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DLN: 93493137028936

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

Open to Public Inspection

A Fo	or the	2014 ca	ılendar year, or tax year beginni	ng 07-01-2014 , and ending 06-30-20	015			
		applicable	C Name of organization	, ,		D Emplo	yer ider	ntification number
		hange	KIPP FOUNDATION			94-33	62724	1
┌ Na	me cha	ange	Doing business as			_	,02,2	•
	tıal retı		boiling business us					
, Fır				mail is not delivered to street address) Room/	suite	E Telepho	ne num	ber
		rmınated	135 MAIN STREET NO 1700			(415)	399-1	556
☐ Am	nended	return		ountry, and ZIP or foreign postal code				
Гар	plicatio	n pending	SAN FRANCISCO, CA 94105			G Gross r	eceipts \$	5 90,175,153
			F Name and address of p	rıncıpal officer	H(a) 19	s this a group	return	for
			RICHARD BARTH	700		ubordinates?		r Yes r No
			135 MAIN STREET NO 17 SAN FRANCISCO, CA 94		U/b) A			┌ Yes ┌ No
					1	re all subordı ıcluded?	nates	j Yesj No
I Ta	ax-exer	mpt status	s	(insert no) 4947(a)(1) or 527	If	"No," attach	a lıst	(see instructions)
J W	ebsit	e: ► W	WW KIPP ORG		H(c) G	Group exempt	ion nur	mber ►
K For	m of o	rganizatio	n V Corporation Trust Associa	tion Other ►	1	of formation 20		State of legal domicile CA
	rt I		nmary	Ottor P	E rear	or rounddon 20	00 11	State of legal dofficile. CA
			<u>-</u>	sion or most significant activities				
				EQUIP UNDERSERVED STUDENTS	WITH SKIL	LS TO SUCC	EEDIN	COLLEGE & LIFE
ሧ								
Ě								
Ĕ		<u> </u>	blood book between	d	d . 6	2.E0/ f-t-		
Governance	2	Спеск	this box 🞮 if the organization (discontinued its operations or disposed	or more tha	an 25% of its	net as	sets
	3	Number	r of voting members of the gove	rning body (Part VI, line 1a)			з	14
8				s of the governing body (Part VI, line 1			4	8
Ě				n calendar year 2014 (Part V, line 2a)			5	236
Activities &	1			necessary)			6	16
q.				Part VIII, column (C), line 12			7a	0
	1			from Form 990-T, line 34			7b	0
						Prior Year		Current Year
	8	Conti	ributions and grants (Part VIII,		60,389,	192	63,150,784	
를	9	Progr	ram service revenue (Part VIII,	line 2g)		4,413,3	332	5,230,055
Rayenue	10	Inves	stment income (Part VIII, colur	nn (A), lines 3, 4, and 7d)		34,883		23,452
ά	11	Othe	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,3	317	4,187
	12			1 (must equal Part VIII, column (A), l	ine	64942	724	69 409 479
	12			rt IX, column (A), lines 1–3)		25,072,6		68,408,478
	13 14		, ,	IX, column (A), line 4)		25,072,0	0	23,479,474
	15			yee benefits (Part IX, column (A), lines				
8	13	5-10		yee beliefits (Fart IX, Column (A), illies	`	21,209,4	198	22,813,835
ý Æ	16a	P rofe	ssional fundraising fees (Part I)	X, column (A), line 11e)			0	0
Expenses	Ь	Total f	undraising expenses (Part IX, column ((D), line 25) • 2,085,119				
ш	17	Othe	r expenses (Part IX column (A)), lines 11a-11d, 11f-24e)	_	21,807,8	309	25,607,705
	18			ust equal Part IX, column (A), line 25)		68,089,9		71,901,014
	19			e 18 from line 12		-3,247,2		-3,492,536
× ₩			·			ning of Curre		
Not Assets or Fund Balances						Year		End of Year
33.5	20		assets (Part X, line 16)		·	67,203,2	-	65,449,107
골	21		liabilities (Part X, line 26) .		•	18,913,7		20,652,198
	22	_		t line 21 from line 20		48,289,4	145	44,796,909
	rt II		nature Block					
my k	nowle	dge and		xamined this return, including accompaint of preparer (other beclaration of preparer (other				
		***	***			2016-05-11		
Sigr	า	Sıgr	nature of officer			Date		
Her			RFIELD BYRD CFO					
		<u> </u>	e or print name and title					
			Print/Type preparer's name MAGA E KISRIEV	Preparer's signature MAGA E KISRIEV	Date	Check If	PTIN P01008	
Pai	d		Firm's name HOOD & STRONG LL			self-employed Firm's EIN F 94		
Pre	pare	er						
Use	On	ıly	Firm's address ► 100 FIRST STREET 1			Phone no (415) /81-07	/93
			SAN FRANCISCO, CA	94105				

✓ Yes ☐ No

Form	990 (2014)					Page 2
Par		of Program Servule O contains a res		lishments o any line in this Part	III	
1	Briefly describe the o	rganızatıon's mıssıo	n			
ENR(STUI	OLLMENT, COLLEGE P	REPARATORY PUE IONALLY UNDERS	BLIC SCHOOLS SERVED COMM	(KIPP SCHOOLS & R UNITIES DEVELOP T	ENTIAL, AND NATIONAL NE EGIONS) THAT ARE SUCCE HE KNOWLEDGE, SKILLS, CH	SSFUL IN HELPING
2	Did the organization u the prior Form 990 or				r which were not listed on	
	If "Yes," describe the	se new services on	Schedule O			
3	Did the organization coservices?				nducts, any program	
	If "Yes," describe the	se changes on Sche	dule O			
4		1(c)(3) and 501(c)((4) organizations	s are required to repor	ree largest program services, t the amount of grants and allo	
4a	(Code) (Expenses \$	32,292,742	ıncludıng grants of \$	23,479,474) (Revenue \$	3,468,022)
					O EXISTING KIPP SCHOOLS & REGION S, SUSTAINABLE GROWTH, FUNDRAIS	
4b	(Code) (Expenses \$	12 793 679	ıncludıng grants of \$	0) (Revenue \$	1,762,033)
70	LEADERSHIP DEVELOPMEN SCHOOL LEADERSHIP PRO AND THE MILES FAMILY F PREPARATION IS AN 18-M AND MILES FAMILY FELLO	IT THE FOUNDATION TR GRAM (KSLP) KSLP HA ELLOWSHIP THE FISHER IONTH LONG TRAINING WSHIP PROGRAMS ARE	RAINS TEACHERS TO S FIVE COHORTS TO FELLOWSHIP IS A N FOCUSED ON ASSU YEAR-LONG TRAINI	D BE SCHOOL LEADERS AND THE FISHER FELLOWSHIP, S FEAR-LONG TRAINING FOC MING LEADERSHIP OF AN E	O TO ESTABLISH NEW KIPP SCHOOLS SUCCESSOR PREPARATION, LEADERS USED ON OPENING AND LEADING A N EXISTING KIPP SCHOOL THE LEADERS OPING STAFF TO TAKE OVER LEADER	THROUGH ITS YEAR LONG KIPP HIP TEAM, TEACHER LEADER, IEW KIPP SCHOOL SUCCESSOR SHIP TEAM, TEACHER LEADER,
4 c	(Code) (Expenses \$	9,985,776	including grants of \$	0) (Revenue \$	0)
	LEARNING AND IMPROVEN AND PERFORMANCE TREN DATA-DRIVEN DECISIONS SUPPORT THE IMPLEMEN	MENT AMONG KIPP SCHOOLS, GENERATING ACTION, GENERATING ACTION, FROMOTING THE CODPATION OF THESE PRACTION OF THESE PRACTION OF THESE PRACTION OF THESE PRACTION.	OOLS AND REGIONS ONABLE INSIGHTS, IFYING AND DISSEN TICES AND IDEAS, I	BY CREATING ONGOING NAME INSURING HIGH QUANTION OF PROMISING PHOSTING AN ANNUAL GATH	K, THE FOUNDATION FOCUSES ON S VISIBILITY INTO NETWORK-WIDE, RE LITY DATA AND RESEARCH SUPPORT PRACTICES AND IDEAS AS WELL AS TO ERING OF KIPP'S TEACHERS, LEADER FRASTRUCTURE AND APPLICATION D	GIONAL, AND SCHOOL HEALTH NETWORK LEADERS IN MAKING DOLS AND RESOURCES WHICH RS, AND STAFF FOCUSED
	See Additional Data					
44	O th a u u u a u u u a u u u a u u u u u u	(D	h = dul = O)			
4d	Other program service (Expenses \$	•	nedule O) Icluding grants o	of ¢	0)(Revenue \$	0)
		· · · ·			o) (Nevenue \$	· ,
4e	Total program service	e expenses 🟲	62,241,408			

