Department of the

Internal Revenue Service

Treasury

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

DLN: 93493050013151 OMB No. 1545-0047

> Open to Public Inspection

A F	or the	e 2019 c		nning 07-01-2019 , and ending 06-	30-20	20				
		oplicable:	C Name of organization KIPP FOUNDATION				D Employe	· identifi	cation number	
	dress on me cha	change					94-33627	94-3362724		
	tial ret	-	Doing business as							
		n/terminated					E Telephone	numher		
		l return	135 MAIN STREET NO 1700	nail is not delivered to street address) Room/s	suite					
⊔ Ар	piicatio	on pending		ntry, and ZIP or foreign postal code		(415) 399-1556				
			SAN FRANCISCO, CA 94105	mily, and 211 or loreign postar code			G Gross rece	ainte ¢ 98	2 796 558	
			F Name and address of princip	al officer:	H/	a) Ic thic	a group retu	· · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			RICHARD BARTH		'''		a group rett linates?	1111 101	□Yes ☑ No	
			135 MAIN STREET NO 1700 SAN FRANCISCO, CA 94105		Н(b) Are all	subordinate	s	☐ Yes ☐No	
I Ta	x-exen	npt status:	☑ 501(c)(3) □ 501(c)() ◄	(insert no.) 4947(a)(1) or 527		include		t (see	instructions)	
J W	ebsit	e:▶ WV	VW.KIPP.ORG	(insert iio.)	⊢ н(exemption r			
K Form	n of or	ganization	: 🗹 Corporation 🗌 Trust 🔲 Ass	ociation 🔲 Other 🕨	L Ye	ear of forma	tion: 2000 I	M State (of legal domicile: CA	
D		C								
Pa	arti 1 B		mary scribe the organization's mission o	or most significant activities:						
eu U				EDUCATIONALLY UNDERSERVED STUDE	ENTS V	VITH SKIL	LS TO SUCCE	EED.		
Governance	_									
Ē	-									
940	2	Check th	is box $\blacktriangleright \square$ if the organization di	scontinued its operations or disposed of	more t	than 25%	of its net as:	sets.		
	1			ng body (Part VI, line 1a)				3	17	
~Sé			•	f the governing body (Part VI, line 1b)			•	4	15	
Ě	1		mber of individuals employed in ca	•	5	229				
Activities &	1		mber of volunteers (estimate if ne	•	6	14				
4	1			t VIII, column (C), line 12				7a 7b	0	
	В	Net unre	lated business taxable income fro	m Form 990-T, line 39	· ·		or Year	/b	Current Year	
	Q	Contribu	tions and grants (Part VIII, line 1h		-	FIIC	56,666,72	23	90,984,402	
를		9 Program service revenue (Part VIII, line 2g)						-	7,135,096	
Ravenue	1	-	ent income (Part VIII, column (A),		6,840,77		548,401			
œ	1		venue (Part VIII, column (A), lines		62,73		3,960			
	1		renue—add lines 8 through 11 (mi	64,318,01	_	98,671,859				
			nd similar amounts paid (Part IX,		17,802,42	23	21,095,431			
	14	Benefits	paid to or for members (Part IX, c			0	0			
SS.	15	Salaries,	other compensation, employee b	enefits (Part IX, column (A), lines 5–10)		29		18	31,086,828	
Expenses	16a	Profession	onal fundraising fees (Part IX, colu	mn (A), line 11e)				0	0	
e do	Ь	Total fund	raising expenses (Part IX, column (D),	line 25) ▶2,427,555						
ū	17	Other ex	penses (Part IX, column (A), lines	11a-11d, 11f-24e)			19,349,01	L6	19,545,325	
	18	Total exp	oenses. Add lines 13–17 (must eq	ual Part IX, column (A), line 25)	L		66,187,65	57	71,727,584	
	19	Revenue	less expenses. Subtract line 18 fi	om line 12			-1,869,63	38	26,944,275	
Net Assets or Fund Balances					E	Beginning	of Current Ye	ar	End of Year	
set	20	Total ass	sets (Part X, line 16)		F		67,290,02	28	92,182,732	
A As	1		pilities (Part X, line 26)		F		18,981,04	_	16,929,474	
ξĒ	1		ts or fund balances. Subtract line		-		48,308,98	-	75,253,258	
Pa	rt II	Sign	ature Block							
				nined this return, including accompanying. Declaration of preparer (other than of						
	nowle		er, it is true, correct, and complete	e. Declaration of preparer (other than or	ilcer) i	s based of	i all illioithat	.1011 01 7	which preparer has	
		I \ *****	sk			202	. 01 30			
Sign		Signat	ure of officer			Date	l-01-29			
Here		GARET	ELD BYRD CFO							
			or print name and title							
		F	Print/Type preparer's name	Preparer's signature	Date	Chec		IN		
Paid	d				ck LJ if PC employed	1008919	, 			
Pre	pare	er F	Firm's name HOOD & STRONG LLP			Firm	's EIN ▶ 94-1	254756		
Use	On	ly	Firm's address ► 275 BATTERY ST STE	900		Phor	ne no. (415) 78	31-0793		
			SAN FRANCISCO, CA	94111			-			
May t	he IR	S discuss	this return with the preparer sho					V	es 🗆 No	
			duction Act Notice, see the se	· · · · · · · · · · · · · · · · · · ·	. (Cat. No. 1	1282Y		Form 990 (2019)	

