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# Form **990**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

			endar year, or tax year beginning  C Name of organization	07-01-2014 , and ending 06-30-20	)15	D Emplo	uon idom	tification number	
	eck if a <sub>l</sub> Iress ch	pplicable nange	KIPP DC				-		
	ne chai	_	Doing business as			/4-29 	74642		
	ıal retu	_	Doing business as						
Fina				all is not delivered to street address) Room/	suite	E Telepho	ne numb	per	
reti	urn/terr	minated	2600 VIRGINIA AVENUE NW NO 900			(202)	265-5	477	
☐ Am	ended	return	City or town, state or province, count WASHINGTON, DC 20037	ry, and ZIP or foreign postal code		6 6 77 77 77		100 122 710	
M App	lication	pending	WASHINGTON, DC 20037			G Gross re	eceipts \$	106,122,716	
			F Name and address of princ	cipal officer	H(a)	Is this a group	return	for	
			SUSAN SCHAEFFLER 2600 VIRGINIA AVENUE N	W NO 900		subordinates?		┌ Yes 🗸 No	
			WASHINGTON, DC 20037		Н(b)	Are all subordi	nates	□Yes □ No	
			<u> </u>		_	included?			
<b>I</b> Ta:	x-exem	npt status	<b>✓</b> 501(c)(3)   501(c)( ) <b>◀</b> (ır	nsert no ) 4947(a)(1) or 527		If "No," attach	a list (	(see instructions)	
J W	ebsite	e: <b>►</b> WW	W KIPPDC ORG		H(c)	Group exempt	ion num	nber 🟲	
<b>K</b> Forr	n of org	ganızatıon	Corporation Trust Association	Other ►	<b>L</b> Yea	ar of formation 20	01 <b>M</b> 9	State of legal domicile DC	
Pa	rt I	Sum	mary						
			escribe the organization's mission						
	<u> </u>	KIPP DC	<u>'S MISSION IS TO CREATE AN</u>	D SUSTAIN THE HIGHEST QUALI	TY SCHO	OL SYSTEM (S	EE SCH	HEDULE O)	
<u>မ</u>	-								
፸	-								
Ē.	2 (	Check th	ıs box ► ıf the organization dis	continued its operations or disposed	d of more t	than 25% of its	net ass	sets	
5			,	.,					
Activities & Governance	3 r	Number	of voting members of the governi	ng body (Part VI, line 1a)			3	15	
<u>କ</u>	4 1	Number	of independent voting members o		4	13			
돌	5 1	Total nur	mber of individuals employed in c	alendar year 2014 (Part V , line 2a)			5	77(	
្ន	6 7	Total nur	nber of volunteers (estimate if ne	cessary)			6	99	
	l			rt VIII, column (C), line 12			7a	(	
	ь	Net unre	lated business taxable income fro	om Form 990-T, line 34	<u> </u>		7b	(	
						Prior Year		Current Year	
g <sub>i</sub>	8			e 1h)	-	26,994,4		23,497,841	
Revenue	<ul><li>9 Program service revenue (Part VIII, line 2g)</li><li>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</li></ul>					59,693,0	_	81,483,545	
Š	10		•	316,1		302,681			
	11			ines 5,6d,8c,9c,10c,and11e)		494,5	89	770,563	
	12			(must equal Part VIII, column (A), l	ine	87,498,2	241	106,054,630	
	13			X, column (A), lines 1-3)		226,6	526	12,574,640	
	14	Benefit	cs paid to or for members (Part I)	(, column (A ), line 4)			0	0	
	15			e benefits (Part IX, column (A), lines	,	37,684,5	597	52,198,782	
Expenses		5-10)			37,001,5				
₹	16a		sional fundraising fees (Part IX, o	•		0	0		
ਡੌ	ь	Total fur	ndraising expenses (Part IX, column (D),	line 25) • 699,763					
	17	Other	expenses (Part IX, column (A), lı	nes 11a-11d, 11f-24e)		26,916,6	593	34,775,307	
	18	Total e	expenses Add lines 13–17 (mus	t equal Part IX, column (A), line 25)		64,827,9	916	99,548,729	
	19	Reven	ue less expenses Subtract line 1	8 from line 12		22,670,3	325	6,505,901	
\$ 8 6 8					Beg	inning of Curre	nt	End of Year	
Not Assets or Fund Balances	]	Tatel	scate (Dart V. line 4.6)		<u> </u>	<b>Year</b>	260		
A B	20 21		ussets (Part X, line 16)		•	183,081,2 87,724,6	_	215,805,097 115,303,783	
変異	22		abilities (Part X, line 26) sets or fund balances Subtract I		•	95,356,6		100,501,314	
	† III		ature Block		•	93,330,0	703	100,301,314	
my kı prepa ——— Sign	nowled irer ha	dge and bas any kr	pelief, it is true, correct, and com lowledge	mined this return, including accomp plete Declaration of preparer (other					
Here	2		N SCHAEFFLER MEMBER/CEO or print name and title					_	
		<u> </u>	or print name and title rint/Type preparer's name	Preparer's signature	Date	Ta F	PTIN		
Do:-	1		rint/Type preparer's name /ILLIAM E TURCO CPA	WILLIAM E TURCO CPA	Date	Check   If self-employed	P003692	217	
Paid			ırm's name 🕨 RSM US LLP			Firm's EIN 🕨 42	2-071432	5	
	pare Onl	1 -	ırm's address ► 9737 WASHINGTONIAN I	BLVD 400		Phone no (301	) 296-36	00	

GAITHERSBURG, MD 208787340

✓ Yes ☐ No

**4e** Total program service expenses ► 87,550,613

Part IV Checklist of Required Schedule
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			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 instructions)? 🕏	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		Νo
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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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			
а	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		Νo
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 and XII	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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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	Yes	
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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a	Yes	
b	If 'Yes' to line 35a, 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	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
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 11b 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 or note to any line in this Part V			
	Estantla number respected in Day 2 of Farms 1000 Faton 0 of material land.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 209  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
С	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 as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
·	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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 when the organization is neclised to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a		140

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 resi	nonce or note t	o any li	ing in this D	art VI						V
Check ii Schedule O	Contains a resi	י שנווטע שבווטע	o ally II	1116 III (1115 F	aitvi						., .

