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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
KIPP FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
135 MAIN STREET NO 1700

Room/suite

City or town, state or country, and ZIP + 4
SAN FRANCISCO, CA 94105

F Name and address of principal officer
TINA SACHS
135 MAIN STREET NO 1700
SAN FRANCISCO, CA 94105

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(Insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTP //WWW KIPP ORG/

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2000

M State of legal domicile CA

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO CREATE PUBLIC SCHOOLS THAT EQUIP UNDERSERVED STUDENTS WITH SKILLS TO SUCCEED IN COLLEGE & LIFE	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	151
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	7b	Net unrelated business taxable income from Form 990-T, line 34	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	21,260,530
	9	Program service revenue (Part VIII, line 2g)	2,105,788
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,640
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	197,387
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,604,345
			48,307,042
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,997,945
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,805,535
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,202,429	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	10,969,500
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	24,772,980
	19	Revenue less expenses Subtract line 18 from line 12	-1,168,635
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	28,737,197
	21	Total liabilities (Part X, line 26)	10,236,434
	22	Net assets or fund balances Subtract line 21 from line 20	18,500,763

Part II Signature Block

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

Sign Here

Signature of officer

TINA SACHS CFO

Type or print name and title

2012-04-26

Date

Paid Preparer Use Only

Print/Type preparer's name ROBERT A DOCILI

Firm's name ▶ HOOD & STRONG LLP CPAS

Firm's address ▶ 100 FIRST STREET 14TH FLOOR
SAN FRANCISCO, CA 94105

Preparer's signature ROBERT A DOCILI

Firm's EIN ▶

Phone no ▶ (415) 781-0793

Date

Check if self-employed ☐

PTIN

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 9,568,163 including grants of \$) (Revenue \$ 1,157,739)

LEADERSHIP DEVELOPMENT - THE KIPP FOUNDATION TRAINS TEACHERS TO BE LEADERS AND TO ESTABLISH NEW KIPP SCHOOLS THROUGH ITS YEAR LONG KIPP SCHOOL LEADERSHIP PROGRAM (KSLP) KSLP HAS TWO TRACKS THE FISHER FELLOWSHIP AND THE LEADERSHIP PATHWAYS PROGRAM THE FISHER FELLOWSHIP IS A YEAR-LONG TRAINING FOCUSED ON OPENING AND LEADING A NEW KIPP SCHOOL AND INCLUDES - A SIX-WEEK INTENSIVE PROGRAM OF COURSEWORK AT NEW YORK UNIVERSITY COVERING INSTRUCTIONAL, ORGANIZATIONAL, AND OPERATIONAL LEADERSHIP-RESIDENCIES, TO OBSERVE AND PARTICIPATE IN THE LEADERSHIP AND OPERATION OF HIGH-PERFORMING KIPP SCHOOLS-SEVERAL TRAINING CONFERENCES ARE HELD THROUGHOUT THE YEAR THESE CONFERENCES ARE LED BY KIPP STAFF AND PROFESSIONALS OUTSIDE OF THE KIPP FOUNDATION THE LEADERSHIP PATHWAYS PROGRAM IS A YEAR-LONG TRAINING WITH FOUR DIFFERENT COHORTS FOCUSING ON DEVELOPING STAFF TO TAKE OVER LEADERSHIP ROLES WITHIN THEIR CURRENT KIPP SCHOOL, OR AT ANOTHER EXISTING KIPP SCHOOL

4b

(Code) (Expenses \$ 16,319,461 including grants of \$ 8,071,307) (Revenue \$ 1,629,636)

ON-GOING SCHOOL SUPPORT - THE FOUNDATION PROVIDES ON-GOING ASSISTANCE TO EXISTING KIPP SCHOOLS IN THE AREA OF PROFESSIONAL DEVELOPMENT, CURRICULUM, INSTRUCTIONAL SUPPORT, SCHOOL OPERATIONS, REAL ESTATE, FUNDRAISING, AND MARKETING

4c

(Code) (Expenses \$ 3,994,663 including grants of \$) (Revenue \$)

RESEARCH AND IMPROVEMENT - THE FOUNDATION FOCUSES ON THE INTEGRATION OF DATA-DRIVEN DECISION MAKING AT THE KIPP FOUNDATION AND KIPP SCHOOLS AT EVERY LEVEL THE FOUNDATION IS COMMITTED TO THE IDEA THAT DATA SHOULD DRIVE DECISIONS ABOUT RESOURCE ALLOCATION, PROGRAMMING, INSTRUCTION, OPERATIONS, EXTERNAL MESSAGING AND GROWTH SMART DECISIONS TRANSLATE INTO IMPROVED EDUCATIONAL OUTCOMES AND SCHOOL SUSTAINABILITY

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 720,416 including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 30,602,703

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
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	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	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	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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, Parts I and IV	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 ? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
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	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part 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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	134
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.	2a	151
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	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 instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	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	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8 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			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	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.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			
14a			
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			
14b			

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.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	13		
b	Enter the number of voting members included in line 1a, above, who are independent	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization'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 one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	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, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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 interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed CA , IL , NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☒ Own website ☒ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. TINA SACHS 135 MAIN STREET SUITE 1700 SAN FRANCISCO, CA 94105 (415) 874-7387

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

- 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, if any See instructions for definition of "key employee "
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization’s **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD BARTH CEO	60 00	X		X				326,296	0	10,999
(2) MICHAEL FEINBERG CO-FOUNDER/DIRECTOR	30 00	X						139,699	0	24,648
(3) DAVE LEVIN CO-FOUNDER/DIRECTOR	30 00	X						148,483	0	0
(4) DORIS FISHER CO-FOUNDER/BOARD MEMBER	1 00	X						0	0	0
(5) JOHN FISHER BOARD OF DIRECTORS/CHAIRMAN	1 00	X						0	0	0
(6) CARRIE WALTON PENNER BOARD MEMBER	1 00	X						0	0	0
(7) REED HASTINGS BOARD MEMBER	1 00	X						0	0	0
(8) SHAWN M HURWITZ BOARD MEMBER	1 00	X						0	0	0
(9) MICHAEL L LOMAX BOARD MEMBER	1 00	X						0	0	0
(10) MARK NUNNELLY BOARD MEMBER	1 00	X						0	0	0
(11) SEBHA ALI BOARD MEMBER	1 00	X						0	0	0
(12) KATHERINE BRADLEY BOARD MEMBER	1 00	X						0	0	0
(13) DAVID LEEBRON BOARD MEMBER	1 00	X						0	0	0
(14) SCOTT HAMILTON BOARD MEMBER	1 00	X						0	0	0
(15) PHILIPPE DAUMAN BOARD MEMBER	1 00	X						0	0	0
(16) TINA SACHS CFO	60 00			X				162,475	0	17,999