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A^{2}	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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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 1	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? <i>If "Yes," complete Schedule D, Part IV</i>	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 $\sqrt{2}$	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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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? <i>If</i> "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 $11e^{\gamma}$ 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? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more 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	2 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							
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? If "Yes," complete Schedule J	23	Yes					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
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						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3), 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				
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No				
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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? <i>If "Yes," complete Schedule N, Part II</i>	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		No				
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		No				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
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						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	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		<u> </u>	厂_
1-	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 198		Yes	No
	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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
Ī	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	1.5a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand]		
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

►GARFIELD BÝRD

135 MAIN STREET SUITE 1700

SAN FRANCISCO, CA 94105 (415) 513-4114

Se	ction 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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	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		No
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		No
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	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	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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 organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	_00		
	List the States with which a copy of this Form 990 is required to be filed▶AK , AL , AR , CA , CT , FL , GA , IL , KS MN , MS , NC , NH , NJ , NM , NV , NY , SC , TN , UT , VA , WI , WV			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply own website. Another's website. Upon request. Other (explain in Schedule O)			
L9	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 record	S		

Form 990 (2014)	
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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 year

- ♣ 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form 990 (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 t	han d n is l	ne l both	box, an d	officer	1	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	▶	3,115,812	0	345,753

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►63

			Yes	No				
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee							
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo				
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							
	ındıvıdual	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

\$100,000 of compensation from the organization ▶37

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report 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
MATHEMATICA POLICY RESEARCH INC PO BOX 2393 PRINCETON, NJ 08543	RESEARCH AND DATA COLLECTION SERVICES	973,851
GREAT MINDS (COMMON CORE INC) 100 M STREET SE STE 500 WASHINGTON, DC 20003	PROGRAMMING RESEARCH AND DEVELOPMENT	818,774
EVENT TECHNOLOGY LLC 1629 PRIME COURT STE 100 ORLANDO, FL 32809	TECHNICAL EVENT SUPPORT	606,973
IDEO LP 715 ALMA STREET PALO ALTO, CA 94301	DESIGN AND STRATEGY DEVELOPMENT FOR KIPP	571,506
RNM 135 MAIN LP 135 MAIN STREET SAN FRANCISCO, CA 94105	RENT AND RENT SERVICES	561,061
2 Total number of independent contractors (including but not limited to those listed above	e) who received more than	

	1a
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f g
i, Gr Amo	с
Giffs ilar	d
ns, I	е
outio her	f
ntrik d Ot	g
Col	h
Program Serwce Revenue	2a
Reve	ь
МСе	2a b c d e f
n Ser	e
χ(Iran	f
_ <u>*</u>	2a b c d e f g 3
	3
	4
	4 5
	6a b
	C
	d
	 -
	7a
	7a b
	d
a	8a
nu-	8a
ther Revenu	
ther	ь
Ò	c 9a
	9a
	ь
	C
	10a
	ь
	С
	11a
	ь
	b c d
	e 12

/##	Statement o	f Revenue ule O contains a respor	nse or note to any lir	ne in this Part VIII			Г
	Check if Schedi	are O Contains a respon	ise of flote to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns 1a					
ь	Membership du	es 1b					
c	Fundraising eve	ents 1c					
d	Related organiz	rations 1d					
e	Government grants		24,065,448				
f	_	ons, gifts, grants, and 1f	39,085,336				
g		ons included in lines	2,862,459				
h	Total. Add lines	s 1 a - 1 f		63,150,784			
			Business Code				
2a	LICENSE FEES		900099	3,468,022	3,468,022		
ь	SERVICE FEES & C	ONF	900099	1,762,033	1,762,033		
c				_,,	_,,		
d		_					
e							
f	All other progra	ım service revenue					
g		s 2a – 2f		5,230,055			
3	Investment inc	ome (including dividen ar amounts)	_ L I	28,824			28,824
4		tment of tax-exempt bond	proceeds 🕨				
5	Royalties		▶ [
		(ı) Real	(II) Personal				
6a	Gross rents						
Ь	Less rental expenses						
C	Rental income or (loss)						
d	· · ·	me or (loss)					
		(ı) Securities	(II) Other				
7a	Gross amount from sales of assets other	21,761,303					
ь	than inventory Less cost or other basis and	21,766,675					
	sales expenses	-5,372					
d	Gain or (loss)	s)		-5,372			-5,372
8a	Gross income f			3,372			3,372
	events (not inc	_					
	of contributions See Part IV, lin	reported on line 1c)					
		а					
b		penses b					
C		(loss) from fundraising	events 🛌				
9a	See Part IV, lin	rom gaming activities le 19					
ь	Less direct ex	penses b					
С		(loss) from gamıng actı	vities				
10a	Gross sales of returns and allo	owances .					
_		a					
		oods sold b					
	Net income or ((loss) from sales of inv	Business Code				
11a			900099	2,240			2,240
ь	LOAN ORIG/P	-	900099	1,947			1,947
°	WITOCETTY NEC	OOS INCOME	200033	1,5.1/			1,517
d	All other royans	ue					
e e	Total. Add lines		🕨				
				4,187			
12	Total revenue.	See Instructions .	🕨	68,408,478	5,230,055	0	27,639

