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Department of the Treasury

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)

2009

OMB No 1545-0047

Open to Public

Internal F	Revenue	Service Fine o	rganization may have to use a	a copy of this return to satisfy s	state reporting	requirements	Inspection
A Foi	the .	2009 calendar yea	ar, or tax year beginning 07-0	1-2009 and ending 06-30-201	.0	D Employer ide	entification number
_		pplicable Please	C Name of organization KIPP Foundation				
Add —		label or	Doing Business As			94-336272 E Telephone nu	
Nan		type. See				(415) 399-:	
Initi		Instruc-	Number and street (or P O box 135 Main Street No 1700	ıf maıl ıs not delivered to street addre	ess) Room/suite	G Gross receipts	
Ten							+,,-
_ Ame	ended	return	City or town, state or country, a San Francisco, CA 94105	nd ZIP + 4			
App	lication	n pending				l	
		F Na Tina S	me and address of principal of achs	fficer		ıs a group returr	
		135 M	aın Street No 1700		απιιια	ates?	⊤Yes ▼ No
		San Fr	ancisco, CA 94105		H(b) Are a	ll affiliates includ	ed?
г Тах	-exem	npt status 🔽 501(c	c) (3) 4 (insert no)	(1) or	_	o," attach a list ip exemption nu	(see instructions)
		e: ► http://www.kij		(-, ,	H(c) Grou	ap exemption nu	mber F
K Form Par			tion Trust Association Other	er 🟲	L Year of fo	ormation 2000 M	State of legal domicile CA
Га	1	Summary Briefly describe th	ne organization's mission or m	ost significant activities			
a,	_	•	-	inderserved students with skill	s to succeed ı	n college & lıfe	
Governance							
§	2	Check this box 🛏	if the organization disconti	nued its operations or disposed	l of more than	25% of its net a	issets
	3	Number of voting	members of the governing boo	dy (Part VI, line 1a)		3	1
တို့ မ	4	Number of indepe	ndent voting members of the q	governing body (Part VI, line 1	b)	. 4	1
Activities &	5	Total number of e	mployees (Part V , line 2a) .			5	
<u> </u>	6		olunteers (estimate if necess			6	1
`		•		art VIII, column (C), line 12			
	ь	Net unrelated bus	iness taxable income from Fo	rm 990-1, line 34		7 b	
		Cantuibutiana an	d annuts (Dant VIII line 1 h)		Prio	or Year	Current Year
<u>ā</u>	8 9		d grants (Part VIII, line 1h)			1,818,193	21,260,530
Revenue	10	_		es 3, 4, and 7d)		119,187	2,103,788
歪	11		Part VIII, column (A), lines 5	, , ,		208,682	197,387
	12			equal Part VIII, column (A), lin	e	200,002	237,007
			<u> </u>			23,781,578	23,604,345
	13			umn (A), lines 1-3)		2,392,026	1,997,945
	14	•	or for members (Part IX, colui		_		0
8	15	Salaries, other c	ompensation, employee bene	fits (Part IX, column (A), lines	5-	9,197,445	11,805,535
Expenses	16a	Professional fund	draising fees (Part IX, column	(A), line 11e)			0
ੜੇ	ь	Total fundraising exp	penses (Part IX, column (D), line 25	935,758			
	17	Other expenses	(Part IX, column (A), lines 11	a-11d, 11f-24f)		10,524,310	10,969,500
	18	Total expenses	Add lines 13–17 (must equa	Part IX, column (A), line 25)		22,113,781	24,772,980
	19	Revenue less ex	penses Subtract line 18 from	line 12		1,667,797	-1,168,635
Net Assets or Fund Bafances						g of Current Year	End of Year
20 00 00 00 00 00 00 00 00 00 00 00 00 0	20	Total assets (Pa	rt X, line 16)		<u>'</u>	29,990,063	28,737,197
₹ <u>₽</u>	21		Part X, line 26)			10,308,123	10,236,434
2 2 2 2 3	22		nd balances Subtract line 21			19,681,940	18,500,763
Par	t II	Signature Bl	ock				
				ed this return, including accompanying			
		and belief, it is true,	correct, and complete Declaration (of preparer (other than officer) is base	eu on an imonnat	юп от which ртерате	er has any knowledge
Sign		*****			2011-	-05-13	
Here	•	Signature of office	er		Date		
		Tina Sachs CFO	no and title				
		Type or print nam	ne and the			T ₋	
		Preparer's LYNN	A HENLEY		Check If self-	Preparer's identif	
Paid					empolyed 🕨 🦵		
Prepa		Firm's name (or your if self-employed),	rs HOOD & STRONG LLP CPAS			EIN Þ	
Use C	лпу	address, and ZIP + 4	100 FIRST STREET 14th FLOO	R			
			SAN FRANCISCO, CA 94105			Phone no 🕨 (4	15) 781-0793
May t	he IR	S discuss this retu	urn with the preparer shown at	oove? (see instructions)			✓ Yes No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The MISSION of the KIPP Foundation is to create a respected, influential and national network of PUBLIC schools that are successful in helping students from educationally underserved communities to develop the knowledge, skills, character and habits needed to succeed in college and the competitive world beyond