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) JONATHAN COWAN CHIEF RESEARCH, DESIGN	60 00				X			204,548	0	27,098
(18) LISA MARGOSIAN CHIEF PROGRAM OFFICER	60 00				X			203,113	0	9,481
(19) DAVID WICK CHIEF DVLP OFFICER	60 00					X		188,627	0	26,445
(20) MICHAEL WRIGHT REGIONAL DIRECTOR	60 00					X		176,079	0	13,993
(21) KELLY WRIGHT CHIEF LEARNING OFFICER	60 00					X		170,906	0	14,145
(22) MINDY PROPPER SR NETWORK DIRECTOR	60 00					X		166,475	0	14,073
(23) TERENCE JOHNSON PROGRAMS SR DIRECTOR	60 00					X		162,504	0	20,579
(24) JOHN KANBERG DIR BOARD RELATIONS & INC	60 00						X	178,507	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,227,712	0	179,460

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶12

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
RIO SUITE HOTEL AND CASINO PO BOX 17010 LAS VEGAS, NV 891147010	SEE SCHEDULE O	1,240,271
MATHEMATICA POLICY RESEARCH INC PO BOX 2393 PRINCETON, NJ 085432393	CONSULTING	1,022,995
DELL USA PO BOX 910916 PASADENA, CA 911100916	COMPUTER COMPONENTS	465,755
RNM 135 MAIN LP 135 MAIN STREET SUITE 1140 SAN FRANCISCO, CA 94105	OFFICE RENT	413,697
NEW YORK UNIVERSITY GENERAL PO BOX 30826 NEW YORK, NY 100870826	HOUSING, CATERING, SECURITY & SPACE RENT	231,151
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶5		

Part VIII

Statement of 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	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a		45,419,200			
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	10,514,156				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	34,905,044				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f						
	Program Service Revenue	2a	Business Code					
		LICENSE FEES	900099	1,629,636	1,629,636			
b		SERVICE FEES & CONFERE	900099	1,157,739	1,157,739			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		59,166			59,166
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	Gross Rents	(i) Real 30,723	(ii) Personal	30,723		30,723	
	b	Less rental expenses						
	c	Rental income or (loss)	30,723					
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19 . .	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sales of inventory . .						
		Miscellaneous Revenue		Business Code	10,578			
	11a	KCEP LOAN ORIGATION/	900099	6,446				6,446
	b	MISCELLANEOUS	900099	3,132				3,132
	c	LOAN SERVICE FEE INCOM	900099	1,000				1,000
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			48,307,042	2,787,375	0	100,467	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 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	8,044,599	8,044,599		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	26,708	26,708		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members			518,300	
5	Compensation of current officers, directors, trustees, and key employees	1,261,468	743,168		
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	9,563,746	7,261,148	1,581,128	721,470
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	377,581	279,555	72,612	25,414
9	Other employee benefits	1,028,380	761,397	197,765	69,218
10	Payroll taxes	787,812	584,865	149,921	53,026
a	Fees for services (non-employees) Management				
b	Legal	44,132	44,132		
c	Accounting	99,385		99,385	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	5,479,775	5,197,330	218,335	64,110
12	Advertising and promotion	276,774	266,405	2,724	7,645
13	Office expenses	767,336	577,880	148,918	40,538
14	Information technology	252,594	219,792	23,336	9,466
15	Royalties				
16	Occupancy	841,605	629,761	156,795	55,049
17	Travel	2,822,541	2,512,048	211,982	98,511
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	53,383	48,748	4,635	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	647,948	442,589	165,124	40,235
23	Insurance	38,238	28,296	7,265	2,677
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROFESSIONAL DVLPMNT EV	2,043,922	2,028,936	14,233	753
b	OTHER	550,663	415,937	120,642	14,084
c	SCHOOL LEADER TRAINING	470,499	470,363	91	45
d	EE RECRUITING & DVLPMNT	35,863	19,046	16,629	188
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	35,514,952	30,602,703	3,709,820	1,202,429
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			655	1	0
	2	Savings and temporary cash investments			19,319,299	2	22,125,352
	3	Pledges and grants receivable, net			3,627,143	3	14,973,409
	4	Accounts receivable, net			3,475,677	4	5,140,316
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net			22,926	7	126,680
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			517,124	9	401,777
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,520,776	1,558,110	10c	1,571,148
	b	Less: accumulated depreciation	10b	1,949,628			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	2,000,000
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			216,263	15	161,774
16	Total assets. Add lines 1 through 15 (must equal line 34)			28,737,197	16	46,500,456	
Liabilities	17	Accounts payable and accrued expenses			1,768,837	17	5,155,241
	18	Grants payable			87,714	18	2,600,357
	19	Deferred revenue			780,650	19	148,420
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			7,599,233	25	7,136,430
	26	Total liabilities. Add lines 17 through 25			10,236,434	26	15,040,448
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			14,367,795	27	18,898,585
	28	Temporarily restricted net assets			4,132,968	28	12,561,423
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			18,500,763	33	31,460,008
34	Total liabilities and net assets/fund balances			28,737,197	34	46,500,456	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	48,307,042
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,514,952
3	Revenue less expenses Subtract line 2 from line 1	3	12,792,090
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,500,763
5	Other changes in net assets or fund balances (explain in Schedule O)	5	167,156
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	31,460,008

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated 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?	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	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization KIPP FOUNDATION	Employer identification number 94-3362724
---	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	33,070,917	15,320,750	21,635,516	21,260,530	45,419,200	136,706,913
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	33,070,917	15,320,750	21,635,516	21,260,530	45,419,200	136,706,913
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						33,870,046
6 Public Support. Subtract line 5 from line 4						102,836,867

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	33,070,917	15,320,750	21,635,516	21,260,530	45,419,200	136,706,913
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	532,156	729,979	345,424	225,235	89,889	1,922,683
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						138,629,596
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	74 180 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	72 080 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11 and 12)						
14	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b	33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20	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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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 \$	720,416	including grants of \$	) (Revenue \$)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- 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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization KIPP FOUNDATION	Employer identification number 94-3362724
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes	☐ No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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	Amount
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			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
	i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i				91,463
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	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".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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.