	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			<u></u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	23,286,112	23,286,112		
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	193,362	193,362		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,028,320	1,245,605	1,334,161	448,554
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	15,796,294	12,803,532	2,061,098	931,664
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	540,513	399,979	113,508	27,026
9	Other employee benefits	2,112,364	1,538,234	397,305	176,825
10	Payroll taxes	1,336,344	988,895	280,632	66,817
11	Fees for services (non-employees)		•		
а	Management				
ь	Legal	45,780	44,855	925	
c	Accounting	229,625	,	229,625	
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)	8,835,089	7,457,027	1,286,607	91,455
12	Advertising and promotion	36,419	36,300	119	
13	Office expenses	1,607,055	1,175,544	391,562	39,949
14	Information technology	396,133	320,468	63,081	12,584
15	Royalties				
16	Occupancy	1,226,068	916,067	251,681	58,320
17	Travel	4,098,638	3,829,535	109,230	159,873
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,195,831	5,143,429	38,934	13,468
20	Interest	409	190	206	13
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	877,248	333,005	489,989	54,254
23	Insurance	52,901	39,147	11,109	2,645
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	FISCAL SPONSORSHIP TOWN	1,444,836	1,444,836	0	0
b	SCHOOL LEADER TRAINING	732,930	655,115	77,576	239
C	EMPLOYEE RECRUITING COS	448,195	9,623	437,139	1,433
d	VIDEO PRODUCTION	90,290	90,290		
е	All other expenses	290,258	290,258		
25	Total functional expenses. Add lines 1 through 24e	71,901,014	62,241,408	7,574,487	2,085,119
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	't X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			_
		eneck in Schedule S contains a response of note to any line in this farex. I. I.	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	·
	2	Savings and temporary cash investments	35,450,810	2	39,707,565
	3	Pledges and grants receivable, net	19,845,058	3	15,927,434
	4	Accounts receivable, net	3,399,093	4	2,918,311
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
ts	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		_	
Š	l _		4 700 000	6	2 202 202
Assets	7	Notes and loans receivable, net	1,700,000	7	2,300,000
	8	Inventories for sale or use	0.004.000	8	700 110
	9 10a	Prepaid expenses and deferred charges	2,634,228	9	722,416
	ь	Less accumulated depreciation 10b 3,276,074		10c	2,135,907
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	1,921,242	13	576,157
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	63,805	15	1,161,317
	16	Total assets. Add lines 1 through 15 (must equal line 34)	67,203,205	16	65,449,107
	17	Accounts payable and accrued expenses	11,249,404	17	12,818,610
	18	Grants payable		18	
	19	Deferred revenue	175,625	19	596,322
	20	Tax-exempt bond liabilities		20	
G	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
аę		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	7, 400, 704		7.007.000
		D	7,488,731	25	7,237,266
	26	Total liabilities. Add lines 17 through 25	18,913,760	26	20,652,198
S)		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	26,139,010	27	30,337,508
<u>छ</u>	28	Temporarily restricted net assets	22,150,435	28	14,459,401
<u> </u>	29	Permanently restricted net assets		29	,
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and			
2		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Net	33	Total net assets or fund balances	48,289,445	33	44,796,909
	34	Total liabilities and net assets/fund balances	67,203,205	34	65,449,107

Pai	TEXT Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		68,4	108,478
2	Total expenses (must equal Part IX, column (A), line 25)	2		71,9	01,014
3	Revenue less expenses Subtract line 2 from line 1	3			 192,536
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			289,445
5	Net unrealized gains (losses) on investments	5		, .	
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		44,7	796,909
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 o	n		
	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 separ basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	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	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
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?	e	За	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	

Additional Data

Software ID:

Software Version:

EIN: 94-3362724

Name: KIPP FOUNDATION

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

(Code) (Expenses \$ 7,169,211 including grants of \$ 0) (Revenue \$ 0)
KIPP THROUGH COLLEGE THE FOUNDATION HAS CREATED A SET OF NATIONAL INITIATIVES AND PROGRAMS DESIGNED TO
SUPPORT AND PROVIDE RESOURCES TO LOCAL KIPP THROUGH COLLEGE PROGRAMS ACROSS THE COUNTRY THESE
PROGRAMS INCLUDE BUILDING COLLEGE PARTNERSHIPS, BUILDING SUPPORT FOR COLLEGE STUDENTS, SUPPORTING SITES
AND PROFESSIONAL DEVELOPMENT THROUGH TRAINING AND WEBSITE COLLABORATION TOOLS TEACHING & LEARNING
LABS THE FOUNDATION FOCUSES ON EQUIPPING TEACHERS, SCHOOLS AND REGIONS WITH TRAINING AND RESOURCES TO
MAXIMIZE THEIR INSTRUCTIONAL EFFECTIVENESS AND OUTCOMES

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per week (list any hours for related	more than one box, unle person is both an office and a director/trustee		Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-M13C)	2/1099-M13C)	organization and related organizations		
(1) KATHERINE BRADLEY	1 00	x						0	0	0		
BOARD MEMBER (1) PHILIPPE DAUMAN	1 00											
BOARD MEMBER		х						0	0	0		
(2) DORIS FISHER CO-FOUNDER, BOARD MEMBER	1 00	х						0	0	0		
(3) JOHN FISHER	1 00	х		Х				0	0	0		
CHAIRMAN OF THE BOARD (4) REED HASTINGS	1 00											
BOARD MEMBER (5) MARTHA KARSH	1 00	Х						0	0	0		
BOARD MEMBER		x						0	0	0		
(6) MICHAEL LOMAX BOARD MEMBER	1 00	х						0	0	0		
(7) MARK NUNNELLY	1 00	×						0	0	0		
BOARD MEMBER (8) CARRIE WALTON PENNER	1 00	х						0	0	0		
(9) EMMA BLOOMBERG	1 00	X						0	0	0		
BOARD MEMBER (10) RHONDA KALIFEY-ALUISE	1 00	x						0	0	0		
BOARD MEMBER (THRU 4/24/15) (11) JOSE VILLARREAL	1 00	x						0	0	0		
BOARD MEMBER (THRU 5/31/15) (12) RICHARD BARTH	40 00											
CHIEF EXECUTIVE OFFICER		X		Х				432,198	0	12,049		
(13) MIKE FEINBERG CO-FOUNDER, DIRECTOR	40 00	х						187,582	0	33,879		
(14) DAVID LEVINCO-FOUNDER, DIRECTOR	40 00	×						440,769	0	33,923		
(15) SUSAN SCHAEFFLER BOARD MEMBER	1 00	х		х				10,000	0	0		
(16) TARUN BHATIA	40 00			х				206,738	0	33,528		
CHIEF FINANCIAL OFFICER (THRU 12/15) (17) MARISELA MARTINEZ	1 00			х				89,214	0	17,734		
SECRETARY (18) JONATHAN COWAN	40 00				X			229,249	0	30,397		
RESEARCH, DESIGN & INNOVATION (19) JACK CHOROWSKY	40 00				<u> </u> ^			223,243	0	30,337		
CHIEF OPERATING OFFICER (20) KELLY WRIGHT	40 00				Х			271,859	0	40,327		
CHIEF PROGRAM OFFICER	40 00				х			236,399	0	18,398		
(21) DAVID WICK CHIEF DEVELOPMENT OFFICER	40 00					x		227,805	0	35,326		
(22) WILLIAM HIGHBAUGH GENERAL COUNSEL	40 00					х		205,431	0	19,210		
(23) VALERIE FAILLACE	40 00					х		201,162	0	17,513		
CHIEF STRATEGIC OFFICER (24) MIKE WRIGHT	40 00					Х		187,857	0	30,166		
SENIOR RELATIONSHIP MANAGER								10.,007		30,100		

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

component and analysis of the												
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pose tool a pend Individual trustae or director	ion (nan o n is b	ne b oth	ox, u an of trust 한 만	nless ficer tee)	Forme	(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		
(26) LINDA BELANS SR DIRECTOR LEADERSHIP COACHING	40 00					х		189,549	0	23,303		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137028936