4d 4e	Other program ser (Expenses \$ Total program ser	· · · · · · · · · · · · · · · · · · ·	nedule O) See a luding grants o 19,928,46	f\$	or Description) (Revenue \$)
4d	, ,	•	•		•)
4d	Other program se	vices (Describe in Sch	nedule O) See a	also Additional Data f	or Description	
	The Foundation is com		should drive decis	ions about resource allocat	n making at the KIPP Foundation ion, programming, instruction, op	and KIPP Schools at every level erations, external messaging and
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
		ort - The Foundation provides ions, real estate, fundraising		ice to existing kipp schools	s in the area of professional deve	lopment, curriculum, instructional
4b	(Code) (Expenses \$		including grants of \$	1,997,945) (Revenue \$	
	FOUNDATION HAS TRA ENSURES THE QUALIT LEADERS AND TEACHE FOR FOUNDATION AND PERFORMANCE AND D	ent - THE FOUNDATION FOCU NINED OVER 100 INDIVIDUAL Y OF EDUCATION WITHIN A R LEADERS THE KIPP FOUN O REGIONAL EFFORTS TO RE	JSES ON TRAINING S TO FOUND NEW SCHOOL OVER THE DATION HAS RECE CRUIT, ASSESS, D SED ON A SHARED	G LEADERS AT ALL LEVELS KIPP SCHOOLS OVER THE F LONG TERM, OFFERING LI NTLY DEVELOPED A NEW L EVELOP AND RETAIN EXCEL UNDERSTANDING OF WHA	THROUGH THE KIPP SCHOOL LEAD PAST TEN YEARS THE KIPP LEAD EADERSHIP DEVELOPMENT FOR S EADERSHIP COMPETENCY MODEL LLENT LEADERS REGIONS AND SO IT IT MEANS TO BE AN EFFECTIVE	DERSHIP PROGRAM, THE ERSHIP PATHWAYS PROGRAM UCCESSION LEADERS, EMERGING . THAT WILL SERVE AS THE ANCHOR
4a	(Code) (Expenses \$	8,157,340	ıncludıng grants of \$) (Revenue \$	838,094)
4	Section 501(c)(3)	•	tions and section	on 4947(a)(1) trusts a	largest program services t are required to report the ar service reported	•
	If "Yes," describe t	nese changes on Sched	ule O			
3	Did the organization services?	n cease conducting, or i	make sıgnıfıcar	•	onducts, any program	┌ Yes ┌ No
	If "Yes," describe t	nese new services on S	chedule O			
	the prior Form 990	or 990-EZ?				┌ Yes ┌ No

Part IV	Check	list 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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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 similar funds or 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		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
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		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school 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 United States?	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 United States? 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 U S? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 25	24a		No
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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
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		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
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		N o
31	Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance	art V	Statements	Regarding	Other IRS	Filings and	Tax (Compliance
--	-------	------------	-----------	-----------	-------------	-------	------------

			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			- 110
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 to vendors 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 return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
•	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
•	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	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		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

135 MAIN STREET SUITE 1700 San Francisco, CA 94105

(415) 874-7387

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

Se	ction A. Governing Body and Management					
<u> </u>	casa ootoning boay and rianagement				Yes	No
1a	Enter the number of voting members of the governing body	1a	15			
b	Enter the number of voting members that are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness •	relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its organizational documents sfiled?		•	4		Νο
5	Did the organization become aware during the year of a material diversion of the orga	anızatı	on's assets?	5		No
6	Does the organization have members or stockholders?			6		No
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		r more members of the	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockhold		rother persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written active 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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,					
	organization's mailing address? If "Yes," provide the names and addresses in Sched			9		Νo
	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal			
Re	venue Code.)				Yes	NI-
10-	December of the community of the communi			10-	res	No
	Does the organization have local chapters, branches, or affiliates?	•	o of such charters	10a		Νο
	If "Yes," does the organization have written policies and procedures governing the ad affiliates, and branches to ensure their operations are consistent with those of the or	rganız	ation?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing	ng bod	y before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Fo	orm 9	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually to conflicts?		-	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance wit describe in Schedule O how this is done	th the	policy? If "Yes,"	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 revi independent persons, comparability data, and contemporaneous substantiation of th	ew an	d approval by			
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
ь	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take					
	organization's exempt status with respect to such arrangements?			16b		
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed ►CA , IL , N	Υ				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. A nother's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governmenterest policy, and financial statements available to the public See Additional Data					
20	State the name, physical address, and telephone number of the person who possess	es the	books and records of th	ie orga	ınızatıor	n 🕨
	Tina Sachs					

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total	•	1,991,731	0	150,482

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -22

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 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 individual	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		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Marriott International pO BOX 4030033 ATLANTA, GA 30384	HOTEL	1,008,181
MATHEMATICA POLICY RESEARCH INC PO BOX 2393 PRINCETON, NJ 08543	CONSULTING	554,465
dELL usa PO BOX 910916 PASADENA, CA 91110	COMPUTER COMPONENTS	547,137
ppf off 345 sPEAR st LP PO BOX 601125 LOS ANGELES, CA 90060	OFFICE RENT	445,810
NETWOVEN INC PO BOX 44 NAPERVILLE, IL 60566	SOFTWARE ENGINEERING	418,543
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►26) who received more than	

Page 8

	rm 990 (2009) Page 9 Int VIII Statement of Revenue										
Part V	<u>/1111</u>	Statement o	f Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514			
nts ots	1a	Federated camp	aigns 1a								
gra our	ь	Membership due	es 1b								
<u>چ</u> ر	С	Fundraising eve									
<u>#</u> ,#	d	Related organiza		400 133							
Sim.	e	Government grants									
Contributions, gifts, grants and other similar amounts	g g	sımılar amounts not	outions included in	20,852,397							
S E	h		1a-1f	▶	21,260,530						
				Business Code							
Pevenu	2a	LICENSE FEES		900,099	1,267,694	1,267,694					
Fe ≥	ь	SERVICE FEES & CO	ONFERE	900,099	838,094	838,094					
92	С										
Program Serwce Revenue	d										
	e										
200	f	All other program service revenue									
Δ	g	Total. Add lines	2a-2f		2,105,788						
	3	Investment inco	ome (including dividen	ds, interest							
			ramounts)	⊢	40,802			40,802			
	4 5		ment of tax-exempt bond p	· · · · · · · · · · · · · · · · · · ·							
		Royalties	(ı) Real	(II) Personal							
	6a	Gross Rents	184,433	(ii) i ciociiai							
	ь	Less rental expenses									
	c	Rental income	184,433								
	d	or (loss) Net rental incom	ne or (loss)		184,433			184,433			
			(ı) Securities	(II) O ther							
	7a	Gross amount from sales of assets other than inventory		1,398							
	b	Less cost or other basis and		1,560							
	 c	sales expenses Gain or (loss)		-162							
	d	L	5)		-162			-162			
	8a	Gross income fr	om fundraising								
ıne		events (not incli \$	udıng								
Other Revenue		of contributions See Part IV, line	reported on line 1c)								
<u>.</u>			а								
ţ	b		enses b								
0	C		oss) from fundraising	events F							
	9a	See Part IV, line	om gaming activities e 19 a								
	b		enses b								
	10a	Gross sales of 11	• •	vities							
		returns and allov	a								
	b с	Less cost of go Net income or (I	ods sold b oss) from sales of inve	entory 🕨							
	Ē	Miscellaneous	· · · · · · · · · · · · · · · · · · ·	Business Code							
	11a	MISCELLANEO	US	900,099	12,954			12,954			
	ь										
	С										
	d	All other revenu	e								
	e	Total. Add lines	11a-11d		12,954						
	12	Total revenue. S	See Instructions	▶[23,604,345	2,105,788	0	238,027			