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	KIPP FOUNDATION HAS ONE FULL-TIME EMPLOYEE MONITORING FEDERAL POLICIES TO SUPPORT THE EXPANSION AND REPLICATION OF HIGH-QUALITY CHARTER SCHOOLS

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
KIPP FOUNDATION

Employer identification number
94-3362724

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_____

4

Number of states where property subject to conservation easement is located ▶_____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1▶ \$ _____

(ii) Assets included in Form 990, Part X▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶ \$ _____

b

Assets included in Form 990, Part X▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
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 year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	179,448		112,956	66,492
d Equipment	1,116,578		616,548	500,030
e Other	2,224,750		1,220,124	1,004,626
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,571,148

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	48,307,042
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,514,952
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	12,792,090
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	167,156
9	Total adjustments (net) Add lines 4 - 8	9	167,156
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	12,959,246

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	49,224,802
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	750,606
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	167,155
e	Add lines 2a through 2d	2e	917,761
3	Subtract line 2e from line 1	3	48,307,041
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	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	48,307,041

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	36,265,558
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	750,606
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	750,606
3	Subtract line 2e from line 1	3	35,514,952
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
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	35,514,952

Part 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MANAGEMENT HAS 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. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY FEDERAL AUTHORITIES FOR TAX YEARS BEFORE 2008 AND STATE TAX AUTHORITIES FOR TAX YEARS BEFORE 2007.
PART XI, LINE 8 - OTHER ADJUSTMENTS		TO UNCONSOLIDATE KCEP MORTGAGE FROM KIPP FOUNDATION
PART XII, LINE 2D - OTHER ADJUSTMENTS		KCEP MORTGAGE'S PORTION OF MISCELLANEOUS INCOME

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
KIPP FOUNDATION

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
94-3362724

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

189

3

Enter total number of other organizations

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)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SIGNING BONUS FOR SCHOOL LEADER	1	20,000			GENERAL SUPPORT
(2) TECH DIAGNOSTIC GRANT	1	5,308			GENERAL SUPPORT
(3) JKC - COMPUTER AWARD TO STUDENTS	2	1,400			GENERAL SUPPORT

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE MAJORITY OF GRANTS AND AWARDS DISTRIBUTED FROM KIPP FOUNDATION DURING THE 2010-2011 FISCAL YEAR WERE REQUIRED TO COMPLY WITH SPECIFIC GRANT CRITERIA SET FORTH BY THE DONOR FOUNDATIONS GRANT LETTERS ARE SENT WITH GRANT PAYMENTS TO DIRECT HOW FUNDS ARE INTENDED TO BE SPENT IN ADDITION, RECIPIENT SCHOOLS ARE SUBJECT TO AN ANNUAL SINGLE AUDIT AND REVIEW OF SCHOOL FINANCIAL STATEMENTS TO ENSURE THAT EACH SCHOOL RECEIVED AN UNQUALIFIED OPINION
OTHER INFORMATION	PART IV	U S DEPARTMENT OF EDUCATION (US ED) SCHOOL GRANTS ARE APPLIED FOR BY THE INDIVIDUAL SCHOOLS THROUGH SUBMISSION OF DETAILED BUDGET REQUESTS, WHICH ARE ULTIMATELY APPROVED FOR FUNDING BY THE U S DEPARTMENT OF EDUCATION UPON AWARD, GRANT LETTERS ARE PROVIDED TO EACH OF THE SCHOOLS STATING SPECIFIC TERMS FOR COSTS ACCEPTED FOR FUNDING AND BUDGET COMPLIANCE IN ADDITION, A CONFERENCE CALL IS HELD DIRECTLY WITH A U S DEPARTMENT OF EDUCATION REPRESENTATIVE AND A REPRESENTATIVE FROM EACH OF THE KIPP SCHOOLS AWARDED FUNDING TO REVIEW THE AWARD GUIDELINES COMPLIANCE THROUGHOUT THE YEAR IS MONITORED BY THE KIPP FOUNDATION FINANCE TEAM THROUGH THE REVIEW OF THE QUARTERLY DRAWDOWN REQUESTS EACH RECIPIENT SCHOOL IS REQUIRED TO SUBMIT APPROPRIATE DOCUMENTATION AND RECORDS FOR ALL EXPENSES FOR WHICH THEY ARE REQUESTING TO DRAWDOWN FUNDS KIPP FOUNDATION WILL REVIEW EACH REQUEST FOR ACCURACY, IN ACCORDANCE WITH THE ORIGINAL BUDGET REQUEST AND LEGITIMACY RECIPIENT SCHOOLS ARE SUBJECT TO AN ANNUAL SINGLE AUDIT AND REVIEW OF SCHOOL FINANCIAL STATEMENTS TO ENSURE THAT EACH SCHOOL RECEIVED AN UNQUALIFIED OPINION FINALLY, KIPP FOUNDATION AND EACH RECIPIENT SCHOOL PROVIDES A FINAL REPORT TO THE U S DEPARTMENT OF EDUCATION REGARDING FUNDS RECEIVED DURING THE PREVIOUS FISCAL YEAR TO ENSURE COMPLIANCE

Software ID:

Software Version:

