organization's CFO and GENERAL COUNSEL IT WAS THEN FORWARDED TO THE ORGANIZATION'S AUDIT COMMITTEE FOR THEIR REVIEW AND FEEDBACK BOARD and committee members were ENCOURAGED TO REVIEW THE FORM 990 AND DIRECT THEIR QUESTIONS TO THE CFO AND GENERAL COUNSEL IT WAS REVIEWED BY THE BOARD AND VOTED ON FOR APPROVAL

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		OFFICERS AND DIRECTORS RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY AND UPDATE THEIR DISCLOSURES ON AN ANNUAL BASIS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		COMPENSATION ARRANGEMENTS, INCLUDING BENEFITS, FOR ALL EMPLOYEES ARE BASED ON REGULAR COMPENSATION STUDIES THAT COMPARE DATA FROM SIMILAR ORGANIZATIONS (E.G. INDUSTRY, SIZE, ETC.) REGARDING COMPENSATION PAID FOR SIMILAR POSITIONS BASED ON THIS INFORMATION, COMPENSATION ARRANGEMENTS FOR THE MAJORITY OF EMPLOYEES ARE REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER IN ACCORDANCE WITH CALIFORNIA LAW, COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER IS REVIEWED AND APPROVED AS "JUST AND REASONABLE" BY THE BOARD OF DIRECTORS THESE REVIEWS OCCUR WHEN THE OFFICER IS HIRED, WHEN THE TERM OF EMPLOYMENT OF THE OFFICER IS RENEWED OR EXTENDED, AND WHEN THE OFFICER'S COMPENSATION PACKAGE IS MODIFIED, UNLESS THE MODIFICATION APPLIES TO SUBSTANTIALLY ALL EMPLOYEES KIPP FOUNDATION DIRECTORS SERVE ON THE BOARD ON A VOLUNTARY BASIS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C	AUDIT COMMITTEE ROLE	THE PROCESS FOR THE OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR

#### DLN: 93493207006110

2008

OMB No 1545-0047

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## **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Name of the organization **Employer identification number** KIPP Foundation 94-3362724 Part I Identification of Disregarded Entities (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity (if section 501(c)(3)) or foreign country) entity KCEP MORTGAGE acquiring or refinancing 135 MAIN STREET 1700 construction loans for CA 501(c)(3) line 11a, Type i SAN FRANCISCO, CA94105 owned facilities 26-2301999

<b>(A)</b> Name, address, and EIN of related organization	Prim	<b>(B)</b> nary activity	(C) Legal domicile (state or foreign country)  (D) Direct controllin entity		(E) Predominant income(related, investment, unrelated)		(F) Share of total income		<b>(G)</b> Share of end-of- year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General o managing partner?	
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organization		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	( <b>H)</b> Percentage r ownership		

(5)

(6)

Part V	<b>Transactions with Related Organizations</b>
1 41 6 4	Transactions with Related organizations

	<del></del>					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with	one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	Gift, grant, or capital contribution to other organization(s)			1b		No
c	Gift, grant, or capital contribution from other organization(s)			1c		No
d	Loans or loan guarantees to or for other organization(s)			1d	Yes	
e	Loans or loan guarantees by other organization(s)			1e		No
f	Sale of assets to other organization(s)			1f		No
g	Purchase of assets from other organization(s)			<b>1</b> g		No
h	Exchange of assets			1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No
k	Performance of services or membership or fundraising solicitations for other organizat	cion(s)		1k		No
1	Performance of services or membership or fundraising solicitations by other organization	on(s)		11		No
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No
n	Sharing of paid employees			1n		No
o	Reimbursement paid to other organization for expenses			10		No
р	Reimbursement paid by other organization for expenses			1р		No
q	O ther transfer of cash or property to other organization(s)			1q		No
r	O ther transfer of cash or property from other organization(s)			1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who	must complete this line, including covered relationships	and transaction thresholds			
	(A)	(B)	(C)			
	Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)	KCEP Mortgage	D			154,61	2
(2)						
(3)						
(4)						

#### Part VI Unrelated Organizations Taxable as a Partnership

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

	T	ı	(5)		· -			1	1	
<b>(A)</b> Name, address, and EIN of entity	(B) Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	<b>(F)</b> Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	
			Yes	No		Yes	No		Yes	No
	1	1				ı		1		