	990 (2009)				Page 10
Part	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	other organizations must complete column (A) but are not required to bot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,885,845	·		Скрепзез
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	112,100	112,100	-	
4	Benefits paid to or for members			1	
5	Compensation of current officers, directors, trustees, and key employees	1,171,967	465,000	706,967	
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	8,631,441	6,751,167	1,311,888	568,386
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	295,429	39,833		23,236
9	Other employee benefits	993,578	507,686	 	45,608
	·	•	,	 	
10	Payroll taxes	713,120	504,793	152,239	56,088
11	Fees for services (non-employees)				
a	Management				
b	Legal	26,198	26,198	 	
С	Accounting	69,426		69,426	
d	Lobbying	23,157	23,157		
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	3,520,098	3,422,048	94,070	3,980
12	Advertising and promotion	236,098	214,248	13,065	8,785
13	Office expenses	704,185	452,106	225,451	26,628
14	Information technology	287,616	188,447	87,105	12,064
15	Royalties				
16	Occupancy	1,019,856	720,990	218,259	80,607
17	Travel	2,418,823	2,142,805	216,684	59,334
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,872	14,253	619	
20	Interest	3,658	2,589	781	288
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	471,850	334,006	100,732	37,112
23	Insurance	40,939	28,979	8,740	3,220
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	PRO FESSIO NAL DeVeLoPMeN	1,376,964	1,370,573	5,791	600
ь	School leader training	317,177	317,177	 	
С	ee Recruiting & Dvlpmnt	214,809		 	1,386
d		162,734	143,503	 	8,436
e	Data acquisition	61,040	61,040	 	·
f	All other expenses	, 12	, 12		
25	Total functional expenses. Add lines 1 through 24f	24,772,980	19,928,468	3,908,754	935,758
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	27,112,300	17,720,400	3,300,734	733,130
	campaign and fundraising solicitation		l .		

Part X Balance Sheet (A) (B) Beginning of year End of year 775 655 1 Cash—non-interest-bearing 1 18,814,166 2 19.319.299 2 7,080,586 3,627,143 3 3 4 2.450.793 3.475.677 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 43.167 7 22,926 517,124 186,566 9 Land, buildings, and equipment cost or other basis Complete 2.860.048 10a 10a Part VI of Schedule D 1.245,948 **10c** 10b 1.301.938 1.558.110 b Less accumulated depreciation 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 168.062 15 15 216.263 16 29,990,063 16 28,737,197 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 1.883.344 17 1.768.837 17 Accounts payable and accrued expenses . 87,714 18 342,441 18 672,242 19 780,650 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 7.410.096 25 Other liabilities Complete Part X of Schedule D 25 7.599.233 26 **Total liabilities.** Add lines 17 through 25 10,308,123 10,236,434 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 11.318.836 14.367.795 27 Unrestricted net assets 27 28 8.363.104 28 4.132.968 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 19,681,940 33 Total net assets or fund balances 33 18,500,763 34 Total liabilities and net assets/fund balances 29.990.063 34 28,737,197

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

Additional Data

Software ID: Software Version:

EIN: 94-3362724

Name: KIPP Foundation

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	services			
(Code) (Expenses \$	622,691 including grants of \$) (Revenue \$)

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

(A) Name and Title	(B) A verage hours per	Posi t	tion (hat a	(che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Richard Barth CEO	60 00	х		x				301,815	0	9,800
Mıchael Feinberg Co-founder/DIRECTOR	30 00	Х						141,853	0	18,227
Dave Levin CO-founder/DIRECTOR	30 00	Х						148,483	0	0
DONALD FISHER CO-founder/DIRECTOR	1 00	Х						0	0	0
DORIS FISHER Director	1 00	×						0	0	0
John Fisher Director	1 00	X						0	0	0
CARRIE WALTON PENNER Director	1 00	Х						0	0	0
Reed Hastings Director	1 00	Х						0	0	0
SHAWn M Hurwitz Director	1 00	Х						0	0	0
Michael L Lomax Director	1 00	Х						0	0	0
Mark Nunnelly Dırector	1 00	Х						0	0	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	0	0
SCOTT HAMILTON BOARD MEMBER	1 00	Х						0	0	0
TINA SACHS CFO	60 00			х				158,273	0	17,548
JONATHAN COWAN CHIEF RESEARCH, DESIGN	60 00				х			204,916	0	13,971
LISA MARGOSIAN CHIEF PROGRAM OFFICER	60 00				х			187,578	0	9,201
DAVID WICK CHIEF DVLP OFFICER	60 00					х		189,071	0	18,256
JOHN KANBERG DIR BOARD RELATIONS & INC	60 00					х		181,702	0	11,022
MICHAEL WRIGHT regional director	60 00					х		168,446	0	11,064
mazher ahmad chief people officer	60 00					х		155,348	0	24,370
walther de petris chief information officer	60 00					×		154,246	0	17,023

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PRO FESSIO NA L De VeLo PMeN	1,376,964	1,370,573	5,791	600
School leader training	317,177	317,177		
ee Recruiting & Dvlpmnt	214,809	199,925	13,498	1,386
other	162,734	143,503	10,795	8,436
Data acquisition	61,040	61,040		

Employer identification number

OMB No 1545-0047

MB NO 1545-004

2000

Open to Public
Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization KIPP Foundation