EIN: 94-3362724

Name: KIPP FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 DIAMOND ACADEMY 2110 HOWELL AVENUE MEMPHIS,TN 38108	68-0502820	501(C)(3)	7,000				DOE GRANT
KIPP LEAD COLLEGE PREP CHARTER SCHOOL6060 MILLER AVENUE GARY,IN 46403	20-4523652	501(C)(3)	22,143				DOE GRANT
KIPP BALTIMORE4701 GREENSPRING AVE RM 115 BALTIMORE,MD 21209	52-2342513	501(C)(3)	100,000				ADVOCACY GRANT
KIPP CHICAGO SCHOOLS 1616 SOUTH AVERS AVENUE CHICAGO,IL 60623	30-0135927	501(C)(3)	100,000				ADVOCACY GRANT
KIPP LA SCHOOLS445 S FIGUEROA ST SUITE 2580 LOS ANGELES,CA 90071	26-1607268	501(C)(3)	100,000				ADVOCACY GRANT
KIPP NEW YORK625 W 133RD ST ROOM 345 NEW YORK,NY 10027	20-3971209	501(C)(3)	100,000				ADVOCACY GRANT
KIPP PHILADELPHIA SCHOOLS5900 BALTIMORE AVENUE PHILADELPHIA,PA 19143	05-0546103	501(C)(3)	100,000				ADVOCACY GRANT
KIPP ACADEMY NASHVILLE123 DOUGLAS AVENUE NASHVILLE,TN 37207	20-2799123	501(C)(3)	43,000				ATLANTIC PHILANTHROPIES
KIPP BALTIMORE4701 GREENSPRING AVE RM 115 BALTIMORE,MD 21209	52-2342513	501(C)(3)	50,000				ATLANTIC PHILANTHROPIES
KIPP BAY AREA SCHOOLS 426 17TH STREET SUITE 200 OAKLAND,CA 94612	20-5010766	501(C)(3)	16,667				ATLANTIC PHILANTHROPIES
KIPP CHICAGO SCHOOLS 1616 SOUTH AVERS AVENUE CHICAGO,IL 60623	30-0135927	501(C)(3)	16,667				ATLANTIC PHILANTHROPIES
KIPP JACKSONVILLE1440 MCDUFF AVENUE NORTH JACKSONVILLE,FL 32254	26-4046741	501(C)(3)	40,000				ATLANTIC PHILANTHROPIES

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 UJIMA VILLAGE ACADEMY4701 GREENSPRING AVE ROOM 115 BALTIMORE,MD 21209	52-2342513	501(C)(3)	16,667				ATLANTIC PHILANTHROPIES
KIPP BAY AREA SCHOOLS 426 17TH STREET SUITE 200 OAKLAND,CA 94612	20-5010766	501(C)(3)	25,000				BLENDED LEARNING GRANT
KIPP CHICAGO SCHOOLS 1616 SOUTH AVERS AVENUE CHICAGO,IL 60623	30-0135927	501(C)(3)	25,000				BLENDED LEARNING GRANT
KIPP INDIANAPOLIS COLLEGE PREPARATORY 1740 EAST 30TH STREET INDIANAPOLIS,IN 46218	30-0145826	501(C)(3)	25,000				BLENDED LEARNING GRANT
KIPP LA SCHOOLS445 S FIGUEROA ST SUITE 2580 LOS ANGELES,CA 90071	26-1607268	501(C)(3)	25,000				BLENDED LEARNING GRANT
KIPP METRO ATLANTA98 ANDERSON AVENUE NW ATLANTA,GA 30314	11-3723114	501(C)(3)	25,000				BLENDED LEARNING GRANT
KIPP NEW ORLEANS2625 THALIA STREET NEW ORLEANS,LA 70113	20-2277213	501(C)(3)	25,000				BLENDED LEARNING GRANT
KIPP AUSTIN PUBLIC SCHOOLS8509 FM 969 STE C AUSTIN,TX 78724	01-0639602	501(C)(3)	16,255				CSP CONTRACTUAL
KIPP CHICAGO SCHOOLS 1616 SOUTH AVERS AVENUE CHICAGO,IL 60623	30-0135927	501(C)(3)	13,892				CSP CONTRACTUAL
KIPP COLORADO SCHOOLS375 S TEJON STREET DENVER,CO 80223	13-4230051	501(C)(3)	11,134				CSP CONTRACTUAL
KIPP DELTA PUBLIC SCHOOLS415 OHIO STREET HELENA,AR 72342	31-1807400	501(C)(3)	10,982				CSP CONTRACTUAL
KIPP INC10711 KIPP WAY HOUSTON,TX 77099	13-3875888	501(C)(3)	27,373				CSP CONTRACTUAL

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KIPP JACKSONVILLE1440 MCDUFF AVENUE NORTH JACKSONVILLE,FL 32254	26-4046741	501(C)(3)	19,024				CSP CONTRACTUAL
KIPP METRO ATLANTA98 ANDERSON AVENUE NW ATLANTA,GA 30314	11-3723114	501(C)(3)	24,402				CSP CONTRACTUAL
KIPP PHILADELPHIA SCHOOLS5900 BALTIMORE AVENUE PHILADELPHIA,PA 19143	05-0546103	501(C)(3)	23,537				CSP CONTRACTUAL
KIPP AUSTIN PUBLIC SCHOOLS8509 FM 969 STE C AUSTIN,TX 78724	01-0639602	501(C)(3)	102,442				CSP EQUIPMENT
KIPP CHICAGO SCHOOLS 1616 SOUTH AVERS AVENUE CHICAGO,IL 60623	30-0135927	501(C)(3)	72,042				CSP EQUIPMENT
KIPP COLORADO SCHOOLS375 S TEJON STREET DENVER,CO 80223	13-4230051	501(C)(3)	18,251				CSP EQUIPMENT
KIPP DC910 17TH STREET NW SUITE 1050 WASHINGTON,DC 20006	74-2974642	501(C)(3)	124,990				CSP EQUIPMENT
KIPP DELTA PUBLIC SCHOOLS415 OHIO STREET HELENA,AR 72342	31-1807400	501(C)(3)	43,463				CSP EQUIPMENT
KIPP INC10711 KIPP WAY HOUSTON,TX 77099	13-3875888	501(C)(3)	95,889				CSP EQUIPMENT
KIPP JACKSONVILLE1440 MCDUFF AVENUE NORTH JACKSONVILLE,FL 32254	26-4046741	501(C)(3)	157,153				CSP EQUIPMENT
KIPP METRO ATLANTA98 ANDERSON AVENUE NW ATLANTA,GA 30314	11-3723114	501(C)(3)	166,797				CSP EQUIPMENT
KIPP NEW YORK625 W 133RD ST ROOM 345 NEW YORK,NY 10027	20-3971209	501(C)(3)	43,072				CSP EQUIPMENT