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

2014

Open to Public Inspection

Name of the organization KIPP FOUNDATION							Employer Identifica	ation number							
	001101		94-3362724												
Pa	rt I	Reason for Publi	c Charity S	tatus (All organiza	tions must co	mplete this p	oart.) See instruction	ons.							
The	organı	zation is not a private f	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)								
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	b)(1)(A)(i).								
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)													
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).													
4	Γ	hospital's name, city, and state													
5	Γ														
		section 170(b)(1)(A)(iv). (Complete Part II)													
6	Γ														
7	굣	An organization that n described in section 1	•	•		om a governme	ental unit or from the g	general public							
8	Γ	A community trust de				tII)									
9	Γ	An organization that n	ormally receiv	es (1) more than 33:	L/3% of its supp	ort from contri	butions, membership	fees, and gross							
		receipts from activitie	s related to its	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of							
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) from	n businesses							
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See sec	tion 509(a)(2).	(Complete Pa	rt III)								
10	Г	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ty See sectio i	n 509(a)(4).								
11		An organization organ	•	•	•	· ·		out the purposes of							
	·	one or more publicly s													
	_	the box in lines 11a th													
а	ı	Type I. A supporting of													
		supported organizatio organization You mus			-	ty of the direct	ors or trustees of the	supporting							
ь	Г	Type II. A supporting				with its suppo	rted organization(s).	ov having control or							
	,	management of the su	=	•				•							
	_	must complete Part I	•												
C	ı	Type III functionally	_					grated with, its							
d	\vdash	supported organizatio Type III non-function		•				ianization(c) that is							
u	'	not functionally integr													
		(see instructions) Yo													
е	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally							
_		integrated, or Type II													
Т		Enter the number of s													
g		Provide the following i	nformation abo	out the supported orga	inization(s)										
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of							
		organızatıon		organization	listed in your		monetary support	other support (see							
							(see instructions)	instructions)							
				1-9 above or IRC section (see											
instructions))															
					Yes	No									
			I	l	I	l	I	I							

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 45,419,200 52,851,211 62,452,414 59,585,599 61,843,473 282,151,897 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 45,419,200 52,851,211 62,452,414 59,585,599 61,843,473 282,151,897 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 82,112,437 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 200,039,460 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total beginning in) 🟲 45,419,200 52,851,211 59,585,599 Amounts from line 4 62,452,414 61,843,473 282,151,897 Gross income from interest, dividends, payments received on securities loans, rents, royalties 89,889 65,082 49,492 35,505 28,824 268,792 and income from similar sources 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 10,578 5,995 2,442 5.317 4.187 28,519 capital assets (Explain in Part VI) 11 Total support Add lines 7 282,449,208 through 10 12 Gross receipts from related activities, etc (see instructions) 21,117,773 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) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 70 820 % Public support percentage for 2013 Schedule A, Part II, line 14 15 71 310 % 16a 33 1/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test -2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
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 Part VI 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 Part VI 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	Type I or Type II only. 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 Part VI .	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 Part VI .	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 Part VI .	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 Part VI .	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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 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 Part VI 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.	За		
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l

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	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 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		
0	Minimum Assat Amount (add line 7 to line 6)	Q		

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	plish exempt purposes			
2 A mounts paid to perform activity that directly furthe excess of income from activity	2 A mounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	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	ICTIONS			
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 re	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) Underdist ribut ions 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				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e 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 \$				
Applied to underdistributions of prior years				
b Applied to 2014 distributable amount			1	
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)				
7 Excess distributions carryover to 2015. Add lines 31 and 4c				
8 Breakdown of line 7				
a From 2010				
b From 2011				
c From 2012				
d From 2013				

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			
, , , ,	MISCELLANEOUS - 2010 AMOUNT \$ 10,578 2011 AMOUNT \$ 5,995 2012 AMOUNT \$ 2,442 2013 AMOUNT \$ 5,317 2014 AMOUNT \$ 4,187			

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493137028936

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

Political Campaign and Lobbying Activities

www.irs.gov/form990. If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization KIPP FOUNDATION		Employer identification number							
1/11/					94-3362724				
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a s	section 527	organization.			
1	Provide a description of the or	ganızatıon's dırect and ındırect polıtı	cal campaign act	tivities in Par	t I V				
2	Political expenditures				F	\$			
3	Volunteer hours								
Par	t I=B Complete if the or	ganization is exempt under	section 501(c)(3).					
1		e tax incurred by the organization un	_			\$			
2	Enter the amount of any excise	e tax incurred by organization manag	jers under sectio	n 4955	.	\$			
3	If the organization incurred a s	section 4955 tax, did it file Form 472	20 for this year?			☐ Yes ☐ No			
4a	Was a correction made?					┌ Yes ┌ No			
b	If "Yes," describe in Part IV								
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except	section 50	1(c)(3).			
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exem	pt function ac	tivities 🕨	\$			
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to o	ther organizations	s for section !	527 ►	\$			
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line	17b ►	\$			
4	Did the filing organization file I	Form 1120-POL for this year?							
Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also en amount of political contributions received that were promptly and directly delivered to a separate political organization, such separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.					funds Also enter the inization, such as a				
	(a) Name	(b) Address	(c) EIN	filing org	unt paid from ganization's one, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-			
		ee the instructions for Form 990 or 999							

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

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

	and Was II was not a be long of a bloom by balance manual on Dank TV and baland day symbol on a fit had labely und	(a	1)	(b)
or e activ	ach "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
C	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		566,061
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		113,769
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		5,988
i	O ther activities?		Νo	
j	Total Add lines 1c through 1i			685,818
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		l	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), o	r section
				Voc No

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

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

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	_
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	THE FOUNDATION HAS A SENIOR GOVERNMENT AFFAIRS AND POLICY DIRECTOR WHO LOBBIES TO MODERNIZE THE CHARTER SCHOOLS PROGRAM ON THE NATIONAL LEVEL EXPENSES IN LINE 1G AND 1H INCLUDE A PORTION OF THE SALARY OF THIS INDIVIDUAL EXPENSES IN LINE 1F REFER TO A PORTION OF GRANTS GIVEN BY THE FOUNDATION TO THE KIPP SCHOOLS AND REGIONS THESE GRANTS PRIMARILY HELP THE REGIONS GET APPROVAL TO GROW NEW SCHOOLS, RENEW EXISTING CHARTERS, AND ENGAGE FAMILIES NONE OF THESE EXPENSES ARE USED FOR POLITICAL ACTIVITIES PROHIBITED BY THE INTERNAL REVENUE CODE FOR 501 (C)(3)S

1 1

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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

DLN: 93493137028936

OMB No 1545-0047

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 www.irs.gov/form990.

Open to Public Inspection

	ne of the organization FOUNDATION		Employer identification number
NICK	LOGINALITON		94-3362724
Pai	organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
ŀ	Aggregate value at end of year		
5	Did the organization inform all donors and donor advise funds are the organization's property, subject to the or		radvised Yes No
5	Did the organization inform all grantees, donors, and d used only for charitable purposes and not for the benefic conferring impermissible private benefit?		
Par	t II Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	or education) Preservation of an	historically important land area ertified historic structure
<u>!</u>	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in th	e 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	L	2b
С	Number of conservation easements on a certified history	oric structure included in (a)	2c
d	Number of conservation easements included in (c) acc historic structure listed in the National Register	quired after 8/17/06, and not on a	2d
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminated	d by the organization during
	the tax year 🕨		
ļ	Number of states where property subject to conservat	ion easement is located ►	
;	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ling of violations, and Yes No
•	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents during the year
,	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	during the year
3	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sect	rion 170(h)(4)(B)(i)
)	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easemeters.	e footnote to the organization's financial :	
ari	Organizations Maintaining Collection Complete if the organization answered "Y		or Other Similar Assets.
.a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote to	ets held for public exhibition, education, o	r research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	.16 (ASC 958), to report in its revenue s ets held for public exhibition, education, o	tatement and balance sheet
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$_
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		financial gain, provide the
а	Revenue included in Form 990, Part VIII, line 1	-	▶ \$
b	Assets included in Form 990, Part X		▶ \$