94-3362724

Pa	rt I	Reas	on for Pul	olic Charity Stat	us (All org	anızatıons	must comp	lete this par	t.) See ınst	ructions	
The	rganı	zatıon ıs	not a private	e foundation because	ıtıs (Forli	nes 1 throug	gh 11, check	only one box)		
1	\sqcap	A churc	h, conventio	on of churches, or as	sociation of	churches s e	ection 170(b))(1)(A)(i).			
2	Γ	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedu	le E)				
3	\sqcap	A hospi	tal or a coop	perative hospital serv	vice organiza	atıon descril	bed in sectio i	n 170(b)(1)(A	(iii).		
4	Γ			organization operatery, and state	ed in conjund	ction with a l	hospital desc	ribed in secti	on 170(b)(1)((A)(iii). Ent	er the
5		-	•	rated for the benefit	•	or universit	y owned or op	perated by a g	overnmental	unıt describ	oed in
_	_			4)(iv). (Complete Pa local government or	•	al unit dassr	uhad in casti i	on 170/b\/1\/	A \/w\		
6 7	▼ -			t normally receives a						the genera	al public
•	1,	describ	ed in			i part or its s	зарроп пош	a government	ar unit or non	Tille gellere	п равпс
	_			A)(vi) (Complete Pa		Wuil /Com	nlata Dart II	`			
8 9	<u>'</u>		· ·	described in section			•	•			
9	ı	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of									
		-			-	=		•	• •		
				ss investment incom) from busi	nesses
10	_	•		anization after June 3	•			•	•		
10 11	<u> </u>	-	_	anized and operated	•	•	•			arry out the	nurnosas of
11	1	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other								(a)(3). Check	
е	Γ	other th	an foundatio	x, I certify that the con managers and oth							
f			509(a)(2) rganization r	eceived a written de	termination	from the IRS	that it is a T	Tyne I Tyne I	I or Type III	sunnortina	organization
•		checkt		cccived a winterin de	cermination	mom the rive	, (1146 16 15 4 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10, 1, pc 111	Supporting	
g			-	006, has the organiz	ation accep	ted any gift	or contributio	on from any of	the		
			g persons? rson who dir	ectly or indirectly co	ntrols, eithe	r alone or to	aether with r	persons descr	ibed in (ii)		Yes No
				overning body of the	•		-		(,	11g(i)	+
				r of a person describ		_				11g(ii)	
			•	ed entity of a person			bove?			11g(iii	
h				g information about t							<u> </u>
(i) Namo suppo organiz		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e lon in ted in erning	(v) Did you no organiza col (i) o suppo	otify the tion in fyour	(vi) Is the organizati col (i) orga in the U	on in inized	(vii) A mount of support?
		instructions)) Yes No		Yes	No	Yes	No	1			
Tota											

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 yo	u checked the	box on line 5, 7	, or 8 of Part I	.)				
	ection A. Public Support endar year (or fiscal year beginning	(-) 2225	(1) 2225	(-) 2027	(D 2000	(-) 2022			
	ın)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual		33,070,917	15,320,750	21,635,516	21,260,530	91,287,713		
2	grants ") Tax revenues levied for the								
2	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		33,070,917	15,320,750	21,635,516	21,260,530	91,287,713		
5	The portion of total contributions						_		
	by each person (other than a								
	governmental unit or publicly						24,169,219		
	supported organization) included on line 1 that exceeds 2% of the						24,103,213		
	amount shown on line 11, column								
	(f)								
6	Public Support. Subtract line 5						67,118,494		
<u> </u>	from line 4 ection B. Total Support								
	endar year (or fiscal year	(-) 200F	(h) 2006	(-) 2007	(4) 2000	(-) 2000	(6) Takal		
	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	A mounts from line 4		532,156	15,320,750	21,635,516	21,260,530	91,287,713		
8	Gross income from interest,								
	dividends, payments received on		532,156	729,979	345,424	225,235	1,832,794		
	securities loans, rents, royalties and income from similar		332,130	729,979	343,424	223,233	1,032,734		
	sources								
9	Net income from unrelated								
	business activities, whether or								
	not the business is regularly								
	Carried on Other income (Explain in Part								
LO	IV) Do not include gain or loss								
	from the sale of capital assets								
L1	Total support (Add lines 7						93,120,507		
	through 10)								
12	Gross receipts from related activiti	es, etc (See ins	tructions)			12			
L3	First Five Years If the Form 990 is	for the organizat	tion's first, second,	third, fourth, or f	ifth tax year as a !	501(c)(3) organiz	— '		
	check this box and stop here						►		
S	ection C. Computation of Pub	olic Support	<u>Perce</u> ntage						
14	Public Support Percentage for 2009) (line 6 column	(f) divided by line :	11 column (f))		14	72 080 %		
L 5	Public Support Percentage for 2008	Schedule A, P	art II, lıne 14			15	55 220 %		
L6a	33 1/3% support test-2009. If the	organization did	d not check the box	on line 13, and l	ine 14 is 33 1/3%	or more, check t	hıs box		
	and stop here. The organization qua	•					▶ ▽		
Ь	33 1/3% support test—2008. If the	=			a, and line 15 is 3	33 1/3% or more,	- -		
17a	box and stop here. The organization 10%-facts-and-circumstances test-				ne 13 16a or 16h	and line 14	▶		
_,	is 10% or more, and if the organiza								
	in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported								
	organization						► □		
Ь	10%-facts-and-circumstances test-								
	15 is 10% or more, and if the organ Explain in Part IV how the organiza						•		
	supported organization	cion meets the	iacto ana circumst	ances test file	o. gamzation quali	cs as a publicly	▶ □		
L8	Private Foundation If the organizat	ion did not chec	k a box on line 13,	16a, 16b, 17a oı	r 17b, check this l	box and see	•		
	instructions						▶ ┌		

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493136070351

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

	ection 501(c)(4), (5), or (6) organizeme of the organization	s," to Form 990, Part IV, Line 5 (Prozations Complete Part III		· ,		ntific	ation numbe	
	PP Foundation			' '			ation name	
Dar	t T-A Complete if the or	ganization is exempt under s	saction E01/a	94-336		-	aanizatio	
ÆU					11 52	<i>,</i> 01	yanızanı	11.
1	·	ganization's direct and indirect politic	al campaign act	ivities in Part IV				
2	Political expenditures				-	\$_		
3	V olunteer hours					_		
Par	t I-B Complete if the or	ganization is exempt under s	section 501(d	:)(3).				
1	Enter the amount of any excise	tax incurred by the organization und	er section 4955		►	\$_		
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	14955	►	\$_		
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?				☐ Yes	┌ No
4a	Was a correction made?						☐ Yes	┌ No
b	If "Yes," describe in Part IV							
Par	t I-C Complete if the or	ganization is exempt under s	section 501(d	c) except sectio	n 50	1(c))(3).	
1	Enter the amount directly expe	nded by the filing organization for sec	ction 527 exemp	t function activities	►	\$_		
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to oth	ner organizations	for section 527	١	\$_		
3	Total exempt function expendit	tures Add lines 1 and 2 Enter here a	ind on Form 112	0-POL, line 17b	•	¢		
4	Did the filing organization file F	Form 1120-POL for this year?				Ψ_	√Yes	Г№
5	were made For each organizati contributions received that wei	nd employer identification number (EI ion listed, enter the amount paid from re promptly and directly delivered to ittee (PAC) If additional space is ne	the filing organi a separate polition	zatıon's funds Also cal organızatıon, suc	enter	the a	mount of po	olitical
	(a) Name	(b) Address	(c) EIN	(d) A mount paid			A mount o	•