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KIPP PHILADELPHIA SCHOOLS5900 BALTIMORE AVENUE PHILADELPHIA,PA 19143	05-0546103	501(C)(3)	155,831				CSP EQUIPMENT
KIPP SAN ANTONIO731 FREDERICKSBURG ROAD SAN ANTONIO,TX 78201	41-2090713	501(C)(3)	86,953				CSP EQUIPMENT
TEAM SCHOOLS60 PARK PLACE SUITE 802 NEWARK,NJ 07102	20-1018667	501(C)(3)	50,362				CSP EQUIPMENT
KIPP INFINITY ELEMENTARY SCHOOL250 E 156TH ST 4TH FLOOR BRONX,NY 10451	20-2536890	501(C)(3)	20,036				CSP EQUIPMENT
KIPP INFINITY ELEMENTARY SCHOOL250 E 156TH ST 4TH FLOOR BRONX,NY 10451	20-2536890	501(C)(3)	15,790				CSP EQUIPMENT
KIPP DELTA PUBLIC SCHOOLS415 OHIO STREET HELENA,AR 72342	31-1807400	501(C)(3)	13,088				CSP EQUIPMENT - DELTA ELA
KIPP NEW YORK625 W 133RD ST ROOM 345 NEW YORK,NY 10027	20-3971209	501(C)(3)	12,821				CSP EQUIPMENT - NYC COLLEGE PREP
KIPP DELTA PUBLIC SCHOOLS415 OHIO STREET HELENA,AR 72342	31-1807400	501(C)(3)	22,696				CSP EQUIPMENT - SPARK
KIPP ACADEMY LYNN25 BESSOM STREET LYNN,MA 01902	74-3153091	501(C)(3)	56,610				CSP PERSONNEL
KIPP AUSTIN PUBLIC SCHOOLS8509 FM 969 STE C AUSTIN,TX 78724	01-0639602	501(C)(3)	347,647				CSP PERSONNEL
KIPP CHICAGO SCHOOLS 1616 SOUTH AVERS AVENUE CHICAGO,IL 60623	30-0135927	501(C)(3)	186,052				CSP PERSONNEL
KIPP COLORADO SCHOOLS 375 S TEJON STREET DENVER,CO 80223	13-4230051	501(C)(3)	39,360				CSP PERSONNEL

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KIPP DC910 17TH STREET NW SUITE 1050 WASHINGTON,DC 20006	74-2974642	501(C)(3)	127,578				CSP PERSONNEL
KIPP DELTA PUBLIC SCHOOLS415 OHIO STREET HELENA,AR 72342	31-1807400	501(C)(3)	15,224				CSP PERSONNEL
KIPP INC10711 KIPP WAY HOUSTON,TX 77099	13-3875888	501(C)(3)	268,634				CSP PERSONNEL
KIPP JACKSONVILLE1440 MCDUFF AVENUE NORTH JACKSONVILLE,FL 32254	26-4046741	501(C)(3)	81,441				CSP PERSONNEL
KIPP METRO ATLANTA98 ANDERSON AVENUE NW ATLANTA,GA 30314	11-3723114	501(C)(3)	209,169				CSP PERSONNEL
KIPP NEW YORK625 W 133RD ST ROOM 345 NEW YORK,NY 10027	20-3971209	501(C)(3)	258,180				CSP PERSONNEL
KIPP PHILADELPHIA SCHOOLS5900 BALTIMORE AVENUE PHILADELPHIA,PA 19143	05-0546103	501(C)(3)	249,150				CSP PERSONNEL
KIPP SAN ANTONIO731 FREDERICKSBURG ROAD SAN ANTONIO,TX 78201	41-2090713	501(C)(3)	147,445				CSP PERSONNEL
TEAM SCHOOLS60 PARK PLACE SUITE 802 NEWARK,NJ 07102	20-1018667	501(C)(3)	31,042				CSP PERSONNEL
KIPP DELTA PUBLIC SCHOOLS415 OHIO STREET HELENA,AR 72342	31-1807400	501(C)(3)	54,925				CSP PERSONNEL - DELTA ELA
KIPP JACKSONVILLE1440 MCDUFF AVENUE NORTH JACKSONVILLE,FL 32254	26-4046741	501(C)(3)	40,000				CSP PERSONNEL - IMPACT MIDDLE
KIPP INC10711 KIPP WAY HOUSTON,TX 77099	13-3875888	501(C)(3)	65,465				CSP PERSONNEL - LEGACY PREPARATORY

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KIPP INC10711 KIPP WAY HOUSTON,TX 77099	13-3875888	501(C)(3)	94,256				CSP PERSONNEL - SUNNYSIDE HIGH
KIPP ACADEMY LYNN25 BESSOM STREET LYNN,MA 01902	74-3153091	501(C)(3)	11,639				CSP SUPPLIES
KIPP AUSTIN PUBLIC SCHOOLS8509 FM 969 STE C AUSTIN,TX 78724	01-0639602	501(C)(3)	67,576				CSP SUPPLIES
KIPP CHICAGO SCHOOLS 1616 SOUTH AVERS AVENUE CHICAGO,IL 60623	30-0135927	501(C)(3)	78,068				CSP SUPPLIES
KIPP COLORADO SCHOOLS 375 S TEJON STREET DENVER,CO 80223	13-4230051	501(C)(3)	17,042				CSP SUPPLIES
KIPP DC910 17TH STREET NW SUITE 1050 WASHINGTON,DC 20006	74-2974642	501(C)(3)	70,045				CSP SUPPLIES
KIPP DELTA PUBLIC SCHOOLS415 OHIO STREET HELENA,AR 72342	31-1807400	501(C)(3)	41,348				CSP SUPPLIES
KIPP INC10711 KIPP WAY HOUSTON,TX 77099	13-3875888	501(C)(3)	67,222				CSP SUPPLIES
KIPP JACKSONVILLE1440 MCDUFF AVENUE NORTH JACKSONVILLE,FL 32254	26-4046741	501(C)(3)	36,550				CSP SUPPLIES
KIPP METRO ATLANTA98 ANDERSON AVENUE NW ATLANTA,GA 30314	11-3723114	501(C)(3)	61,814				CSP SUPPLIES
KIPP NEW YORK625 W 133RD ST ROOM 345 NEW YORK,NY 10027	20-3971209	501(C)(3)	113,021				CSP SUPPLIES
KIPP PHILADELPHIA SCHOOLS5900 BALTIMORE AVENUE PHILADELPHIA,PA 19143	05-0546103	501(C)(3)	120,478				CSP SUPPLIES