Part	Organizations Maintaining Collections of Art	<u>, His</u>	stori	cal Tı	reasu	res, or Ot	:hei	<u>r Similar As</u>	sets (continued)
3	Using the organization's acquisition, accession, and other recorcollection items (check all that apply)	ds, cl	heck	any of	the foll	owing that a	re a	sıgnıfıcant use	of its	
а	Public exhibition	d	Γ	Loan	orexc	hange progra	ms			
b	Scholarly research	е	Γ	Othe	r					
c	Preservation for future generations									
4	Provide a description of the organization's collections and expla Part XIII	ıın ho	w the	y furthe	er the d	organization'	s ex	empt purpose	n	
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as							ılar	┌ Yes	□ No
Par	t IV Escrow and Custodial Arrangements. Comple							es" to Form 9		, 140
	Part IV, line 9, or reported an amount on Form 99									
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?				itions (or other asse	ets r	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII and complete the	TOIIO	wing t	abie			- 1	Δn	nount	
С	Beginning balance						1c		Ount	
d	Additions during the year					-	1d			
e	Distributions during the year					<u> </u>	le			
f	Ending balance					<u> </u>	lf			
2a	Did the organization include an amount on Form 990, Part X, lin	e 21	for e	scrowe	or cust	<u> </u>		hility?	 □ Yes	
ے۔۔ b								,	,	, —
Da	If "Yes," explain the arrangement in Part XIII Check here if the rt V Endowment Funds. Complete if the organization									<u>'</u>
Fe	(a)Current year)Prior					hree years back	(e)Four	years back
1a	Beginning of year balance									
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	ce (lır	ne 1g	, colum	n (a))	held as				
а	Board designated or quasi-endowment ▶									
b	Permanent endowment ►									
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%									
3a	Are there endowment funds not in the possession of the organiz	atıon	that	are hel	d and a	dmınıstered	for	the		
	organization by (i) unrelated organizations							3a(Ye:	s No
	(ii) related organizations						•	3a(
b	If "Yes" to 3a(II), are the related organizations listed as require		Sched	· · Iule R?	٠.٠.			31		
	Describe in Part XIII the intended uses of the organization's en	dowm	nent f	unds						
4	•									
_	t VI Land, Buildings, and Equipment. Complete if	the o	rgar		n ansv	wered 'Yes'	to	Form 990, Pa	rt IV,	line
_		the o	(a		other	(b)Cost or ot basis (other	her	(c) Accumulated depreciation		line Book value
Par	t VI Land, Buildings, and Equipment. Complete if 11a. See Form 990, Part X, line 10. Description of property	the o	(a	I zatio Cost oi	other	(b)Cost or ot	her	(c) Accumulated		
Par	Land, Buildings, and Equipment. Complete if 11a. See Form 990, Part X, line 10.	the o	(a	I zatio Cost oi	other	(b)Cost or ot	her	(c) Accumulated		
Par 1a L	Land, Buildings, and Equipment. Complete if 11a. See Form 990, Part X, line 10. Description of property Land	the o	(a	I zatio Cost oi	other	(b)Cost or ot	her ')	(c) Accumulated	(d)	
Par 1a l b E	Land, Buildings, and Equipment. Complete if 11a. See Form 990, Part X, line 10. Description of property Land		(a	I zatio Cost oi	other	(b)Cost or ot basis (other	her ') 639	(c) Accumulated depreciation	(d)	Book value
1a l b E c l d E	Land, Buildings, and Equipment. Complete if 11a. See Form 990, Part X, line 10. Description of property Land		(a	I zatio Cost oi	other	(b)Cost or ot basis (other	her r) 639 877	(c) Accumulated depreciation	(d)	Book value 684,280

See Form 990, Part X, line 12.	<u> </u>	answered Yes to Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. (Complete if the organization	n answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.	(I) Dealeralus	(A) Mathada faraharan
(a) Description of investment	(b) Book value	(c) Method of valuation 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 organizati), Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
	janization answered 'Yes' t	o Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25. 1 (a) Description of liability	(b) Book value	
Federal income taxes		
GUARANTEES	15,905	
GOVERNMENT ADVANCE	7,221,361	
	+	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	7,237,266	
2. Liability for uncertain tax positions. In Part XIII, provi	-	ha arganization's financial statements that reports the

Part XI		evenue per Audited Financial Sta vered 'Yes' to Form 990, Part IV, line		nts With Revenue	per R	Return Complete If
1 To		r support per audited financial statements			1	68,804,179
2 An	nounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
a Ne	et unrealized gains (losses)	on investments	2a			
b Do	nated services and use of fa	acilities	2b	1,840,537		
c Re	coveries of prior year grants	5	2c			
d Ot	her (Describe in Part XIII)		2d			
e Ad	ld lines 2a through 2d .		·		2e	1,840,537
3 Su	btract line 2e from line 1 .				3	66,963,642
4 An	nounts included on Form 99	0, Part VIII, line 12, but not on line 1				
a In	vestment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b Ot	her (Describe in Part XIII)		4b	1,444,836		
c Ad	ld lines 4a and 4b		·		4c	1,444,836
5 To	tal revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line	12)		5	68,408,478
Part XII		xpenses per Audited Financial St swered 'Yes' to Form 990, Part IV, Im			s per	Return. Complete
1 To		audited financial statements			1	72,296,715
		t not on Form 990, Part IX, line 25			<u> </u>	7 2,230,713
		icilities	2a	1,840,537		
			2b	1,010,007	1	
	•		2c		1	
	her (Describe in Part XIII)	1				
			2d			1,840,537
	-				3	70,456,178
		O, Part IX, line 25, but not on line 1:			<u> </u>	70,430,170
		uded on Form 990, Part VIII, line 7b	4a	1		
	•		4b	1,444,836	1	
					4c	1,444,836
		nd 4c. (This must equal Form 990, Part I, li			5	71,901,014
	Supplemental Inf		16 10)			71,901,014
Provide t	the descriptions required for ne 4, Part X, line 2, Part XI	Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and				ide any additional
	Return Reference	Explanation				
PART X, L	INE 2	THE FOUNDATION HAS RECEIVED RUSECTION 501(C)(3) OF THE INTERNAL CALIFORNIA FRANCHISE TAX BOARD INCOME THE FOUNDATION MAY BE SANY, GENERATED BY ITS INVESTMENT FOUNDATION'S TAX POSITIONS AND MAINTAINED ITS TAX EXEMPT STATUTHAT REQUIRE ADJUSTMENT TO THE OR LIABILITY FOR INCOME TAXES HASTATEMENTS	REVE GRANT UBJEC TS MA CONC S AND FINAN	NUE CODE AND FROM ING EXEMPTION FRO TO TAX ON UNRELA NAGEMENT HAS EVAL LUDED THAT THE FOU HAS TAKEN NO UNCE CIAL STATEMENTS T	THE S M TAX TED E UATE NDAT RTAI HERE	STATE OF XATION ON RELATED BUSINESS INCOME, IF ED THE FION HAS N TAX POSITIONS FORE, NO PROVISION
PART XI, ADJUSTM	LINE 4B - OTHER ENTS	FISCAL SPONSORSHIP RECORDED AS	A LIA	BILITY ON FINANCIAL	STAT	TEMENTS 1,444,836
PART XII, ADJUSTM	LINE 4B - OTHER ENTS	FISCAL SPONSORSHIP RECORDED AS	A LIA	BILITY ON FINANCIAL	STAT	TEMENTS 1,444,836