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).									
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,						
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals				
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)							
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)							
c	Total lobbying expenditures (add lines 1a and 18	b)								
d	Other exempt purpose expenditures									
e	Total exempt purpose expenditures (add lines 1	c and 1d)								
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both							
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	able amount is: ne 1e								
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00						
	Over \$17,000,000	\$1,000,000								
		•								
g	Grassroots nontaxable amount (enter 25% of lin									
h	Subtract line 1g from line 1a If zero or less, enter	er -0-								
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -								
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No				
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five				
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı				
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
c	Total lobbying expenditures									
d	Grassroots non-taxable amount									

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		17,368	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		5,789	
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1:			23,157	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

- answered "Yes".

 1 Dues, assessments and similar amounts from members
 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political
- a Current year
- **b** Carryover from last year
- c Total
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

expenses for which the section 527(f) tax was paid).

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation
· · · · · · · · · · · · · · · · · · ·	Activities	KIPP FOUNDATION HAS ONE FULL-TIME EMPLOYEE WORKING ON FEDERAL POLICIES TO SUPPORT THE EXPANSION AND REPLICATION OF HIGH-QUALITY CHARTER SCHOOLS

2a

2b

2c 3

4

5

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136070351

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

erna	I Revenue Service	► Attach to Fe	orm 990. 🕨 See separate instructions.		Inspection
	me of the organi P Foundation	zation		Employer identif	icat ion number
11"	oanaatoii			94-3362724	
Pa			dvised Funds or Other Similar Fu	unds or Accour	its. Complete if the
	organiz	zation answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds an	d other accounts
	Total number a	t end of year	(a) Bollot davised lands	(D) Tulius uli	a other accounts
		ributions to (during year)			
j		its from (during year)			
	Aggregate valu	e at end of year			
	_		sors in writing that the assets held in don organization's exclusive legal control?	or advised	┌ Yes ┌ No
ı	used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar		┌ Yes ┌ No
a	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part	IV, line 7.
· •	Preservati Protection Preservati Complete lines	conservation easements held by the o on of land for public use (e g , recreati of natural habitat on of open space 2a-2d if the organization held a qual ne last day of the tax year	on or pleasure) Preservation of an	of a conservation	ructure
					he End of the Year
а		f conservation easements	•	2a	
b	_	restricted by conservation easements	•	2b	
с		servation easements on a certified his	` '	2c	
d		servation easements included in (c) a	· · · · · ·	2d	
•	the taxable yea	es where property subject to conserva	rred, released, extinguished, or terminate ation easement is located 🛌	— organizati	on during
		nization have a written policy regarding the conservation easements it holds?	g the periodic monitoring, inspection, hand ,	dling of violations, a	Yes No
		5, .	pecting and enforcing conservation easem	J ,	
			ng, and enforcing conservation easements		\$
	170(h)(4)(B)(ı) and 170(h)(4)(B)(II)?	(d) above satisfy the requirements of sec		☐ Yes ☐ No
	balance sheet,	-	onservation easements in its revenue and the footnote to the organization's financial nents	•	•
aı			ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Other Simila	r Assets.
.a	art, historical t	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researc ancial statements that describes these it	ch in furtherance of	
b	historical treas	•	116, to report in its revenue statement a public exhibition, education, or research ii ;		•
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1		► \$	
	(ii) Assets incl	luded in Form 990, Part X			
	If the organizat	•	orical treasures, or other similar assets fo S 116 relating to these items		
а	Revenues inclu	uded in Form 990, Part VIII, line 1		► \$	
		-			

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Ar	t, His	stori	<u>cal Tre</u>	asuı	res, or Ot	<u>the</u>	<u>r Similar Ass</u>	ets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	y of th	ne foll	lowing tha	at are	a significa	nt u	se of its collection	'n	
а	Public exhibition		d	Γ	Loan or	exch	ange progra	ams			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	y further t	the o	rganızatıon'	sex	cempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,						Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organiza	ation			es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	for c	ontributio	ons o	r other asse	ets i	not $ au$	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ving t	able			-			
_								_	A mo	<u>unt</u>	
C C	Beginning balance							1c			
d	Additions during the year							1d			
e •	Distributions during the year							1e			
f n-	Ending balance							1f	_		
2a	Did the organization include an amount on Fo		ie 21?						ı	Yes	No
	If "Yes," explain the arrangement in Part XIV				\/			D	+ T) / lone 10		
Ра	rt V Endowment Funds. Complete	r the organizatio)Prior `			Years Back			e) Four Y	ears Back
1a	Beginning of year balance	(a) carrent rear	(5	<i>J</i> i 1101	rear (<u>,</u>	Tears Back	(4)	Timee rears back (zji odi i	cars back
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as		•						
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment 🕨										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held a	nd ac	dministered	for	the		
	organization by									Yes	No
	(i) unrelated organizations		•					٠	3a(i)		
	(ii) related organizations					•		•	3a(ii)	1	
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	•						•	Зь		<u> </u>
	t VI Investments—Land, Buildings) Da	rt X line '	1 ∩			
reil	t VI Investments—Land, bunding	s, and Equipme) Cost or o		(b)Cost or ot		(c) Accumulated		
	Description of investment				sis (investm		basis (other		depreciation	(d) Bo	ook value
1a	Land										
Ь	Buildings										
c I	Leasehold improvements				17.	2,850			89,842		83,008
d I	Equipment				94	4,783			526,190		418,593
e (Other		•		1,74	2,415			685,906		1,056,509
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B,), line	10(c).)				🕨		1,558,110
	(a) and a add i		(2)	,,	\ - /*/	•	<u> </u>		Schedule D (Form 9	