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KIPP SAN ANTONIO731 FREDERICKSBURG ROAD SAN ANTONIO,TX 78201	41-2090713	501(C)(3)	88,413				CSP SUPPLIES
TEAM SCHOOLS60 PARK PLACE SUITE 802 NEWARK,NJ 07102	20-1018667	501(C)(3)	32,462				CSP SUPPLIES
KIPP INFINITY ELEMENTARY SCHOOL250 E 156TH ST 4TH FLOOR BRONX,NY 10451	20-2536890	501(C)(3)	28,017				CSP SUPPLIES
KIPP INFINITY ELEMENTARY SCHOOL250 E 156TH ST 4TH FLOOR BRONX,NY 10451	20-2536890	501(C)(3)	8,579				CSP SUPPLIES
KIPP NEW YORK625 W 133RD ST ROOM 345 NEW YORK,NY 10027	20-3971209	501(C)(3)	12,324				CSP SUPPLIES - ACADEMY ELEMENTARY
KIPP NEW YORK625 W 133RD ST ROOM 345 NEW YORK,NY 10027	20-3971209	501(C)(3)	49,679				CSP SUPPLIES - NYC COLLEGE PREP
KIPP AUSTIN PUBLIC SCHOOLS8509 FM 969 STE C AUSTIN,TX 78724	01-0639602	501(C)(3)	6,680				CSP TRAVEL
KIPP DC910 17TH STREET NW SUITE 1050 WASHINGTON,DC 20006	74-2974642	501(C)(3)	8,850				CSP TRAVEL
KIPP DELTA PUBLIC SCHOOLS415 OHIO STREET HELENA,AR 72342	31-1807400	501(C)(3)	5,663				CSP TRAVEL
KIPP JACKSONVILLE1440 MCDUFF AVENUE NORTH JACKSONVILLE,FL 32254	26-4046741	501(C)(3)	6,497				CSP TRAVEL
KIPP METRO ATLANTA98 ANDERSON AVENUE NW ATLANTA,GA 30314	11-3723114	501(C)(3)	6,753				CSP TRAVEL
KIPP NEW YORK625 W 133RD ST ROOM 345 NEW YORK,NY 10027	20-3971209	501(C)(3)	14,657				CSP TRAVEL

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KIPP PHILADELPHIA SCHOOLS5900 BALTIMORE AVENUE PHILADELPHIA,PA 19143	05-0546103	501(C)(3)	21,770				CSP TRAVEL
KIPP SAN ANTONIO731 FREDERICKSBURG ROAD SAN ANTONIO,TX 78201	41-2090713	501(C)(3)	8,084				CSP TRAVEL
KIPP NEW ORLEANS2625 THALIA STREET NEW ORLEANS,LA 70113	20-2277213	501(C)(3)	75,000				GATES GRANT 3 OF 4
KIPP NEW ORLEANS2625 THALIA STREET NEW ORLEANS,LA 70113	20-2277213	501(C)(3)	75,000				GATES GRANT 4 OF 4
KIPP NEW YORK625 W 133RD ST ROOM 345 NEW YORK,NY 10027	20-3971209	501(C)(3)	50,000				GRANT WORK CONSULTANT - M TIPPENS (ACCRUAL)
KIPP AUSTIN PUBLIC SCHOOLS8509 FM 969 STE C AUSTIN,TX 78724	01-0639602	501(C)(3)	81,304				ASSISTANT PRINCIPALS
KIPP BALTIMORE4701 GREENSPRING AVE RM 115 BALTIMORE,MD 21209	52-2342513	501(C)(3)	60,492				ASSISTANT PRINCIPALS
KIPP BAY AREA SCHOOLS 426 17TH STREET SUITE 200 OAKLAND,CA 94612	20-5010766	501(C)(3)	41,189				ASSISTANT PRINCIPALS
KIPP DC910 17TH STREET NW SUITE 1050 WASHINGTON,DC 20006	74-2974642	501(C)(3)	115,439				ASSISTANT PRINCIPALS
KIPP INC10711 KIPP WAY HOUSTON,TX 77099	13-3875888	501(C)(3)	76,073				ASSISTANT PRINCIPALS
KIPP JOURNEY ACADEMY 1406 MYRTLE AVENUE COLUMBUS,OH 43211	20-8627107	501(C)(3)	15,505				ASSISTANT PRINCIPALS
KIPP LA SCHOOLS445 S FIGUEROA ST SUITE 2580 LOS ANGELES,CA 90071	26-1607268	501(C)(3)	18,688				ASSISTANT PRINCIPALS

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KIPP METRO ATLANTA98 ANDERSON AVENUE NW ATLANTA,GA 30314	11-3723114	501(C)(3)	42,872				ASSISTANT PRINCIPALS
KIPP METRO ATLANTA98 ANDERSON AVENUE NW ATLANTA,GA 30314	11-3723114	501(C)(3)	20,695				ASSISTANT PRINCIPALS
KIPP MINNESOTA1601 LAUREL AVENUE MINNEAPOLIS,MN 55403	20-8877750	501(C)(3)	23,199				ASSISTANT PRINCIPALS
KIPP NEW ORLEANS2625 THALIA STREET NEW ORLEANS,LA 70113	20-2277213	501(C)(3)	33,662				ASSISTANT PRINCIPALS
KIPP NEW YORK625 W 133RD ST ROOM 345 NEW YORK,NY 10027	20-3971209	501(C)(3)	115,897				ASSISTANT PRINCIPALS
KIPP SAN ANTONIO731 FREDERICKSBURG ROAD SAN ANTONIO,TX 78201	41-2090713	501(C)(3)	57,463				ASSISTANT PRINCIPALS
KIPP AUSTIN PUBLIC SCHOOLS8509 FM 969 STE C AUSTIN,TX 78724	01-0639602	501(C)(3)	74,592				DIRECTOR OF LEADERSHIP DEVELOPMENT
KIPP BAY AREA SCHOOLS 426 17TH STREET SUITE 200 OAKLAND,CA 94612	20-5010766	501(C)(3)	71,680				DIRECTOR OF LEADERSHIP DEVELOPMENT
KIPP INC10711 KIPP WAY HOUSTON,TX 77099	13-3875888	501(C)(3)	75,000				DIRECTOR OF LEADERSHIP DEVELOPMENT
KIPP MEMPHIS2670 UNION AVENUE SUITE 1100 MEMPHIS,MN 38112	68-0502820	501(C)(3)	75,000				DIRECTOR OF LEADERSHIP DEVELOPMENT
KIPP NEW YORK625 W 133RD ST ROOM 345 NEW YORK,NY 10027	20-3971209	501(C)(3)	75,000				DIRECTOR OF LEADERSHIP DEVELOPMENT
KIPP ACADEMY CHARLOTTE931 WILANN DR CHARLOTTE,NC 28215	20-5664061	501(C)(3)	29,954				PERFORMANCE EVALUATION MANAGER