Se	ection 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
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	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
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		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	<b>No</b> No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b	Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No

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 made these available. Check all that apply

Own website Another's website Vipon request Other (explain in Schedule O)

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►DEA WATKINS

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

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

#### 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 vear

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

								,		-
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h an or/tr	chenic e Highest compensated	ess er e)	(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
(1) TERENCE GOLDEN BOARD CHAIR	3 00	×		х				0	0	0
(2) JOHN DUFF TREASURER	2 00	х		х				0	0	0
(3) DAVID BRADLEY MEMBER	1 00	х						0	0	0
(4) TONYA MCLAUGHLIN MEMBER	1 00	х						0	0	0
(5) DON GRAHAM MEMBER	1 00	х						0	0	0
(6) LULU TALLEY MEMBER	1 00	х						0	0	0
(7) KIMBERLY SMITH MEMBER	1 00	х						0	0	0
(8) TONY LEWIS MEMBER	1 00	х						0	0	0
(9) HUDSON LAFORCE MEMBER	1 00	х						0	0	0
(10) CAROL LUDWIG MEMBER	1 00	х						0	0	0
(11) STUART SOLOMON MEMBER	1 00	х						0	0	0
(12) ALAN WURTZEL MEMBER	1 00	х						0	0	0
(13) HEIMY SALGADO MEMBER/TEACHER	40 00	х						97,170	0	6,589
(14) SUSAN SCHAEFFLER MEMBER/CEO	40 00	х		х				251,625	0	11,499
	l	I				1				Form <b>990</b> (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec k, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(15) ALLISON FANSLER PRESIDENT & COO	40 00			х				212,963	0	10,344
(16) ALEXANDER SHAWE	40 00									
SECRETARY/GENERAL COUNSEL				х				163,704	0	12,503
(17) JESSICA CUNNINGHAM PRINCIPAL	40 00					х		223,651	0	10,472
(18) MICHAEL CORDELL CHIEF ACADEMIC OFFICER	40 00					х		156,604	0	18,751
(19) JANE HOFFMAN DIRECTOR OF FINANCE	40 00					х		147,304	0	10,603
(20) DAVID AYALA PRINCIPAL	40 00					х		137,250	0	8,894
(21) ANDHRA LUTZ PRINCIPAL	40 00					х		144,098	0	8,248

Lb	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	•	1,534,369	0	97,903

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 33

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

### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MCN BUILD LLC 1214 28TH STREET NW WASHINGTON, DC 20007	CONSTRUCTION SERVICES	13,565,016
THE WHITING TURNER CONTRACTING COMPANY 6305 IVY LANE SUITE 800 GREENBELT, MD 20770	CONSTRUCTION SERVICES	10,213,748
REVOLUTION FOODS PO BOX 742759 LOS ANGELES, CA 900742759	FOOD SERVICES	3,047,483
PMM COMPANIES 15938 DERWOOD ROAD ROCKVILLE, MD 20855	FACILITIES MAINTENANCE	1,966,601
STUDIOS ARCHITECTURE DCPC 1625 M STREET NW WASHINGTON, DC 20036	ARCHITECTURAL SERVICES	1,885,932
2 Total number of independent contractors (including but not limited to those listed above	re) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \( \mathbb{\mathbb{E}} 41 \)

rants ounts	la I
ifts, G ar Am	
ns, Gi Simila	•
ibutio Xther (	1
Contributions, Gifts, Grants and Other Similar Amounts	ı
	2
Program Serwice Revenue	ı
) Servi	
rogran	1
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her R	ı
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Form 99		•						Page <b>9</b>
Part V	/##1	Statement o	o <b>f Revenue</b> ule O contains a respons	se or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>s</u> 2	1a	Federated cam	paigns 1a					
Grants mounts	b	Membership du	ies <b>1b</b>					
وَق	С	Fundraising eve	ents <b>1c</b>	215,212				
Giffs, iilar Au	d	Related organiz	zations 1d					
9 iii	e	Government grant	s (contributions) <b>1e</b>	12,642,493				
rtions er Si	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	10,640,136				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contribute 1a-1f \$	ons included in lines	2,310,834				
a C	h	Total. Add lines	s 1 a - 1 f	<b>_</b>	23,497,841			
<u> </u>				Business Code				
nue.	2a	PUPIL ALLOCATION	I & FEE	900099	81,483,545	81,483,545		
æ	ь							
921	С							
	d							
Ē	e							
Program Serwoe Revenue	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a – 2f		81,483,545			
	3		ome (including dividend		305,380			305,380
	4		ar amounts) stment of tax-exempt bond p					
	5	Royalties		▶				
			(ı) Real	(II) Personal				
	6a	Gross rents	363,749					
	ь	Less rental expenses	0					
	c	Rental income or (loss)	363,749					
	d	, ,	me or (loss)		363,749			363,749
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other						
	Ь	than inventory Less cost or						
		other basis and sales expenses		2,699				
	c	Gain or (loss)		-2,699				
	d		ss)		-2,699			-2,699
Other Revenue	8a	Ψ <u> </u>	luding 5,212 5 reported on line 1c)					
<u>.</u>		·	а	39,866				
ťħe	ь		penses b	65,387				
٥	C		loss) from fundraising e)	vents 🛌	-25,521			-25,521
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	ь	Less direct ex	penses <b>b</b>					
	c		ے loss) from gamıng actıv)	ities				
	10a	Gross sales of						
		returns and allo	owances .					
	ь	Less costofa	oods sold <b>b</b>					
		<del>-</del>	(loss) from sales of inve	ntory 🛌				
		Miscellaneous		Business Code				
	11a	STUDENT FEE	S	900099	205,472	205,472		
	ь	STUDENT UNI	FORMS	900099	141,681	141,681		
	С	OTHER INCOM	4E	900099	85,182			85,182
	d		ue					
	e	<b>Total.</b> Add lines	s 11a-11d	▶	432,335			
	12	Total revenue.	See Instructions	· · · •	106,054,630	81,830,698	0	726,091

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete col	umn (	A )
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Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this				
Do no	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	12,574,640	12,574,640		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	779,754	688,912	82,461	8,381
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	41,744,734	37,162,833	4,097,840	484,061
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,387,909	1,909,252	478,200	457
9	Other employee benefits	3,992,259	3,192,009	799,486	764
10	Payroll taxes	3,294,126	2,953,625	301,940	38,561
11	Fees for services (non-employees)				
а	Management				
ь	Legal	44,285	26,204	18,081	
c	Accounting	267,442		267,442	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,153,403	2,086,015	31,843	35,545
12	Advertising and promotion				
13	Office expenses	2,306,486	1,933,742	357,263	15,481
14	Information technology	2,990,090	1,758,643	1,227,184	4,263
15	Royalties				
16	Occupancy	9,100,322	8,621,884	478,438	
17	Travel	368,501	348,072	17,625	2,804
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,686,040	1,919,934	1,766,106	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,754,011	3,703,559	50,452	
23	Insurance	381,489	935	380,554	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	FOOD SERVICE	4,566,130	4,566,130		
b	DIRECT STUDENT EXPENSES	3,409,015	3,409,015		
c	CHARTER BOARD ADMIN FEE	889,454		889,454	
d	LICENSES, DUES & MEMBER	508,380	463,818	42,877	1,685
e	All other expenses	350,259	231,391	11,107	107,761
25	Total functional expenses. Add lines 1 through 24e	99,548,729	87,550,613	11,298,353	699,763
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	rt X	Check if Schedule O contains a response or note to any line i	n this P	art X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			12,584,133	1	5,369,843
	2	Savings and temporary cash investments			65,940,968	2	67,250,648
	3	Pledges and grants receivable, net			5,445,097	3	9,394,121
	4	Accounts receivable, net		•		4	
	5	Loans and other receivables from current and former officers employees, and highest compensated employees Complete Schedule L	Part II	of		5	
Assets	6	Loans and other receivables from other disqualified persons $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedul	d contri employ	buting employers		6	
82	7	Notes and loans receivable, net			17,705,702	7	17,705,702
ď	8	Inventories for sale or use			.,,,,,,,,,	8	11,7,55,152
	9	Prepaid expenses and deferred charges			1,063,806		1,110,401
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	• • 119,777,565	, ,		1,110,100
	Ь	Less accumulated depreciation	10b	10,079,834	76,520,070	10c	109,697,731
	11	Investments—publicly traded securities			99,256	11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			3,722,228		5,276,651
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			183,081,260		215,805,097
	17	Accounts payable and accrued expenses			8,210,631	17	9,853,495
	18	Grants payable	-,,-	18	-,,		
	19	Deferred revenue	3,608,745		5,296		
	20	Tax-exempt bond liabilities			63,798,734	20	63,767,861
_	21	Escrow or custodial account liability Complete Part IV of Sc			33,133,131	21	35,151,551
Liabilities	22	Loans and other payables to current and former officers, directly employees, highest compensated employees, and disquared employees.					
졅		persons Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrelated third part	ies .		5,625,000	23	31,380,197
	24	Unsecured notes and loans payable to unrelated third parties	5.			24	
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete F					
		D	6,481,545		10,296,934		
	26	Total liabilities. Add lines 17 through 25			87,724,655	26	115,303,783
ce s		Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34.	-  ⊽an	d complete			
<u>a</u>	27	Unrestricted net assets			89,966,855	27	93,614,240
ස ස	28	Temporarily restricted net assets	5,389,750	28	6,887,074		
돧	29	Permanently restricted net assets				29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here 🕨	and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	١			31	
	32	Retained earnings, endowment, accumulated income, or othe	r funds			32	
Ş	33	Total net assets or fund balances			95,356,605	33	100,501,314
~	34	Total liabilities and net assets/fund balances			183,081,260	34	215,805,097
	-						Form 000 (2014)