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	ļ · · ·	Cost or end-of	-year market value
Financial derivatives			
Closely-held equity interests			
Other			
	-		
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.	
			d of valuation
(a) Description of investment type	(b) Book value		-year market value
	<u> </u>		
Table (Column (b) should nevel form 000 Park V and (D) (and 12)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(h) Pook value
	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15. ption		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) Should equal Form 990, Part X, col.(B) line in	ne 15. ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X	ne 15. ption (5.) (7.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) Should equal Form 990, Part X, col.(B) line in	ne 15. ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X (a) Description of Liability Federal Income Taxes	25.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes GUARANTEES	15. otion (5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes GUARANTEES GOVERNMENT ADVANCE	15.) (, line 25. (b) A mount 13,971 6,999,976		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes GUARANTEES	15. otion (5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes GUARANTEES GOVERNMENT ADVANCE	15.) (, line 25. (b) A mount 13,971 6,999,976		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes GUARANTEES GOVERNMENT ADVANCE	15.) (, line 25. (b) A mount 13,971 6,999,976		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes GUARANTEES GOVERNMENT ADVANCE	15.) (, line 25. (b) A mount 13,971 6,999,976		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes GUARANTEES GOVERNMENT ADVANCE	15.) (, line 25. (b) A mount 13,971 6,999,976		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes GUARANTEES GOVERNMENT ADVANCE	15.) (, line 25. (b) A mount 13,971 6,999,976		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes GUARANTEES GOVERNMENT ADVANCE	15.0		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes GUARANTEES GOVERNMENT ADVANCE	15.) (, line 25. (b) A mount 13,971 6,999,976		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes GUARANTEES GOVERNMENT ADVANCE	15.) (, line 25. (b) A mount 13,971 6,999,976		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes GUARANTEES GOVERNMENT ADVANCE	15.) (, line 25. (b) A mount 13,971 6,999,976		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes GUARANTEES GOVERNMENT ADVANCE	15.) (, line 25. (b) A mount 13,971 6,999,976		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes GUARANTEES GOVERNMENT ADVANCE	15.) (, line 25. (b) A mount 13,971 6,999,976		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes GUARANTEES GOVERNMENT ADVANCE	15.) (, line 25. (b) A mount 13,971 6,999,976		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes GUARANTEES GOVERNMENT ADVANCE	15.) (, line 25. (b) A mount 13,971 6,999,976		(b) Book value

Pa	rt 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	23,604,345
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,772,980
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,168,635
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	-12,542
9	Total adjustments (net) Add lines 4 - 8	9	-12,542
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,181,177
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	24,548,678
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	944,333
3	Subtract line 2e from line 1	3	23,604,345
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		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	23,604,345
Par	t XIIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Re	turn
1	Total expenses and losses per audited financial statements	1	25,729,856
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 12,543	1	
e	Add lines 2a through 2d	2e	956,876
3	Subtract line 2e from line 1	3	24,772,980
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	24,772,980
Pa	rt XIV Supplemental Information	•	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation			
Part X	Positions Under FIN 48	Management evaluated the Foundation's tax positions and concluded that the Foundation had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Should the Foundation incur interest and penalties relating to tax uncertainties, such amounts would be classified as a component of interest expense and operating expense, respectively.			
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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DLN: 93493136070351

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

KIPP Foundation

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

Inspection Employer identification number

94-3362724

Part I General Information							
1 Does the organization maintain r							▽ Yes □ N
the selection criteria used to awa Describe in Part IV the organizat							i• fes i N
						1 1111	ш.
Part II Grants and Other As Form 990, Part IV, line Part IV and Schedule I	21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use
(a) Name and address of organization or government	(P) 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 gran or assistance
See Addıtıonal Data Table							
							_
2 Enter total number of section 503 Enter total number of other organ		_				<u>-</u> _	36
For Privacy Act and Paperwork Reduction				Cat No. 50055P	<u> </u>		le I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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)	, (f) Description of non-cash assistance
EXCELLENCE IN TEACHING AWARD	10	100,000			general support
KIPPSTER OF THE YEAR GRANT	2	10,000			general support
JKC - Computer award to students	3	2,100			general support
4					·

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 FOUNDA THE 2009-10 FISCAL YEAR were REQUIRED TO COMPLY WITH SPECIFIC GRANT CRITERIA SET FORTH DONOR FOUNDATIONS GRANT LETTERS ARE SENT WITH GRANT PAYMENTS TO DIRECT HOW FUNDS INTENDED TO BE SPENT IN ADDITION, RECIPIENT SCHOOLS ARE SUBJECT TO AN ANNUAL SINGLE REVIEW OF SCHOOL FINANCIAL STATEMENTS TO ENSURE THAT EACH SCHOOL RECEIVED AN UNQU OPINION Other Information Part IV US DEPARTMENT OF EDUCATION (US ED) SCHOOL GRANTS ARE APPLIED FOR BY THE INDIVIDUAL THROUGH SUBMISSION OF DETAILED BUDGET REQUESTS, WHICH ARE ULTIMATELY APPROVED FOR THE US ED UPON AWARD, GRANT LETTERS ARE PROVIDED TO EACH OF THE SCHOOLS STATING SPE FOR COSTS ACCEPTED FOR FUNDING AND BUDGET COMPLIANCE IN ADDITION, A CONFERENCE CA DIRECTLY WITH A US ED REPRESENTATIVE AND A REPRESENTATIVE FROM EACH OF THE KIPP SCHO AWARDED FUNDING TO REVIEW THE AWARD GUIDELINES COMPLIANCE THROUGHOUT THE YEAR IS BY THE KIPP FOUNDATION FINANCE TEAM THROUGH THE REVIEW OF THE QUARTERLY DRAWDOWN	
THROUGH SUBMISSION OF DETAILED BUDGET REQUESTS, WHICH ARE ULTIMATELY APPROVED FOR THE US ED UPON AWARD, GRANT LETTERS ARE PROVIDED TO EACH OF THE SCHOOLS STATING SPEFOR COSTS ACCEPTED FOR FUNDING AND BUDGET COMPLIANCE IN ADDITION, A CONFERENCE CAD IRECTLY WITH A US ED REPRESENTATIVE AND A REPRESENTATIVE FROM EACH OF THE KIPP SCHOOL AWARDED FUNDING TO REVIEW THE AWARD GUIDELINES COMPLIANCE THROUGHOUT THE YEAR IS	H BY THE 5 ARE AUDIT AND
EACH RECIPIENT SCHOOL IS REQUIRED TO SUBMIT APPROPRIATE DOCUMENTATION AND RECORD EXPENSES FOR WHICH THEY ARE REQUESTING TO DRAWDOWN FUNDS KIPP FOUNDATION WILL REV REQUEST FOR ACCURACY, ACCORDANCE WITH THE ORIGINAL BUDGET REQUEST AND LEGITIMACY SCHOOLS ARE SUBJECT TO AN ANNUAL SINGLE AUDIT AND REVIEW OF SCHOOL FINANCIAL STATES ENSURE THAT EACH SCHOOL RECEIVED AN UNQUALIFIED OPINION FINALLY, KIPP FOUNDATION A RECIPIENT SCHOOL PROVIDES A FINAL REPORT TO THE US ED REGARDING FUNDS RECEIVED DURIND PREVIOUS FISCAL YEAR TO ENSURE COMPLIANCE	EFUNDING BY ECIFIC TERMS ALL IS HELD OOLS MONITORED REQUESTS S FOR ALL (IEW EACH RECIPIENT MENTS TO