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KIPP ADELANTE COLLEGE PREP1475 SIXTH AVE 2ND FLOOR SAN DIEGO,CA 92101	48-1291867	501(C)(3)	35,000				PERFORMANCE EVALUATION MANAGER
KIPP AUSTIN PUBLIC SCHOOLS8509 FM 969 STE C AUSTIN,TX 78724	01-0639602	501(C)(3)	56,217				PERFORMANCE EVALUATION MANAGER
KIPP BALTIMORE4701 GREENSPRING AVE RM 115 BALTIMORE,MD 21209	52-2342513	501(C)(3)	55,968				PERFORMANCE EVALUATION MANAGER
KIPP BAY AREA SCHOOLS 426 17TH STREET SUITE 200 OAKLAND,CA 94612	20-5010766	501(C)(3)	18,871				PERFORMANCE EVALUATION MANAGER
KIPP CHICAGO SCHOOLS 1616 SOUTH AVERS AVENUE CHICAGO,IL 60623	30-0135927	501(C)(3)	55,000				PERFORMANCE EVALUATION MANAGER
KIPP DC910 17TH STREET NW SUITE 1050 WASHINGTON,DC 20006	74-2974642	501(C)(3)	86,334				PERFORMANCE EVALUATION MANAGER
KIPP INC10711 KIPP WAY HOUSTON,TX 77099	13-3875888	501(C)(3)	37,054				PERFORMANCE EVALUATION MANAGER
KIPP LA SCHOOLS445 S FIGUEROA ST SUITE 2580 LOS ANGELES,CA 90071	26-1607268	501(C)(3)	50,069				PERFORMANCE EVALUATION MANAGER
KIPP MEMPHIS2670 UNION AVENUE SUITE 1100 MEMPHIS,MN 38112	68-0502820	501(C)(3)	60,000				PERFORMANCE EVALUATION MANAGER
KIPP MINNESOTA1601 LAUREL AVENUE MINNEAPOLIS,MN 55403	20-8877750	501(C)(3)	14,885				PERFORMANCE EVALUATION MANAGER
KIPP NEW YORK625 W 133RD ST ROOM 345 NEW YORK,NY 10027	20-3971209	501(C)(3)	55,000				PERFORMANCE EVALUATION MANAGER
KIPP PHILADELPHIA SCHOOLS5900 BALTIMORE AVENUE PHILADELPHIA,PA 19143	05-0546103	501(C)(3)	53,710				PERFORMANCE EVALUATION MANAGER

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KIPP REACH1901 NE 13TH STREET OKLAHOMA CITY,OK 73117	30-0005794	501(C)(3)	60,000				PERFORMANCE EVALUATION MANAGER
KIPP TECH VALLEY1 DUDLEY HEIGHTS ALBANY,NY 12210	20-1347748	501(C)(3)	43,430				PERFORMANCE EVALUATION MANAGER
TEAM SCHOOLS60 PARK PLACE SUITE 802 NEWARK,NJ 07102	20-1018667	501(C)(3)	60,000				PERFORMANCE EVALUATION MANAGER
KIPP INC10711 KIPP WAY HOUSTON,TX 77099	13-3875888	501(C)(3)	22,946				SUB GRANT OTHER
KIPP MINNESOTA1601 LAUREL AVENUE MINNEAPOLIS,MN 55403	20-8877750	501(C)(3)	20,293				SUB GRANT OTHER
TEAM SCHOOLS60 PARK PLACE SUITE 802 NEWARK,NJ 07102	20-1018667	501(C)(3)	10,403				KCEP LOAN GUARENTEE - NEWARK COLLEGIATE ACADEMY
NEW PROFIT INC2 CANAL PARK CAMBRIDGE,MA 02141	43-3396766	501(C)(3)	10,000				NEW PROFIT INC
KIPP NEW YORK625 W 133RD ST ROOM 345 NEW YORK,NY 10027	20-3971209	501(C)(3)	60,925				RAIKES FOUNDATION
ACHIEVEMENT FIRST403 JAMES STREET NEW HAVEN,CT 06513	20-2574544	501(C)(3)	7,500				SCHOLARSHIPS
KIPP ACADEMY LYNN25 BESSOM STREET LYNN,MA 01902	74-3153091	501(C)(3)	8,750				SCHOLARSHIPS
KIPP ACADEMY NASHVILLE123 DOUGLAS AVENUE NASHVILLE,TN 37207	20-2799123	501(C)(3)	5,725				SCHOLARSHIPS
KIPP BAY AREA SCHOOLS 426 17TH STREET SUITE 200 OAKLAND,CA 94612	20-5010766	501(C)(3)	39,200				SCHOLARSHIPS

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KIPP DC910 17TH STREET NW SUITE 1050 WASHINGTON,DC 20006	74-2974642	501(C)(3)	13,575				SCHOLARSHIPS
KIPP DELTA PUBLIC SCHOOLS415 OHIO STREET HELENA,AR 72342	31-1807400	501(C)(3)	10,475				SCHOLARSHIPS
KIPP INC10711 KIPP WAY HOUSTON,TX 77099	13-3875888	501(C)(3)	48,175				SCHOLARSHIPS
KIPP LA SCHOOLS445 S FIGUEROA ST SUITE 2580 LOS ANGELES,CA 90071	26-1607268	501(C)(3)	8,425				SCHOLARSHIPS
KIPP MEMPHIS2670 UNION AVENUE SUITE 1100 MEMPHIS,MN 38112	68-0502820	501(C)(3)	17,500				SCHOLARSHIPS
KIPP NEW ORLEANS2625 THALIA STREET NEW ORLEANS,LA 70113	20-2277213	501(C)(3)	16,650				SCHOLARSHIPS
KIPP NEW YORK625 W 133RD ST ROOM 345 NEW YORK,NY 10027	20-3971209	501(C)(3)	21,600				SCHOLARSHIPS
KIPP PHILADELPHIA SCHOOLS5900 BALTIMORE AVENUE PHILADELPHIA,PA 19143	05-0546103	501(C)(3)	10,550				SCHOLARSHIPS
LA CIMA CHARTER SCHOOL800 GATES AVE 3RD FLOOR BROOKLYN,NY 11221	06-1838966	501(C)(3)	7,500				SCHOLARSHIPS
NOBLE NETWORK OF CHARTER SCHOOLS1010 N NOBLE CHICAGO,IL 60622	36-4241970	501(C)(3)	6,000				SCHOLARSHIPS
TEAM SCHOOLS60 PARK PLACE SUITE 802 NEWARK,NJ 07102	20-1018667	501(C)(3)	15,825				SCHOLARSHIPS
YES PREP PUBLIC SCHOOLS INC6201 BONHOMME SUITE 168-N HOUSTON,TX 77036	26-1118740	501(C)(3)	15,000				SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 PRIDE HIGH SCHOOL 320 PLEASANT HILL ROAD GASTON, NC 27832	74-2991314	501(C)(3)	60,000				PERFORMANCE EVALUATION MANAGER