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		106,0	54,630
2	Total expenses (must equal Part IX, column (A), line 25)	2		99,5	548,729
3	Revenue less expenses Subtract line 2 from line 1	3		6.5	505,901
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			 356,605
5	Net unrealized gains (losses) on investments	5			-1,150
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1,3	360,042
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			501,314
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	וי		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ı			
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?	9	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

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**Employer identification number** 

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

KIPP D	C						74-2974642			
Par	tΙ	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this p	_	ons.		
The o	rganı	zation is not a private fo								
1	$\Gamma$	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b>	b)(1)(A)(i).			
2	굣	A school described in	section 170(b	<b>)(1)(A)(ii).</b> (Attach S	chedule E )					
3	$\Gamma$	A hospital or a cooper	atıve hospıtal	service organization (	described in <b>sec</b>	tion 170(b)(1	)(A)(iii).			
4	Γ	A medical research or	ganızatıon ope	erated in conjunction v	vith a hospital d	lescribed in <b>se</b>	ction 170(b)(1)(A)(iii	i <b>).</b> Enter the		
	_	hospital's name, city,								
5	ļ	An organization opera			versity owned o	or operated by	a governmental unit d	escribed in		
	_	section 170(b)(1)(A)								
6	<u>_</u>	A federal, state, or loc								
7	ı	An organization that n	•	· ·	• • •	om a governme	ental unit or from the g	general public		
8	$\vdash$	described in <b>section 1</b> A community trust des				+ 11 )				
9	<u>'</u>	An organization that n					hutions membership	fees and gross		
	'	receipts from activitie								
		its support from gross								
		acquired by the organi				•	•			
10	$\vdash$	An organization organ								
11		An organization organ	·	·	•	•		out the purposes of		
	•	one or more publicly s								
	_	the box in lines 11a th	-			_		· -		
а	ļ	Type I. A supporting of								
		supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.								
b	$\sqcap$					with its suppo	orted organization(s), l	by having control or		
		<b>Type II.</b> A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) <b>You</b>								
_	_	must complete Part I	•							
С	ı	Type III functionally is supported organization	_		•			grated with, its		
d	Г	Type III non-function						janization(s) that is		
		not functionally integr					ement and an attentiv	eness requirement		
	_	(see instructions) <b>Yo</b>					T I T II T			
е	ı	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization								
f		Enter the number of supported organizations								
g		Provide the following i								
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of		
organization			organization	listed in your		monetary support	other support (see			
				(described on lines 1-9 above or IRC	docume	entz	(see instructions)	ınstructions)		
			section (see							
				ınstructions))		Γ	-			
					Yes	No				
Total										

Sch	edule A (Form 990 or 990-EZ) 2014						Page <b>2</b>
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )						
11	<b>Total support</b> Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto				<del></del>	<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		<del> </del>	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	<b>33 1/3% support test—2014.</b> If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and <b>stop here.</b> The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	<b>-2014.</b> If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	<b>▶</b> ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		<b>▶</b> ┌
18	<b>Private foundation.</b> If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• <b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

## Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

## Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 Amounts paid to perform activity that directly furthexcess of income from activity			
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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#### DLN: 93493071005086

OMB No 1545-0047

Open to Public

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Inspection

	me of the organization		Employer identification number
KIF	P DC		74-2974642
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.	unds or Accounts. Complete if the
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advised Yes No
5	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" to	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation)  Protection of natural habitat  Preservation of open space	or education) Preservation of an Preservation of a c	certified historic structure
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in t	ne form of a conservation
	,,,,,,	[	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d
3	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	d by the organization during
	the tax year ►		
ı	Number of states where property subject to conservati	ion easement is located 🕨	
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?		 dling of violations, and <b>Yes                                    </b>
5	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation easen	nents during the year
	Amount of expenses incurred in monitoring, inspecting	, and onforcing concervation eacoments	during the year
7	►\$	, and emoreing conservation easements	s during the year
3	Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
•	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial	
aı	t IIII Organizations Maintaining Collection Complete if the organization answered "Y		or Other Similar Assets.
la	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	16 (ASC 958), to report in its revenue standard for public exhibition, education, of	statement and balance sheet
	(i) Revenue included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<u> </u>
2	If the organization received or held works of art, historical following amounts required to be reported under SFAS		" <del></del>
а	Revenue included in Form 990, Part VIII, line 1		<b>►</b> \$
ь	Assets included in Form 990. Part X		<u></u>