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Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493137028936 Schedule I OMB No 1545-0047 **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number KIPP FOUNDATION 94-3362724 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance grant cash orassistance or government assistance (book, FMV, appraisal, other) See Additional Data Table

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) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) KIPPSTER OF THE YEAR (TRAVEL AND TUITION)	11	32,678			
(2) HARRIET BALL TEACHING IN EXCELLENCE AWARD	10	100,000			
(3) KIPP SIX AWARD	6	60,000	684	FAIR MARKET VALUE	

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation							
PART I, LINE 2	THE FOUNDATION CHOOSES RECIPIENTS OF SCHOLARSHIPS BASED ON REVIEW OF APPLICATIONS AND RECOMMENDATIONS FROM THROUGHOUT THE KIPP FOUNDATION NETWORK EACH GRANT HAS A SEPARATE SET OF CRITERIA AND IS REVIEWED BY FOUNDATION STAFF FOR COMPLIANCE AND MERIT							
SCHEDULE I, PART I, LINE 2	US DEPARTMENT OF EDUCATION (US ED) SCHOOL GRANTS ARE APPLIED FOR BY THE INDIVIDUAL SCHOOLS THROUGH SUBMISSION OF DETAILED BUDGET REQUESTS, WHICH ARE ULTIMATELY APPROVED FOR FUNDING BY THE US DEPARTMENT OF EDUCATION UPON AWARD, GRANT LETTERS ARE PROVIDED TO EACH OF THE SCHOOLS STATING SPECIFIC TERMS FOR COSTS ACCEPTED FOR FUNDING AND BUDGET COMPLIANCE IN ADDITION, A CONFERENCE CALL IS HELD DIRECTLY WITH A US DEPARTMENT OF EDUCATION REPRESENTATIVE AND A REPRESENTATIVE FROM EACH OF THE KIPP SCHOOLS AWARDED FUNDING TO REVIEW THE AWARD GUIDELINES COMPLIANCE THROUGHOUT THE YEAR IS MONITORED BY THE KIPP FOUNDATION FINANCE TEAM THROUGH THE REVIEW OF THE QUARTERLY DRAWDOWN REQUESTS AND SITE VISITS AS APPLICABLE EACH RECIPIENT SCHOOL IS REQUIRED TO SUBMIT APPROPRIATE DOCUMENTATION AND RECORDS FOR ALL EXPENSES FOR WHICH THEY ARE REQUESTING TO DRAWDOWN FUNDS KIPP FOUNDATION REVIEWS EACH REQUEST FOR ACCURACY AND ALLOWABILITY, IN ACCORDANCE WITH THE ORIGINAL BUDGET REQUEST RECIPIENT SCHOOLS ARE SUBJECT TO AN ANNUAL SINGLE AUDIT AS APPLICABLE AND REVIEW OF SCHOOL FINANCIAL STATEMENTS TO ENSURE THAT EACH SCHOOL RECEIVED AN UNQUALIFIED OPINION FINALLY, KIPP FOUNDATION PROVIDES AN ANNUAL REPORT TO THE US DEPARTMENT OF EDUCATION REGARDING FUNDS RECEIVED DURING THE PREVIOUS FISCAL YEAR TO ENSURE COMPLIANCE							
·	Cabadala T (Farma 000) 2014							

Additional Data

Software ID:

Software Version:

EIN: 94-3362724

Name: KIPP FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIPP LA SCHOOLS3601 E FIRST STREET LOS ANGELES,CA 90022	26-1607268	501(C)(3)	2,567,070				PRINCIPAL PIPELINE & DEVELOPMENT, PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS
KIPP HOUSTON10711 KIPP WAY HOUSTON,TX 77099	13-3875888	501(C)(3)	1,827,522				PRINCIPAL PIPELINE & DEVELOPMENT, PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS
KIPP DC1003 K STREET NW SUITE 700 WASHINGTON,DC 20001	74-2974642	501(C)(3)	1,574,362				PRINCIPAL PIPELINE & DEVELOPMENT, PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KIPP MEMPHIS COLLEGIATE SCHOOLS 2670 UNION AVENUE EXTENDED 1100 MEMPHIS,TN 38112	68-0502820	501(C)(3)	1,476,429				PRINCIPAL PIPELINE & DEVELOPMENT, PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS			
KIPP BAY AREA SCHOOLS 1404 FRANKLIN STREET SUITE 500 OAKLAND,CA 94612	20-5010766	501(C)(3)	1,242,933				PRINCIPAL PIPELINE & DEVELOPMENT, PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS			
KIPP DALLAS-FORT WORTH1401 SOUTH LAMAR STREET LWR LEVEL DALLAS,TX 75215	82-0578155	501(C)(3)	1,060,602				PRINCIPAL PIPELINE & DEVELOPMENT, PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
KIPP AUSTIN PUBLIC SCHOOLS INC8509 FM 969 BUILDING 513 AUSTIN,TX 78724	01-0639602	501(C)(3)	1,014,845				PRINCIPAL PIPELINE & DEVELOPMENT, PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS				
KIPP CHICAGO1945 SOUTH HALSTED STREET 101 CHICAGO,IL 60608	30-0075271	501(C)(3)	988,630				PRINCIPAL PIPELINE & DEVELOPMENT, PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS				
KIPP NYC470 7TH AVENUE 10TH FLOOR NEW YORK, NY 10018	20-3971209	501(C)(3)	973,506				PRINCIPAL PIPELINE & DEVELOPMENT, PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
KIPP METRO ATLANTA350 TEMPLE STREET NW ATLANTA,GA 30314	11-3723114	501(C)(3)	911,270				PRINCIPAL PIPELINE & DEVELOPMENT, PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS				
KIPP SAN ANTONIO731 FREDERICKSBURG ROAD SAN ANTONIO,TX 78201	41-2090713	501(C)(3)	910,647				PRINCIPAL PIPELINE & DEVELOPMENT, PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS				
KIPP NASHVILLE3410 KNIGHT DRIVE NASHVILLE,TN 37207	20-2799123	501(C)(3)	897,928				PRINCIPAL PIPELINE & DEVELOPMENT, PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
KIPP MASSACHUSETTS90 HIGH ROCK STREET LYNN,MA 01902	74-3153091	501(C)(3)	873,076				PRINCIPAL PIPELINE & DEVELOPMENT, PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS				
KIPP ST LOUIS2647 OHIO AVENUE ST LOUIS,MO 63118	01-0916759	501(C)(3)	838,569				PRINCIPAL PIPELINE & DEVELOPMENT, PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS				
KIPP JACKSONVILLE1440 MCDUFF AVENUE NORTH JACKSONVILLE,FL 46205	26-4046741	501(C)(3)	712,561				PRINCIPAL PIPELINE & DEVELOPMENT, PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KIPP EASTERN NOTHERN CAROLINA320 PLEASANT HILL ROAD GASTON,NC 64127	74-2991314	501(C)(3)	712,453				PRINCIPAL PIPELINE & DEVELOPMENT, PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS			
KIPP INDIANAPOLIS1740 EAST 30TH STREET INDIANAPOLIS,IN 77099	30-0145826	501(C)(3)	674,315				PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS			
KIPP COLORADO SCHOOLS451 SOUTH TEJON STREET DENVER,CO 80223	80-0037534	501(C)(3)	584,827				PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
TEAM ACADEMY CHARTER SCHOOLS INC60 PARK PLACE SUITE 802 NEWARK,NJ 02141	01-0660264	501(C)(3)	533,068				PRINCIPAL PIPELINE & DEVELOPMENT, PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS				
KIPP NEW ORLEANS2514 THIRD STREET NEW ORLEANS,LA 70113	20-2277213	501(C)(3)	497,550				PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS				
KIPP MINNESOTA5034 N OLIVER AVENUE MINNEAPOLIS,MN 55403	20-8877750	501(C)(3)	443,525				PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KIPP DELTA PUBLIC SCHOOLS415 OHIO STREET HELENA,AR 72342	31-1807400	501(C)(3)	415,933				PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS			
KIPP COLUMBUS2750 AGLER ROAD COLUMBUS,OH 43224	20-8627107	501(C)(3)	380,086				PRINCIPAL PIPELINE & DEVELOPMENT, SCHOOL START-UP, FEDERAL SUB- GRANTS			
KIPP BALTIMORE INC4701 GREENSPRING AVE RM 115 BALTIMORE, MD 21209	52-2342513	501(C)(3)	362,020				PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KIPP ENDEAVOR ACADEMY 2700 E 18TH ST 155 B KANSAS CITY, MO 32254	20-8552002	501(C)(3)	174,038				PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS			
KIPP PHILADELPHIA SCHOOLS5900 BALTIMORE AVENUE PHILADELPHIA,PA 19132	05-0546103	501(C)(3)	138,646				PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS			
KIPP ADELANTE PREPARATORY ACADEMY 1475 SIXTH AVE 100 SAN DIEGO,CA 92101	48-1291867	501(C)(3)	132,631				PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
KIPP TECH VALLEY1 DUDLEY HEIGHTS ALBANY,NY 12210	20-1347748	501(C)(3)	116,157				SCHOOL START-UP, FEDERAL SUB- GRANTS				
KIPP REACH COLLEGE PREPARATORY1901 NE 13TH STREET OKLAHOMA CITY,OK 73117	30-0005794	501(C)(3)	108,134				PHILANTHROPIC PASS THROUGH, FEDERAL SUB- GRANTS				
KIPP CHARLOTTE931 WILANN DRIVE CHARLOTTE,NC 28215	20-5664061	501(C)(3)	73,704				PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS				