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Name of the organization KIPP FOUNDATION	Employer identification number 94-3362724
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
☐ First-class or charter travel		
☐ Travel for companions		
☐ Tax idemnification and gross-up payments		
☐ Discretionary spending account		
☐ Housing allowance or residence for personal use		
☐ Payments for business use of personal residence		
☐ Health or social club dues or initiation fees		
☐ Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
☒ Compensation committee		
☒ Independent compensation consultant		
☒ Form 990 of other organizations		
☒ Written employment contract		
☒ Compensation survey or study		
☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment from the organization or a related organization?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		No
b Any related organization?		No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		No
b Any related organization?		No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

For each individual whose compensation must be reported 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)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD BARTH	(i)	326,296	0	0	9,800	1,199	337,295	0
	(ii)	0	0	0	0	0	0	0
(2) MICHAEL FEINBERG	(i)	139,699	0	0	5,999	18,649	164,347	0
	(ii)	0	0	0	0	0	0	0
(3) TINA SACHS	(i)	162,475	0	0	6,666	11,333	180,474	0
	(ii)	0	0	0	0	0	0	0
(4) JONATHAN COWAN	(i)	204,548	0	0	8,282	18,816	231,646	0
	(ii)	0	0	0	0	0	0	0
(5) LISA MARGOSIAN	(i)	203,113	0	0	8,282	1,199	212,594	0
	(ii)	0	0	0	0	0	0	0
(6) DAVID WICK	(i)	188,627	0	0	7,646	18,799	215,072	0
	(ii)	0	0	0	0	0	0	0
(7) MICHAEL WRIGHT	(i)	176,079	0	0	6,707	7,286	190,072	0
	(ii)	0	0	0	0	0	0	0
(8) KELLY WRIGHT	(i)	170,906	0	0	6,729	7,416	185,051	0
	(ii)	0	0	0	0	0	0	0
(9) MINDY PROPPER	(i)	166,475	0	0	6,679	7,394	180,548	0
	(ii)	0	0	0	0	0	0	0
(10) TERENCE JOHNSON	(i)	162,504	0	0	2,000	18,579	183,083	0
	(ii)	0	0	0	0	0	0	0
(11) JOHN KANBERG	(i)	178,507	0	0	0	0	178,507	0
	(ii)	0	0	0	0	0	0	0
(12)								
(13)								
(14)								
(15)								
(16)								

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.

Identifier	Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization
KIPP FOUNDATION

Employer identification number
94-3362724

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DORIS AND DONALD FISHER FUND (DDFF)	DORIS FISHER, DIRECTOR OF DDFF, JOHN FISHER, FAMILY MEMBER OF DORIS FISHER	214,041	INDEPENDENT CONTRACTOR		No
(2)					No

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization KIPP FOUNDATION	Employer identification number 94-3362724
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		DORIS FISHER IS THE MOTHER OF JOHN FISHER

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE TAXPAYER'S ACCOUNTING MANAGER PREPARED THE 2010 990 ORGANIZER WITH THE ASSISTANCE OF THE SENIOR ACCOUNTANTS THE ORGANIZER WAS FORWARDED TO HOOD AND STRONG, LLP FOR PREPARATION OF THE 990 FORM UPON PREPARATION OF THE 990 DRAFT, THE CFO AND GENERAL COUNSEL REVIEWED THE FIRST DRAFT THE DRAFT WAS SUBMITTED TO THE AUDIT COMMITTEE MEMBERS THE AUDIT COMMITTEE MEMBERS REVIEWED THE FORM 990 AND DIRECTED THEIR QUESTIONS TO THE CFO AND/OR GENERAL COUNSEL UPON SATISFACTION OF ANY QUESTIONS, THE BOARD OF DIRECTORS APPROVED THE FORM 990 ON MARCH 15, 2012

Identifier	Return Reference	Explanation
	FORM 990, PART VI, LINE 12B	OFFICERS AND DIRECTORS ARE REQUIRED TO ANNUALLY DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS AS DEFINED IN THE CONFLICT OF INTEREST POLICY KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST ON AN ONGOING BASIS IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY AND KIPP FOUNDATION CODE OF ETHICS WHICH REQUIRE DISCLOSURE WHEREVER A POTENTIAL CONFLICT ARISES

Identifier	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 ARRANGEMENT, 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 REVIEWS ANNUAL SALARY DECISIONS IN ACCORDANCE WITH CALIFORNIA LAW, COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER IS REVIEWED AND DETERMINED 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

Identifier	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

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION B, COLUMN B	RIO SUITE HOTEL AND CASINO CONFERENCE FACILITIES FOR THE ANNUAL KIPP SCHOOL SUMMIT IN WHICH WE HOST OUR TEACHERS AND LEADERS IN ONE CENTRAL LOCATION TO INTRODUCE AND RECONNECT TO OUR OVERALL MISSION AND ENGAGE IN PROFESSIONAL DEVELOPMENT BOTH INDIVIDUALLY AND COLLECTIVELY OVER A THREE DAY PERIOD

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	TO UNCONSOLIDATE KCEP MORTGAGE FROM KIPP FOUNDATION 167,156 TOTAL TO FORM 990, PART XI, LINE 5 167,156

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
KIPP FOUNDATION

Employer identification number
94-3362724

Part I Identification of Disregarded Entities (Complete if the organization 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 Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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 status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) KCEP MORTGAGE 135 MAIN STREET 1700 SAN FRANCISCO, CA 94105 26-2301999	ACQUIRING OR REFINANCING CONSTRUCTION LOANS FOR OWNED FACILITIES	CA	501(C)(3)	LINE 11A, TYPE I	KIPP FOUNDATION	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling 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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

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

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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