b Scholarly research  c Preservation for future generations  4 Provide a description of the organization's collections and explain how they see Part XIII  5 During the year, did the organization solicit or receive donations of art, histor assets to be sold to raise funds rather than to be maintained as part of the organization solicit or receive donations of art, historians to be sold to raise funds rather than to be maintained as part of the organization and Custodial Arrangements. Complete if the organization and agent, trustee, custodian or other intermediary for conincluded on Form 990, Part X?	Coan or excontributions or cal treas or ganization rganization line 21.	change program organization's e ures or other si n's collection? n answered "	exempt purpose II milar Yes" to Form 9	n _Yes
b Scholarly research  c Preservation for future generations  4 Provide a description of the organization's collections and explain how they see Part XIII  5 During the year, did the organization solicit or receive donations of art, historiassets to be sold to raise funds rather than to be maintained as part of the organization solicit or receive donations of art, historiassets to be sold to raise funds rather than to be maintained as part of the organization and Custodial Arrangements. Complete if the organization and agent, trustee, custodian or other intermediary for conincluded on Form 990, Part X?	Other  further the  prical treas  prganization  rganizatio  line 21.  ntributions	organization's e ures or other si i's collection? n answered "	exempt purpose ii milar Yes" to Form 9	_ Yes
<ul> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization's collections and explain how they part XIII</li> <li>5 During the year, did the organization solicit or receive donations of art, historassets to be sold to raise funds rather than to be maintained as part of the organization and Custodial Arrangements. Complete if the organization and agent, trustee, custodian or other intermediary for conincluded on Form 990, Part X?</li> </ul>	further the prical treas organization rganization line 21.	ures or other si 's collection? n answered "	mılar [Yes" to Form 9	_ Yes
<ul> <li>Provide a description of the organization's collections and explain how they is Part XIII</li> <li>During the year, did the organization solicit or receive donations of art, historassets to be sold to raise funds rather than to be maintained as part of the organization. Part IV Escrow and Custodial Arrangements. Complete if the organization and agent, trustee, custodian or other intermediary for conincluded on Form 990, Part X?</li> </ul>	orical treas organization rganizatio line 21. ntributions	ures or other si 's collection? n answered "	mılar [Yes" to Form 9	_ Yes
Part XIII  5 During the year, did the organization solicit or receive donations of art, histo assets to be sold to raise funds rather than to be maintained as part of the organization and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for conincluded on Form 990, Part X?	orical treas organization rganizatio line 21. ntributions	ures or other si 's collection? n answered "	mılar [Yes" to Form 9	_ Yes
Part IV Escrow and Custodial Arrangements. Complete if the or Part IV, line 9, or reported an amount on Form 990, Part X,  1a Is the organization an agent, trustee, custodian or other intermediary for conincluded on Form 990, Part X?	organization rganizatio line 21. ntributions	n's collection? n answered "	آ 'Yes" to Form 9	
Part IV Escrow and Custodial Arrangements. Complete if the or Part IV, line 9, or reported an amount on Form 990, Part X,  1a Is the organization an agent, trustee, custodian or other intermediary for conincluded on Form 990, Part X?	rganizatio line 21. ntributions	n answered "	Yes" to Form 9	
Part IV, line 9, or reported an amount on Form 990, Part X,  1a Is the organization an agent, trustee, custodian or other intermediary for conincluded on Form 990, Part X?	line 21. ntributions			
ıncluded on Form 990, Part X?		or other assets	not	
	ble		Γ	Yes No
<b>b</b> If "Yes," explain the arrangement in Part XIII and complete the following tal			A	ount
C Beginning balance		1c		ount
<ul><li>c Beginning balance</li><li>d Additions during the year</li></ul>		1d	+	
e Distributions during the year		1e		
f Ending balance		1f	+	
2a Did the organization include an amount on Form 990, Part X, line 21, for esc	row or cust			Yes No
			•	
If "Yes," explain the arrangement in Part XIII Check here if the explanation  Part V Endowment Funds. Complete if the organization answered		-		<del>'</del>
(a)Current year (b)Prior ye				(e)Four years back
1a Beginning of year balance				
<b>b</b> Contributions				
c Net investment earnings, gains, and 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 current year end balance (line 1g, c	column (a))	held as		
a Board designated or quasi-endowment ▶				
<b>b</b> Permanent endowment ►				
C Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%				
<b>3a</b> Are there endowment funds not in the possession of the organization that are organization by	e held and	admınıstered fo	r the	Yes No
(i) unrelated organizations			3a(i	
(ii) related organizations			3a(i	
<b>b</b> If "Yes" to 3a(II), are the related organizations listed as required on Schedul			3b	
Describe in Part XIII the intended uses of the organization's endowment fun				
Part VI Land, Buildings, and Equipment. Complete if the organiz 11a. See Form 990, Part X, line 10.	ation ans	wered 'Yes' to	o Form 990, Pa	rt IV, line
Description of property (a) C	ost or other (investment)	( <b>b)</b> Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,900,235	5	8,900,235
<b>b</b> Buildings		73,811,055	9,436,346	64,374,709
c Leasehold improvements				
d Equipment		518,167	385,051	133,116
<b>e</b> Other		36,548,108		36,289,671
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B)	), line 10(c).	) .   .   .		109,697,731 <b>(Form 990) 201</b> 4

XIII 🔼

Part VIII Investments—Other Securities. Co	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		+
- Control		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. C	omplete if the organization	on answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(B) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. Complete if the organization (a) Description		0, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(a) Desc	приоп	(B) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 3	15.)	
	anızatıon answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.	(I-) Paralamenta	T
1 (a) Description of liability	(b) Book value	-
Federal income taxes		-
CAPITAL LEASE PAYABLE	1,377,944	7
DEFERRED RENT	7,531,054	-
REFUNDABLE ADVANCES INTEREST RATE SWAP OBLIGATION	30,781 1,357,155	1
INTEREST RATE SWAP OBLIGATION	1,357,133	1
		1
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions In Part XIII, provide	10,296,934	

Sched	ule D (Form 990) 2014					Page <b>4</b>
Par		evenue per Audited Financial Sta ered 'Yes' to Form 990, Part IV, line :		nts With Revenue p	er R	<b>eturn</b> Complete ıf
1		support per audited financial statements			1	106,361,695
2	Amounts included on line 1 but	not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) o	n investments	2a	-1,150		
b	Donated services and use of fa	cilities	2b	1,600,000		
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII )		2d	-1,359,871		
e	Add lines <b>2a</b> through <b>2d .</b>		· .		2e	238,979
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	106,122,716
4	Amounts included on Form 990	), Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII )		4b	-68,086		
c	Add lines <b>4a</b> and <b>4b</b>				4c	-68,086
5	Total revenue Add lines 3 and	<b>4c.</b> (This must equal Form 990, Part I, line	12)		5	106,054,630
Part		<b>openses per Audited Financial Sta</b> Swered 'Yes' to Form 990, Part IV, line			s per	Return. Complete
1	Total expenses and losses per	audited financial statements			1	101,487,580
2	A mounts included on line 1 but	not on Form 990, Part IX, line 25				
а	Donated services and use of fa	cilities	2a	1,600,000		
b	Prior year adjustments		2b			
c	Otherlosses		2c			
d	Other (Describe in Part XIII )		2d	338,851		
e	Add lines $2a$ through $2d$				2e	1,938,851
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	99,548,729
4	A mounts included on Form 990	, Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )		4b			
C	Add lines <b>4a</b> and <b>4b</b>				4c	c
5	Total expenses Add lines 3 and	d <b>4c.</b> (This must equal Form 990, Part I, lin	e 18 )		5	99,548,729
Par	XIII Supplemental Info	ormation				
Part		Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
	Return Reference	Explanation				
 PART	X, LINE 2	KIPP DC IS A TAX-EXEMPT ORGANIZA	rion (	JNDER SECTION 501(	C)(3)(	OF THE IRC AND IS
		L				