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KIPP TULSA COLLEGE PREPARATORY1661 EAST VIRGIN STREET TULSA,OK 74106	11-3740269	501(C)(3)	69,075				PHILANTHROPIC PASS THROUGH, SCHOOL START-UP, FEDERAL SUB- GRANTS			

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DLN: 93493137028936

OMB No 1545-0047

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Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Employer identification number Name of the organization KIPP FOUNDATION

94-3362724 **Questions Regarding Compensation** Yes No 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 Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 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 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 Approval by the board or compensation committee Form 990 of other organizations 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 Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 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 The organization? Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 The organization? 6a Νo Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo 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 ın Part III 8 Nο If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(1)-(111) 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 o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of	(F) Compensation in
. ,	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation		columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

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

T

Return Reference Explanation

Schedule J (Form 990) 2014

Additional Data

Software ID:

Software Version:

EIN: 94-3362724

Name: KIPP FOUNDATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns

		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred in prior Form 990
RICHARD BARTH, CHIEF EXECUTIVE OFFICER	(ı) (ıı)	432,198 0	0 0	0 0	10,653 0	1,396 0	444,247 0	0
MIKE FEINBERG, CO- FOUNDER, DIRECTOR	(I) (II)	187,582 0	0 0	0	7,764 0	26,115 0	221,461 0	0
DAVID LEVIN, CO- FOUNDER, DIRECTOR	(I) (II)	440,769 0	0 0	0	10,400 0	23,523 0	474,692 0	0
TARUN BHATIA, CHIEF FINANCIAL OFFICER (THRU 12/15)	(I) (II)	206,738 0	0 0	0 0	10,400 0	23,128 0	240,266 0	0
JONATHAN COWAN, RESEARCH, DESIGN & INNOVATION	(I) (II)	229,249 0	0 0	0 0	8,400 0	21,997 0	259,646 0	0
JACK CHOROWSKY, CHIEF OPERATING OFFICER	(I) (II)	271,859 0	0 0	0 0	9,562 0	30,765 0	312,186 0	0
KELLY WRIGHT, CHIEF PROGRAM OFFICER	(I) (II)	236,399 0	0 0	0 0	9,411 0	8,987 0	254,797 0	0
DAVID WICK, CHIEF DEVELOPMENT OFFICER	(I) (II)	227,805 0	0 0	0	8,656 0	26,670 0	263,131 0	0
WILLIAM HIGHBAUGH, GENERAL COUNSEL	(I) (II)	197,931 0	7,500 0	0	8,250 0	10,960 0	224,641 0	0
VALERIE FAILLACE, CHIEF STRATEGIC OFFICER	(I) (II)	197,388 0	0 0	3,774 0	7,883 0	9,630 0	218,675 0	0
MIKE WRIGHT, SENIOR RELATIONSHIP MANAGER	(ı) (ıı)	187,857 0	0 0	0 0	6,966 0	23,200	218,023 0	0
LINDA BELANS, SR DIRECTOR LEADERSHIP COACHING	(I) (II)	186,143 0	0 0	3,406 0	4,864 0	18,439 0	212,852 0	0

(F) Compensation in

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DLN: 93493137028936

Transactions with Interested Persons

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the or							E	Employ	er ident	ificatio	n numbe	г
KIPP I OUNDATIO	v						9	94-33	62724			
Part I Exc	ess Benefit Tra	nsactions	s (section	501(c)(3), se	ection 501(c)(4), and 501	(c)(29) orga	nızatıons	only)		
	plete if the organiza										40b	
1 (a) Nam	ie of disqualified pei	rson (b)	b) Relationship between disqualified	(c) Description o		of transaction			(d) Corrected?			
			person a	and organizat	ion						Yes	No
4958 .									> \$	·		
3 Enterthe	amount of tax, if any	, on line 2,	above, reir	nbursed by th	ne organizati	on			F \$			
Part II												
Complete if th	nd/or From Int e organization answ nount on Form 990,	ered "Yes"	on Form 9	90-EZ, Part \	√, line 38a, d	or Form 990, I	Part IV	, line	26, or ıf	the orga	anızatıon	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan or from t organızatı	he	(e)Original principal amount	(f) Balance due	(g) defa		(h) Approby boar	ved d or	(i)Writ agreem	
					1			1	commit			
			То	From			Yes	No	Yes	No	Yes	No

Total	▶ \$				
Part IIII Grants or A	ssistance Benefiting Ir	nterested Persons.			
Complete if t	the organization answered	l "Yes" on Form 990, Part	: IV, line 27.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of assistance	(d) Type of assistan	ice (e) Purpose	e of assistance

Complete if the organization			o 28a 28h or 28c		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DORIS & DONALD FISHER FUND	DORIS FISHER- TRUSTEE AND JOHN FISHER-ADVISOR OF THE FUND	, ,	DORIS FISHER IS A TRUSTEE OF THE DORIS & DONALD FISHER FUND AND JOHN FISHER IS AN ADVISOR OF THE FUND AND THE SON OF DORIS FISHER BOTH DORIS AND JOHN ARE ON THE BOARD OF DIRECTORS OF THE KIPP FOUNDATION AN EMPLOYEE OF THE DORIS & DONALD FISHER FUND SERVED AS AN INDEPENDENT CONTRACTOR TO THE KIPP FOUNDATION		No

Part V	Supplemental	Information

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

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2014

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DLN: 93493137028936

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

▶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.