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 (b) FIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g)

(a) Name and address of organization or government	(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 Metro Atlanta98 Anderson Avenue NW Atlanta, GA 30314	11-3723114	501(c)(3)	8,000				KIPP Foundation Grants
KIPP Chicago Gary Schools 1616 South Avers Avenue Chicago, IL 60623	30-0135927	501(c)(3)	50,000				KIPP Foundation Grants
New Profit Inc2 Canal Park Cambridge, MA 02141	43-3396766	501(c)(3)	15,000				KIPP Foundation Grants
KIPP New York625 W 133rd St Room 345 New York, NY 10027	20-3971209	501(c)(3)	250,000				KIPP Foundation Grants
KIPP Houston10711 KIPP Way Houston,TX 77099	13-3875888	501(c)(3)	250,975				KIPP Foundation Grants
KIPP Indianapolis College Preparatory1740 East 30th Street Indianapolis,IN 46218	30-0145826	501(c)(3)	45,362				KIPP Foundation Grants
KIPP Minnesota1601 Laurel Avenue Minneapolis, MN 55403	20-8877750	501(c)(3)	26,930				KIPP Foundation Grants
KIPP Gaston College Preparatory320 Pleasant Hill Road Gaston,NC 27832	74-2991314	501(c)(3)	22,000				subgrant from Atlantic Philanthropies
KIPP Bridge College Preparatory991 14th Street Oakland,CA 94607	01-0585829	501(c)(3)	50,000				subgrant from Atlantic Philanthropies
KIPP Academy Diamond 2110 Howell Avenue Memphis,TN 38108	68-0502820	501(c)(3)	22,000				subgrant from Atlantic Philanthropies

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 section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(c)(3) subgrant from Atlantic KIPP Ujima Village Academy 52-2342513 4701 Greenspring Ave Room Philanthropies 50,000 115 Baltimore, MD 21209 KIPP Ujima Village Academy 52-2342513 501(c)(3) subgrant from Atlantic 4701 Greenspring Ave Room Philanthropies 125,000 115 Baltimore, MD 21209 501(c)(3) subgrant from Atlantic KIPP Ascend Charter School 30-0135927 1616 S Avers Ave Philanthropies 50,000 Chicago, IL 60623 82-0578155 501(c)(3) KIPP TRUTH Academy3200 subgrant from Atlantic South Lancaster Road Suite Philanthropies 22,000 230A Dallas, TX 75216 74-3153091 501(c)(3) subgrant from Atlantic KIPP Academy Lynn25 Bessom Street Philanthropies 24,000 Lynn, MA 01902 KIPP St Louis 815 Olive 20-8552002 501(c)(3) subgrant from Atlantic Street Suite 14 Philanthropies 10,000 St Louis, MO 63101 74-2974642 501(c)(3) High School start up KIPP DC910 17th Street NW Suite 1050 grant - subgrants from 75,000 Bill and Melinda Gates Washington, DC 20006 501(c)(3) KIPP DC910 17th Street NW 74-2974642 High School start up Suite 1050 grant - subgrants from 75,000 Washington, DC 20006 Bill and Melinda Gates KIPP New York625 W 133rd 20-3971209 501(c)(3) High School start up St Room 345 grant - subgrants from 75,000 Bill and Melinda Gates New York, NY 10027 501(c)(3) KIPP New York625 W 133rd 20-3971209 High School start up St Room 345 grant - subgrants from 75,000 New York, NY 10027 Bill and Melinda Gates

(a) Name and address of organization or government	(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 New Orleans 2625 Thalia Street New Orleans, LA 70113	20-2277213	501(c)(3)	75,000				High School start up grant - subgrants from Bill and Melinda Gates
KIPP New Orleans 2625 Thalia Street New Orleans, LA 70113	20-2277213	501(c)(3)	75,000				High School start up grant - subgrants from Bill and Melinda Gates
KIPP Minnesota1601 Laurel Avenue Minneapolis,MN 55403	20-8877750	501(c)(3)	68,000				Sustainability Grants
KIPP Delta College Prep215 Cherry St Helena, AR 72342	31-1807400	501(c)(3)	50,114				Department of Education subgrant
KIPP Delta College Prep215 Cherry St Helena, AR 72342	31-1807400	501(c)(3)	24,443				Department of Education subgrant
KIPP Delta College Prep215 Cherry St Helena, AR 72342	31-1807400	501(c)(3)	27,963				Department of Education subgrant
KIPP Delta College Prep215 Cherry St Helena, AR 72342	31-1807400	501(c)(3)	36,400				Department of Education subgrant
KIPP Academy Diamond 2110 Howell Avenue Memphis, TN 38108	68-0502820	501(c)(3)	40,500				Department of Education subgrant
KIPP Academy Nashville123 Douglas Avenue Nashville,TN 37207	20-2799123	501(c)(3)	14,752				Department of Education subgrant
KIPP Academy Nashville123 Douglas Avenue Nashville,TN 37207	20-2799123	501(c)(3)	6,162				Department of Education subgrant