Return Reference	Explanation
PART X, LINE 2	KIPP DC IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE IRC AND IS NOT CONSIDERED TO BE A PRIVATE FOUNDATION KIPP DC IS EXEMPT FROM FEDERAL TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME KIPP DC DID NOT HAVE ANY NET UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 30, 2015 AND 2014 DOUGLASS QALICB IS A DISTRICT OF COLUMBIA NON-STOCK, NON-PROFIT ORGANIZATION SHAW QALICB IS A DISTRICT OF COLUMBIA NON-STOCK, NON-PROFIT ORGANIZATION DOUGLASS QALICB MAY FILE FOR TAX-EXEMPT STATUS UNDER SECTION 501(C)(2) KIPP DC FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS GUIDANCE, KIPP DC MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORELIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES AND ACCOUNTING IN INTERIM PERIODS INTEREST AND PENALTIES ASSOCIATED WITH UNRECOGNIZED TAX BENEFITS ARE CLASSIFIED AS ADDITIONAL INCOME TAXES IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES KIPP DC FILES INCOME TAXES IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES KIPP DC FILES INCOME TAXES IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES KIPP DC FILES INCOME TAX RETURNS IN THE US FEDERAL JURISDICTION AS OF JUNE 30, 2015, THERE WERE NO MATERIAL UNRECOGNIZED/DERECOGNIZED TAX BENEFITS OR TAX PENALTIES OR INTEREST GENERALLY, KIPP DC IS NO LONGER SUBJECT TO US FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2012
PART XI, LINE 2D - OTHER ADJUSTMENTS	RELATED ENTITY ACTIVITIES REPORTED ON THE CONSOLIDATED FS 171 LOSS ON INTEREST RATE CAP AGREEMENTS - 1,357,155
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES REPORTED ON LINE 8B -65,387 LOSS ON DISPOSAL REPORTED ONLINE 7C -2,699
PART XII, LINE 2D - OTHER ADJUSTMENTS	RELATED ENTITY ACTIVITIES REPORTED ON THE CONSOLIDATED FS 270,765 SPECIAL EVENT EXPENSES REPORTED ON LINE 8B 65,387 LOSS ON DISPOSAL REPORTED ONLINE 7C 2,699

Jenedale 2 (1 31111 33 3) 23 13		r age S		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

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DLN: 93493071005086

OMB No 1545-0047

Open to Public

Inspection

#### **SCHEDULE E**

**Schools** (Form 990 or 990-EZ)

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Name of the organization KIPP DC

**Employer identification number** 

	74-2974642			
a	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
		-		
1	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h	<u> </u>	No
		1		
_		<b> </b>		
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	17	l Yes l	l

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	ALL CHILDREN ARE TREATED THE SAME REGARDLESS OF ABILITY TO PAY IN THE OPERATION OF CHILD NUTRITION PROGRAMS NO CHILD WILL BE DISCRIMINATED AGAINST BECAUSE OF RACE, COLOR, SEX, AGE, DISABILITY, OR NATIONAL ORIGIN
SCHEDULE E, PART I, LINE 6	KIPP DC WAS ORGANIZED FOR THE PURPOSE OF OPERATING A PUBLIC CHARTER SCHOOL FOR EDUCATIONALLY UNDERSERVED CHILDREN RESIDING IN WASHINGTON, D C KIPP DC RECEIVES A PER STUDENT ALLOCATION FROM THE DISTRICT OF COLUMBIA TO COVER THE COST OF ACADEMIC AND FACILITIES EXPENSES KIPP DC ALSO RECEIVES OTHER GOVERNMENT GRANTS IN SUPPORT OF THIS MISSION

Schedule E (Form 990 or 990-EZ) (2014)

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DLN: 93493071005086

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

**Supplemental Information Regarding Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

TPP DC			Employer iden	itirication number
1FF DC			74-2974642	
Fundraising Activities. Complete in filers are not required to complete the		on answered "Yes" to	Form 990, Part IV,	line 17. Form 990-EZ
Indicate whether the organization raised funds t	through any of the	following activities Che	eck all that apply	
a Mail solicitations	e	Solicitation of non	-government grants	
<b>b</b> Internet and email solicitations	f	Solicitation of gov	ernment grants	
c Phone solicitations	g	Special fundraisin	g events	
<b>d</b> In-person solicitations				
2a Did the organization have a written or oral agree or key employees listed in Form 990, Part VII)				Г Yes Г No
<b>b</b> If "Yes," list the ten highest paid individuals or to be compensated at least \$5,000 by the orga		ers) pursuant to agreem	ents under which the fu	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(iii) Dıd fundraıser have custody or control of contributions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1	Yes No	-		
2				
3				
4				
5				
6				
7				
8				
9				
10				
otal	<u> </u>			
3 List all states in which the organization is regist registration or licensing	tered or licensed t	l o solicit contributions o	l r has been notified it is	L exempt from

		more than \$15,000 of fundr events with gross receipts g				
			(a) Event #1  DINNER	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	(c) (c)
Revenue	1	Gross receipts	255,078	3		255,078
ΦÁΦ	2	Less Contributions	215,212	2		215,212
<u>~</u>	3	Gross income (line 1 minus line 2)	39,866	5		39,866
	4	Cash prizes				
မှာ	5	Noncash prizes				
Expenses	6	Rent/facility costs	53,749	)		53,749
ă	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .	11,638	3		11,638
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(65,387)
	11	Net income summary Subtract li	ne 10 from line 3, columr	(d)		-25,521
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
Э Б	4	Rent/facility costs				
ă	5	Other direct expenses				
	6	Volunteer labor	<ul><li>☐ Yes</li></ul>	<ul><li>✓ Yes</li></ul>	<b>│ Yes</b> % <b>│</b> No	
	7	Direct expense summary Add line	s 2 through 5 ın column (	d)	•	
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)		
9 a b	Ist	ter the state(s) in which the organiza the organization licensed to conduct No," explain	t gamıng actıvıtıes ın eac	h of these states?		「Yes 「No
10a b		re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	· · Fyes F No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

Sche	edule G (Form 990 or 990-EZ) 2014				Page <b>3</b>					
11	Does the organization conduct gaming	activities with nonn	members?	T <sub>Yes</sub> [						
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity							
	formed to administer charitable gaming	,,		Г <sub>Yes</sub> Г	— No					
13	Indicate the percentage of gaming acti		1 1	,						
а	The organization's facility		13a		%					
b	An outside facility				%					
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records							
	Name <b>▶</b>									
	Address ►									
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming							
154				┌ Yes 「	– <sub>No</sub>					
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization <b>&gt;</b> \$ and the							
С	If "Yes," enter name and address of the third party									
	Name ►									
	Address 🏲									
16	Gaming manager information									
	Name 🟲									
	Gaming manager compensation 🕨 \$		······							
	Description of services provided									
	Director/officer	<del>_</del> Employee	☐ Independent contractor							
17	Mandatory distributions									
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to							
	retain the state gaming license?									
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent									
	ın the organization's own exempt activi		·							
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr							
	Return Reference		Explanation							