Open to Public Inspection

Internal Revenue Service	
Name of the organiza	tıon

Employer identification number KIPP FOUNDATION 94-3362724

Pa	Tt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri		_	nts
1	Art—Works of art			_				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	12	2,771,633	FAIR MARKET V	ALUE		
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
	Other►(RTING GOODS)	. X	1	90,826	FAIR MARKET V	ALUE		
26	O ther ▶()							
27	Other ►()							
28	Other ► ()							
29	Number of Forms 8283 received by the for which the organization completed F				•			0
30a	During the year, did the organization	receive by	contribution any property r	reported in Part I. lines 1 t	through 28, that		res	No
	it must hold for at least three years fi							
	for exempt purposes for the entire ho				to be abea	30a		No
b	If "Yes," describe the arrangement in					30a		<u>No</u>
31	Does the organization have a gift acc	eptance po	licy that requires the revie	w of any non-standard co	ntributions?	31		No
32a	Does the organization hire or use thir contributions?	•	related organizations to s	olicit, process, or sell nor	ıcash • • •	32a		No
	If "Yes," describe in Part II If the organization did not report an a describe in Part II	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			
Ear F	anerwork Reduction Act Notice see the T	netwistians	for Form 000	Cat. No. 512271	Schedule M		00) (2014

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contribution number of items received, or a combination of both. Also complete this part for any additional inform				
Return Reference	Explanation			
, , ,	THE NUMBER OF CONTRIBUTORS REFLECTS THE NUMBER OF DONORS, NOT THE NUMBER OF			

Schedule M (Form 990) (2014)

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As Filed Data -

DLN: 93493137028936

OMB No 1545-0047

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Department of the Treasury

(Form 990 or 990-EZ)

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 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 FOUNDATION	Employer identification number
	94-3362724

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DORIS FISHER IS THE MOTHER OF JOHN FISHER JACK CHOROWSKY IS THE BROTHER-IN-LAW OF DAVE LEVIN

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THE AUDIT COMMITTEE AND FINANCE COMMITTEE DO NOT HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	MEMBERS OF THE FINANCE TEAM PREPARED THE 2014 990 ORGANIZER TABS, WHICH WERE EITHER REVIEWED BY THE CONTROLLER OR GRANTS CONTROLLER ALL TABS WERE REVIEWED BY LEGAL COUNSEL. THE ORGANIZER WAS FORWARDED TO HOOD AND STRONG, LLP FOR PREPARATION OF THE FORM 990. UPON PREPARATION OF THE 990. DRAFT, THE COMPLIANCE MANAGER, THE CONTROLLER, THE CFO, AND GENERAL COUNSEL REVIEWED THE FIRST DRAFT THEN, THE CEO AND PRESIDENT REVIEWED THE SECOND DRAFT. THE DRAFT WAS SUBMITTED TO THE AUDIT COMMITTEE MEMBERS. THE AUDIT COMMITTEE MEMBERS ARE ENCOURAGED TO REVIEW THE FORM 990. AND DIRECT THEIR QUESTIONS TO THE CONTROLLER AND/OR GENERAL COUNSEL. UPON SATISFACTION OF ANY QUESTIONS, THE FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD PRIOR TO FILING.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS AND DIRECTORS ARE REQUIRED TO ANNUALLY DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS, AS DEFINED IN THE CONFLICT OF INTEREST POLICY KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST ON AN ONGOING BASIS IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY AND KIPP FOUNDATION CODE OF ETHICS, WHICH REQUIRE DISCLOSURE WHEREVER A POTENTIAL CONFLICT ARISES IF THE BOARD DETERMINES THERE IS A CONFLICT OF INTEREST, THE CHAIRMAN OF THE BOARD SHALL, IF APPROPRIATE, REQUEST AN INVESTIGATION OF ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT THE BOARD WILL THEN VOTE ON WHETHER OR NOT TO ENTER INTO THE TRANSACTION OR ARRANGEMENT THE INTERESTED PERSON MAY NOT VOTE ON WHETHER THE TRANSACTION OR ARRANGEMENT IS A CONFLICT OF INTEREST NOR WHETHER IT SHOULD BE ENTERED INTO

L

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR APPROVAL INVOLVES AN INDEPENDENT THIRD PARTY ORGANIZATION PROVIDING INFORMATION WHICH * PROVIDES MARKET COMPARABILITY DATA TO ASSIST THE BOARD IN MAKING DECISIONS REGARDING ANY POTENTIAL CHANGES TO THE CURRENT COMPENSATION PROGRAM, * EVALUATES THE COMPETITIVENESS OF THE CURRENT COMPENSATION ARRANGEMENTS AND ADVISE THE BOARD ON THE RANGE OF COMPETITIVE PRACTICES FOR FUNCTIONALLY COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS PROVIDING SIMILAR SERVICES, * PROVIDES OPINION ON THE REASONABLENESS OF THE PROPOSED COMPENSATION ARRANGEMENTS, TAKING ALL RELEVANT FACTORS INTO CONSIDERATION, TO ASSIST THE BOARD WITH ITS GOVERNANCE RESPONSIBILITIES UNDER INTERNAL REVENUE CODE SECTION 4958 AND APPLICABLE REGULATIONS, COMMONLY REFERRED TO AS THE "INTERMEDIATE SANCTIONS" LEGISLATION, AND * FINALLY, SAID COMPENSATION IS APPROVED BY THE KIPP FOUNDATION'S BOARD

Return Reference	Explanation
	AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR THE SAME PERIOD OF TIME SET FORTH IN IRC 6104(D) DOCUMENTS MAY BE VIEWED AT WWW KIPP ORG AND UPON REQUEST

Return Reference	Explanation
	COMPUTER/SOFTWARE CONSULTING PROGRAM SERVICE EXPENSES 104,923 MANAGEMENT AND GENERAL EXPENSES 18,103 FUNDRAISING EXPENSES 1,287 TOTAL EXPENSES 124,313 OPERATIONS CONSULTING PROGRAM SERVICE EXPENSES 5,086,045 MANAGEMENT AND GENERAL EXPENSES 877,527 FUNDRAISING EXPENSES 62,376 TOTAL EXPENSES 6,025,948 CONSULTING TRAVEL EXPENSE PROGRAM SERVICE EXPENSES 143,158 MANAGEMENT AND GENERAL EXPENSES 24,700 FUNDRAISING EXPENSES 1,756 TOTAL EXPENSES 169,614 TEMPORARY ASSISTANCE PROGRAM SERVICE EXPENSES 501,123 MANAGEMENT AND GENERAL EXPENSES 86,462 FUNDRAISING EXPENSES 6,146 TOTAL EXPENSES 593,731 INSTRUCTIONAL CONSULTING PROGRAM SERVICE EXPENSES 1,352,368 MANAGEMENT AND GENERAL EXPENSES 233,332 FUNDRAISING EXPENSES 16,586 TOTAL EXPENSES 1,602,286 INSTRUCTIONAL CONSULTING TRAVEL EXPENSES PROGRAM SERVICE EXPENSES 269,410 MANAGEMENT AND GENERAL EXPENSES 46,483 FUNDRAISING EXPENSES 3,304 TOTAL EXPENSES 319,197