Form 990,Schedule I, Pai	rt II <mark>, Grants a</mark> n	d Other Assistance	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(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 Academy Nashville123 Douglas Avenue Nashville,TN 37207	20-2799123	501(c)(3)	13,372				Department of Education subgrant
KIPP Academy Nashville123 Douglas Avenue Nashville,TN 37207	20-2799123	501(c)(3)	11,533				Department of Education subgrant
KIPP Lead College Prep Charter School6060 Mıller Avenue Gary,IN 46403	20-4523652	501(c)(3)	12,119				Department of Education subgrant
KIPP Lead College Prep Charter School6060 Mıller Avenue Gary,IN 46403	20-4523652	501(c)(3)	23,428				Department of Education subgrant
KIPP Lead College Prep Charter School6060 Miller Avenue Gary,IN 46403	20-4523652	501(c)(3)	18,967				Department of Education subgrant
KIPP Lead College Prep Charter School6060 Miller Avenue Gary,IN 46403	20-4523652	501(c)(3)	42,091				Department of Education subgrant
1							

Compensation Information

DLN: 93493136070351

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization KIPP Foundation

Employer identification number

94-3362724

Par	t I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization possible possibl		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement orprovision of all the expenses des			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv		,	2		
	, , , , , , , , , , , , , , , , , , , ,		, 3			
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all		·			
	Compensation committee	굣	Written employment contract			
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	I, Section A, line $1 extstyle{a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	nt?	4a	Yes	
ь	Participate in, or receive payment from, a supplem	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and $\ensuremath{\mu}$	provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only n	nust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, 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	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
ь	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 apayments not described in lines 5 and 6? If "Yes,"			7		Νο
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described					
	in Part III	- 9 -	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8		Νο
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	he rebutt	able presumption procedure described in Regulations			

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					(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation								
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ								
Richard Barth	(ı) (ıı)	301,815 0									0	0	9,800	9,800 0		
Michael Feinberg	(ı) (ıı)	141,853 0	0	0	6,195 0	12,032	160,080	(
TINA SACHS	(ı) (ıı)	158,273 0	0	0	6,600 0	10,948	175,821	(
JONATHAN COWAN	(ı) (ıı)	204,916 0	0	0	8,200 0	5,771 0	218,887	(
LISA MARGOSIAN	(ı) (ıı)	187,578 0	0	0	7,749 0	1,452	196,779	(
DAVID WICK	(ı) (ıı)	189,071 0	0	0	. ,	10,685	207,327	(
JOHN KANBERG	(I) (II)	181,702 0	0	0	4,963 0	6,059 0	192,724 0	(
MICHAEL WRIGHT	(ı) (ıı)	168,446 0	0	0	5,005	6,059	179,510 0	(
mazher ahmad	(ı) (ıı)	155,348 0	0	0	6,595 0	17,775 0	179,718 0	(
walther de petris	(ı) (ıı)	154,246 0	0	0	4,117 0	12,906 0	171,269 0	(

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	Ret urn Ref erence	Explanation
P	Part I, Line 4a	Walther De Petris, \$32,825

Schedule J (Form 990) 2009

Software ID: Software Version:

EIN: 94-3362724

Name: KIPP Foundation

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DLN: 93493136070351

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2000

OMB No 1545-0047

Open to Public Inspection

Name of the organization

KIPP Foundation

Employer identification number

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 B, line 11		KIPP FOUNDATION'S accounting firm prepared THE Form 990 A draft of the return was forwarded to the organization's CFO and GENERAL COUNSEL FOR REVIEW IT WAS THEN FORWARDED TO THE ORGANIZATION'S AUDIT COMMITTEE FOR THEIR REVIEW FEEDBACK AND RECOMMENDATION FOR FULL BOARD APPROVAL 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, the operating committee review annual salary decisions human resources will make any changes outside of the annual process, while the ceo retains veto power. 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 WITH THE EXCEPTION OF CO-FOUNDERS DAVID LEVIN AND MICHAEL FEINBERG AND CEO RICHARD BARTH, ALL KIPP FOUNDATION DIRECTORS SERVE ON THE BOARD ON AN UNCOMPENSATED AND VOLUNTARY BASIS

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

ldentifier	Return Reference	Explanation
form 990, part xı, line 2c	audit committee role	The process for the oversight of the audit has not changed from the prior year

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DLN: 93493136070351

2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** KIPP Foundation 94-3362724

Part I Identification of Disregarded Entities (Comple	te if the organization a	answered "Yes" on	Form 990, Part	IV, line 33.)	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	ations (Complete ıf t e tax year.)	he organization an	swered "Yes" on	Form 990, Part	IV, line 34 because it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c)	atus (f) Direct controlling (3)) entity
KCEP MORTGAGE					
135 MAIN STREET 1700 SAN FRANCISCO, CA 94105 26-2301999	acquiring or refinancing construction loans for owned facilities	СА	501(c)(3)	line 11a, T	уре і
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Cat No 5013	5Y	ı	Schedule R (Form 990) 2009

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	r entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		(h) Disproprtionate allocations?		e Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General or managing partner?	
								Yes	No			Yes	No
												+	
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it had one t		ciacca organización.				(f))	Ī	(a)	(h)		
(a) Name, address, and EIN of related organization		(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of			(g) nare of -of-year issets	Percentag	(h) Percentage ownership	
									1				
									1				

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 34, 35, or 36.)						
Note	Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No			
1 During	the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	•						
a Rec								
b Gift, grant, or capital contribution to other organization(s)								
c Gift,	grant, or capital contribution from other organization(s)		1 c		No			
d Loa	ns or loan guarantees to or for other organization(s)		1d		No			
e Loa	ns or loan guarantees by other organization(s)		1e		No			
f Sale	of assets to other organization(s)		1f		No			
g Pur	g Purchase of assets from other organization(s)							
	hange of assets		1h		No			
i Lease of facilities, equipment, or other assets to other organization(s)								
j Leas	e of facilities, equipment, or other assets from other organization(s)		1 <u>j</u>		No			
k Performance of services or membership or fundraising solicitations for other organization(s)								
Performance of services or membership or fundraising solicitations by other organization(s)								
m Sharing of facilities, equipment, mailing lists, or other assets								
n Sharing of paid employees								
o Reir	nbursement paid to other organization for expenses		10		No			
p Reimbursement paid by other organization for expenses								
q Oth	er transfer of cash or property to other organization(s)		1q		No			
r Oth	r Other transfer of cash or property from other organization(s)							
2 If th	e answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	and transaction thres	sholds					
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved					
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	(h) neral or naging artner?	
			Yes	No		Yes	No		Yes	No	
										+	
										t	
										L	
										+	
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										-	
										t	
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