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493071005086

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

Internal Revenue Service	► Informa	ation about Schedule I	(Form 990) and its inst	ructions is at <u>www.irs</u>	.gov/form990.		Inspection
Name of the organization						Employer ide	ntification number
KIPP DC						74-297464	2
Part I General Inform	nation on Grants	and Assistance				•	
<ul><li>Does the organization ma the selection criteria used</li><li>Describe in Part IV the or</li></ul>	d to award the grants o rganization's procedure	r assistance? es for monitoring the us	e of grant funds in the l	Jnited States			
			ations and Domes d more than \$5,000				red "Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description on non-cash assistan	1
(1) FRIENDSHIP PUBLIC CHARTER SCHOOL 120 Q ST NE SUITE 200 WASHINGTON, DC 20002	58-2398964	501(C)(3)	161,272				SUBGRANTEE PAYMENTS ON EXPANDED GROWTH RACE TO THE TOP OSSE GROWTH AND ASSESSMENT
(2) IDEA PUBLIC CHARTER SCHOOL 1027 45TH STREET NE WASHINGTON, DC 20019	31-1573701	501(C)(3)	62,662				SUBGRANTEE PAYMENTS ON EXPANDED GROWTH RACE TO THE TOP OSSE GROWTH AND ASSESSMENT
(3) KIPP DC SUPPORTING CORP 2600 VIRGINIA AVENUE NW 900 WASHINGTON, DC 20037	47-1876264	501(C)(3)	12,348,312				CONTRIBUTION

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	<b>&gt;</b>	3
2	Enter total number of other organizations listed in the line 1 table	<b>.</b>	

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental In	<b>nformation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
•	WE GATHER SUPPORTING DOCUMENTATION (E.G., INVOICES, EVIDENCE OF PAYMENT, TIMESHEETS, ETC.) FOR ALL GRANT EXPENDITURES MADE BY GRANTEES OR SUBGRANTEES
	JEXPENDITURES MADE OF GRANTEES OR SUBGRANTEES

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DLN: 93493071005086

OMB No 1545-0047

(Form 990) Department of the Treasury

Internal Revenue Service

Schedule J

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

**Employer identification number** 

	74-2974642			
Pa	rt I Questions Regarding Compensation			
			Yes	No
La	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  Payments for business use of personal residence  Tax idemnification and gross-up payments  Health or social club dues or initiation fees  Discretionary spending account  Personal services (e g , maid, chauffeur, chef)			
b	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 of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Written employment contract  Independent compensation consultant  Compensation survey or study  Form 990 of other organizations  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			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
5	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			
а	The organization?	6a		No
b	Any related organization?	6b		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	7	Yes	
3	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		-

## 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
	(i) (ii)	226,625 0	25,000 0	0	6,870	6,343 0	264,838 0	0
	(i) (ii)	192,963 0	20,000	0	5,865 0	6,505 0	225,333	0
JECKLIAKI/ GLINEKAL	(i) (ii)	163,704 0	0	0	5,020	7,597 0	176,321 0	0
	(i) (ii)	208,651	15,000 0	0	6,270 0	4,316 0	234,237 0	0
	(i) (ii)	156,604 0	0 0	0	5,141	18,724 0	180,469	0
	(i) (ii)	142,304 0	5,000 0	0	4,366 0	7,206 0	158,876 0	0
	(i) (ii)	133,250	4,000	0	4,290 0	9,713	151,253 0	0
	(i) (ii)	144,098 0	0	0	4,325 0	4,037	152,460 0	0

Schedule J (Form 990) 2014

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
	ALLISON FANSLER AND SUSAN ETTINGER RECEIVED BONUSES BASED ON THEIR PERFORMANCE THE BONUSES WERE PAID UPON BOARD
	REVIEW AND APPROVAL ALL OTHER BONUSES WERE MANAGEMENT APPROVED BASED ON THE INDIVIDUALS PERFORMANCE

Schedule J (Form 990) 2014

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(Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Information on Tax Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

►Information about Schedule K (Form 990) and its instructions is at <a href="https://www.irs.gov/form990"><u>www.irs.gov/form990</u></a>.

**DLN: 93493071005086**OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization **Employer identification number** KIPP DC 74-2974642 **Bond Issues** Part I (i) Pool (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased (h) On behalf of financing ıssuer Yes Yes No Yes No No DISTRICT OF COLUMBIA 53-6001131 25483VPF5 08-01-2013 63,827,034 CONSTRUCTION OF SCHOOL Χ Χ Χ BUILDING DISTRICT OF COLUMBIA 53-6001131 09-30-2014 38,000,000 CONSTRUCTION OF SCHOOL Χ Χ Χ BUILDING **Proceeds** Part II В C Α D Amount of bonds retired Amount of bonds legally defeased 2 Total proceeds of issue 3 63,827,034 38,000,000 Gross proceeds in reserve funds 4 4,206,409 Capitalized interest from proceeds 5 6 Proceeds in refunding escrows Issuance costs from proceeds 7 1,240,839 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 30,414,126 Other spent proceeds 11 28,947,026 13,991,197 Other unspent proceeds 12 Year of substantial completion 13 2014 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ Χ 14 Were the bonds issued as part of an advance refunding issue? Χ Х 15 Has the final allocation of proceeds been made? Χ 16 Χ Does the organization maintain adequate books and records to support the final Χ Χ allocation of proceeds? Part III **Private Business Use** В C D Α Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned 1 Χ Χ

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Χ

Χ

	aule K (Form 990) 2014									Page <b>∠</b>
Par	t IIII Private Business Use (Continued)									
				A		B I N.	W	C		D No.
За	Are there any management or service contracts that may result in private of bond-financed property?	business use	Yes	No X	Yes	No X	Yes	No	Yes	No
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or outside counsel to review any management or service contracts relating to property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х		х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or outside counsel to review any research agreements relating to the finance									
4	Enter the percentage of financed property used in a private business use bother than a section $501(c)(3)$ organization or a state or local government			0 %		0 %				•
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government			0 %		0 %				
6	Total of lines 4 and 5			0 %		0 %				
7	Does the bond issue meet the private security or payment test?			X		Х				
8a	Has there been a sale or disposition of any of the bond-financed property to nongovernmental person other than a 501(c)(3) organization since the borussued?			х		х				
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		•		•		<b>'</b>		-
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		Х		Х					
Pai	t IV Arbitrage									
		Α			В		С		D	
		Yes	No	Yes	No	Y	es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х		Х					
2	If "No" to line 1, did the following apply?									
<u>a</u>	Rebate not due yet?	X		Х						
ь	Exception to rebate?		Х		Х					
С	No rebate due?		Х		Х					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		Х	X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х	Х						
b	Name of provider			PNC BANK	< NA					
С	Term of hedge			11 00	00000000	00				
d	Was the hedge superintegrated?				Х					
е	Was the hedge terminated?				Х					

Pal	t IV Arbitrage (Continuea)								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		x				
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х		Х				
7	Has the organization established written procedures to monitor the requirements of section 148?	x		X					

### Part V Procedures To Undertake Corrective Action

	A		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K (Form 990) 2014

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DLN: 93493071005086

OMB No 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

**Noncash Contributions** 

Name of the organization KIPP DC

**Employer identification number** 

74-2974642

Pa	rt I Types of Property				74 2374042			
		(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of d noncash contrib	etermi		ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	2	2,310,834	FMV			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
12	or trust interests							
	Qualified conservation contribution—Historic							
	structures							
	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	O ther ► ()							
	Other ► () Other ► ( )							
	Number of Forms 8283 received	by the orga	Inization during the tay yea	r for contributions				
	for which the organization comple				29			
				_			Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that			
	ıt must hold for at least three ye	ars from the	e date of the initial contribu	ıtıon, and which is not requi	red to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		Νo
b	If "Yes," describe the arrangem	ent in Part 1	I					
31	Does the organization have a gif	t acceptand	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	noncash • • •	32a		No
b	If "Yes," describe in Part II							113
33	If the organization did not report	: an amount	in column (c) for a type of	property for which column (	a) is checked.			
	describe in Part II		(2),0, 4 2,00 01	F F 2 7 2	, , , , , , , , , , , , , , , , , , , ,			

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

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**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493071005086

OMB No 1545-0047

2014

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## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
KIPP DC

T4-2974642

Return Reference	Explanation
FORM 990, PART I, LINE 1	FOR THE MOST UNDERSERVED COMMUNITIES IN WASHINGTON, D.C. KIPP DC RAISES THE EXPECTATIONS OF PUBLIC EDUCATION IN UNDERSERVED COMMUNITIES BY CULTIVATING HIGH-PERFORMING EDUCATIONAL LEADERS AND BY SERVING AS A MODEL OF EXCELLENCE. KIPP DC IS A NETWORK OF HIGH-PERFORMING, COLLEGE-PREPARATORY PUBLIC CHARTER SCHOOLS ALL KIPP DC SCHOOLS ARE TUTION-FREE, OPEN ENROLLMENT SCHOOLS, AND ACTIVELY RECRUIT AND SERVE STUDENTS IN THE CITY'S MOST UNDER-RESOURCED COMMUNITIES AT KIPP DC, THERE ARE NO SHORTCUTS OUTSTANDING EDUCATORS AND STAFF, MORE TIME IN SCHOOL, A RIGOROUS COLLEGE PREPARATORY-CURRICULUM, AND A STRONG CULTURE OF ACHIEVEMENT AND SUPPORT HELP OUR STUDENTS MAKE SIGNIFICANT ACADEMIC GAINS AND CONTINUE TO EXCEL IN HIGH SCHOOL AND COLLEGE. IN ADDITION TO OPERATING HIGH-PERFORMING SCHOOLS, KIPP DC IS SUPPORTED BY TWO CRITICAL PROGRAMS CENTRAL TO THE GOAL OF HELPING UNDERSERVED STUDENTS GET TO AND THROUGH COLLEGE KIPP THROUGH COLLEGE AND THE CAPITAL TEACHING RESIDENCY KIPP THROUGH COLLEGE SUPPORTS KIPP DC ALUMNI ON THEIR JOURNEY TO A COLLEGE DEGREE - HELPING THEM NAVIGATE THE APPLICATION PROCESS, ACCESS FINANCIAL AID, CONNECT TO SUMMER INTERNSHIPS, AND BUILD THE ADVOCACY AND DECISION-MAKING SKILLS NEEDED TO PERSIST AND GRADUATE. THE CAPITAL TEACHING RESIDENCY IS AN AWARD WINNING TEACHER-TRAINING PROGRAM DESIGNED TO INCREASE THE PIPELINE OF HIGHLY-EFFECTIVE EDUCATORS IN THE DISTRICT OF COLUMBIA. THESE PROGRAMS, COUPLED WITH EXCEPTIONAL PREK3 THROUGH 12 SCHOOLS, MAKE KIPP DC ONE OF THE HIGHEST-PERFORMING PUBLIC SCHOOL NETWORKS IN THE DISTRICT OF COLUMBIA AND A NATIONAL MODEL OF EXCELLENCE IN URBAN EDUCATION

Return Reference	Explanation
FORM 990, PART I, LINE 6, ESTIMATED NUMBER OF VOLUNTEERS	VOLUNTEERS SUPPORT KIPP DC THROUGH A WIDE RANGE OF PROJECTS INCLUDING TUTORING, MENTORSHIP, CAMPUS BEAUTIFICATION, AND THE CHAPERONING OF FIELD TRIPS

FORM 990, PART III, LINE 2  KIPP DC IS COMMITTED TO MAINTAINING THE QUALITY OF ITS SCHOOLS WHILE EXPANDING TO SERVE MORE STUDENTS IN SCHOOL YEAR (SY) 2014-2015, KIPP DC OPENED THREE NEW SCHOOLS KIPP DC ARTS AND TECHNOLOGY ACADEMY, AN EARLY CHILDHOOD SCHOOL, AND TWO NEW MIDDLE SCHOOLS KIPP DC NORTHEAST ACADEMY AND KIPP DC QUEST ACADEMY ADDITIONALLY, KIPP DC RELOCATED ITS HIGH SCHOOL, KIPP DC COLLEGE PREPARATORY, TO DOUBLE THE
NUMBER OF STUDENTS IT SERVES KIPP DC NOW OPERATES 15 SCHOOLS ON SIX CAMPUSES SERVING STUDENTS IN PREK3 THROUGH TWELFTH GRADE. IN SY 2015-2016, KIPP DC WILL OPEN A SIXTEENTH SCHOOL, KIPP DC VALOR ACADEMY, A MIDDLE SCHOOL AUGUST 2015, KIPP DC OPENED A STATE-OF-THE-ART LEARNING CENTER IN NEWLY RENOVATED SPACE AT OUR DOUGLASS CAMPUS IN WARD 8 THE LEARNING CENTER SERVES APPROXIMATELY 70 STUDENTS IN GRADES PREK4 THROUGH 8 WHO ARE CURRENTLY ENROLLED IN KIPP DC SCHOOLS, AND REQUIRE SPECIALIZED INSTRUCTION AND RELATED SERVICES IN A FULL-TIME SETTING OUTSIDE OF GENERAL EDUCATION IT PROVIDES THESE STUDENTS WITH A SMALL, SAFE, AND SUPPORTIVE LEARNING ENVIRONMENT THAT CAN QUICKLY AND NIMBLY RESPOND TO THEIR NEEDS AND ACCELERATE THEIR LEARNING OUR HIGHLY TRAINED SPECIAL EDUCATION STAFF GUIDES STUDENTS AS THEY ACCESS THE GENERAL EDUCATION CURRICULUM AND DEVELOP THE SKILLS NEEDED FOR SUCCESS IN HIGH SCHOOL, COLLEGE, AND BEYOND

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	IN FY 15, KIPP DC REAPPLIED TO CHARTER SCHOOL BOARD AND IT WAS APPROVED

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE DISTRICT OF COLUMBIA PUBLIC CHARTER SCHOOL BOARD (PCSB) IS KIPP DC'S CHARTERING AUTHORITY AND HAS A DUTY TO MONITOR THE ACADEMIC ACHIEVEMENTS AND FISCAL MANAGEMENT OF ALL DC PUBLIC CHARTER SCHOOLS CERTAIN CONTRACTS WITH A VALUE OF \$25,000 OR MORE MUST BE APPROVED BY THE KIPP DC BOARD OF DIRECTORS AND SUBMITTED FOR REVIEW BY THE PCSB

Return Reference	Explanation
SECTION B, LINE 11	KIPP DC'S FINANCE COMMITTEE, A COMMITTEE OF THE BOARD OF DIRECTORS, MEETS WITH MANAGEMENT AND THE FORM 990 PAID PREPARERS TO REVIEW THE FINAL DRAFT OF THE FORM 990 AFTER THIS REVIEW, THE FINAL DRAFT OF THE FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF THE KIPP DC BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	KIPP DC'S DIRECTORS COMPLETE AN ANNUAL STATEMENT AFFIRMING THAT THEY HAVE RECEIVED A COPY OF KIPP DC'S CONFLICTS OF INTEREST POLICY, HAVE READ AND UNDERSTOOD THE POLICY, AND AGREE TO COMPLY WITH THE POLICY THEY ALSO DISCLOSE IN THE ANNUAL STATEMENT ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST THEY MAY HAVE AFTER DISCLOSURE OF THE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST AND ALL MATERIAL FACTS, THE INTERESTED PERSON MUST LEAVE THE BOARD OF DIRECTORS MEETING THE BOARD OF DIRECTORS THEN DECIDES IF A CONFLICT OF INTEREST EXISTS AND, IF SO, THE PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD CHAIR LEADS THE PROCESS FOR RECOMMENDING THE COMPENSATION LEVEL FOR THE CEO, AND THE FULL BOARD OF DIRECTORS APPROVES THE FINAL CEO COMPENSATION LEVEL. THE CHAIR CONSIDERS THE FOLLOWING FACTORS IN DEVELOPING THE RECOMMENDED CEO COMPENSATION COMPARABLE DATA INCLUDING DATA FROM OTHER KIPP REGIONS AND AN ANALYSIS BY A NATIONAL CHARTER SCHOOL FUNDER ON CEO COMPENSATION RELATIVE TO GEOGRAPHY AS WELL AS NUMBER OF SCHOOLS, THE CHANGE IN SCALE AND SCOPE OF THE ORGANIZATION, THE ORGANIZATION'S PERFORMANCE AS WELL AS STUDENT PERFORMANCE, THE CEO'S PRIOR COMPENSATION, AND THE FINANCIAL ABILITY OF THE ORGANIZATION TO PAY THE RECOMMENDED COMPENSATION

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	LOSS ON INTEREST RATE CAP AGREEMENTS -2,887 LOSS ON INTEREST RATE SWAP AGREEMENTS - 1,357,155

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OMB No 1545-0047

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# **Related Organizations and Unrelated Partnerships**

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

KIPP DC

Name of the organization

(Form 990)

**SCHEDULE R** 

**Employer identification number** 

74-2974642

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33,

Table 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2									
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity				
(1) WOODROCK LLC 2600 VIRGINIA AVE NW SUITE 900 WASHINGTON, DC 20037 58-2684134	LEASE HOLDER	DC	0	0	KIPP DC				

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)	Exempt Code section	(e) Public charity status (if section 501(c)(3))	(†) Direct controlling entity	g Section 5 (13) cont entity	
						Yes	No
(1) KIPP DC - DOUGLASS QALICB INC 2600 VIRGINIA AVENUE NW	CHARTER SCHOOL REAL ESTATE	DC	501(C)(2)		KIPP DC	Yes	
WASHINGTON, DC 20037 _26-4544894							
(2) KIPP DC - SHAW QALICB INC 2600 VIRGINIA AVENUE NW	CHARTER SCHOOL REAL ESTATE	DC	501(C)(2)		KIPP DC	Yes	
WASHINGTON, DC 20037 _45-3261015							
(3) KIPP DC SUPPORTING CORP 2600 VIRGINIA AVENUE NW	SUPPORT KIPP DC	DC	501(C)(3)	LINE 11C, III-FI	N/A		No
WASHINGTON, DC 20037 47-1876264					,,,,		

Part III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete i	f the organiz	ation ansv	ered "Ye	s" on Form	990, Part 1	۷, line 3،	4
	because it had one or more related organizations treate	ed as a part	nership	during the	tax year.						
											С

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	)	(i)	Ü	)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Dispropr	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	lend-of-year	allocati	ions?	amount in box	mana	iging	ownership
-		(state or	entity	unrelated,		assets			20 of	partr	ner?	
		foreign		excluded from		1			Schedule K-1			
		country)		tax under		1			(Form 1065)			
				sections 512-		1						
		1 1		514)		1	L			L		
				·		1	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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

Schedule K (1 01111 990) 2014					Page	<b>2</b>
Part V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	n 990, Part IV, lin	e 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Y	es	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-IV?	·			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a	•		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1b	) Y	es	
<b>c</b> Gift, grant, or capital contribution from related organization(s)			10	:		No
<b>d</b> Loans or loan guarantees to or for related organization(s)			1d	I Y	es	
e Loans or loan guarantees by related organization(s)			16	•		No
<b>f</b> Dividends from related organization(s)			1f			No
g Sale of assets to related organization(s)			19	,		No
h Purchase of assets from related organization(s)			1h	,		No
i Exchange of assets with related organization(s)			1i			No
j Lease of facilities, equipment, or other assets to related organization(s)			<u>1j</u>			No
k Lease of facilities, equipment, or other assets from related organization(s)			1k	( Y	es	
l Performance of services or membership or fundraising solicitations for related organization(s)			11			No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)			1n	n		No
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			11	n		No
• Sharing of paid employees with related organization(s)			10	)		No
p Reimbursement paid to related organization(s) for expenses			1 <u>p</u>			No
<b>q</b> Reimbursement paid by related organization(s) for expenses			19	1 Y	es	
r Other transfer of cash or property to related organization(s)			<u>1r</u>	_		No
s Other transfer of cash or property from related organization(s)			1s	•		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	t invo	lved	
See Additional Data Table						

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	, , , , , , , , , , , , , , , , , , ,
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	$\neg$	,		<b>⊣</b> '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	<del>                                     </del>				_
/		<b></b> .	<u> </u>							

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 74-2974642

Name: KIPP DC

### Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> A mount I nvolved	(d) Method of determining amount involved
KIPP DC - DOUGLASS QALICB INC	D	23,859,486	COST
KIPP DC - DOUGLASS QALICB INC	К	2,210,909	COST
KIPP DC - DOUGLASS QALICB INC	Q	1,506,603	COST
KIPP DC - SHAW QALICB INC	D	23,520,000	COST
KIPP DC - SHAW QALICB INC	K	1,101,244	COST
KIPP DC - SHAW QALICB INC	Q	18,557	COST
KIPP DC SUPPORTING CORP	В	12,348,312	COST