Form	990 (2019)					Page 2			
Pa	rt III Statement	of Program Service	e Accomplis	hments					
	Check if Sched	lule O contains a respo	onse or note to a	any line in this Part III .		🗹			
1	Briefly describe the o	ganization's mission:							
SKIL		O PURSUE THE PATHS			ELLENT SCHOOLS THAT PREF ID BEYOND - SO THEY CAN LE				
2	Did the organization (indertake any significa	ant program ser	vices during the year wh	ich were not listed on				
_	the prior Form 990 or	☐ Yes ☑ No							
	If "Yes," describe the								
3	•			changes in how it condu	rts, any program				
_	services?								
	If "Yes," describe the	se changes on Schedu	le O.						
4	Section 501(c)(3) and		ons are required	to report the amount of	argest program services, as m grants and allocations to othe				
4a	(Code:) (Expenses \$	28,236,301	including grants of \$	15,614,935) (Revenue \$	5,093,832)			
	See Additional Data								
4b	(Code:) (Expenses \$	10,543,881	including grants of \$	1,560,307) (Revenue \$	1,518,475)			
	See Additional Data								
4c	(Code:) (Expenses \$	9,473,218	including grants of \$	330,000) (Revenue \$	0)			
	See Additional Data) (Expenses ¢	3, 1. 3,223	meraamig grantes or ¢	σσογσσο γ (πονεπασ φ	• ,			
	(Code:) (Expenses \$	12,557,906	including grants of \$	3,590,189) (Revenue \$	479,400)			
	TEACHERS ARE EFFECTIVE PROVIDES KIPP SCHOOL IMPLEMENTATION SUPPORTED A POLICY AND GROW THE KIPP BRAND, TO ADVOCATE NATIONAL CONNECT ADULT ALUMN COMMUNICATE AND ADVIN STRENGTHENING THE GRADUATE FROM COLLE PROGRAMS DESIGNED TINCLUDE BUILDING COL	/ELY SUPPORTED IN EXPA S AND REGIONS WITH CU DRT TO MAXIMIZE INSTRI PUBLIC AFFAIRS STRATE ENGAGE MORE STAKEHC LLY AND LOCALLY ON KEY I TO EACH OTHER AND TO COCATE PROACTIVELY IN IR COLLEGE COUNSELING GE, AND TRANSITION SU O SUPPORT AND PROVIDI	NDING THEIR COI URRICULUM, ASSE: JCTIONAL EFFECTI GY TO DO THE FOI DLDERS AND PAVE POLICY PRIORITI O KIPP; - BUILD TH A COORDINATED N G AND ALUMNI AD CCESSFULLY TO S' E RESOURCES TO I ILDING SUPPORT F	NTENT KNOWLEDGE AND CUSSMENT, AND OTHER INSTR VENESS AND STUDENT OUT LLOWING:- PROACTIVELY SI THE WAY FOR GROWTH; - B ES THAT SUPPORT STUDENT E CAPACITY OF KIPP SCHOO MANNER. KIPP THROUGH COL VISING TO ENSURE THAT KI TRONG FIRST JOBS. THE FOI LOCAL KIPP THROUGH COLLI OCAL KIPP ALUMNI ON COLLE	SYSTEMS THAT PROMOTE ACADEM LTURALLY RESPONSIVE PEDAGOG UCTIONAL RESOURCES; AS WELL COMES, POLICY & PUBLIC AFFAIRS HIFT THE NARRATIVE ABOUT KIPP UILD AUTHENTIC RELATIONSHIPS S AND ALUMNI ON THE PATH TO LILS & REGIONS TO LEVERAGE KIPP LEGE: THE FOUNDATION SUPPOR PP ALUMNI, NATIONWIDE, SUCCEJUNDATION HAS CREATED A SET OF EGE PROGRAMS ACROSS THE COUGE CAMPUSES, AND PROFESSIONA	Y. THÉ KIPP FOUNDATION ALSO AS TRAINING AND : THE FOUNDATION HAS AND CHARTERS TO PROTECT AND ROOTED IN A SHARED AGENDA EADING CHOICE-FILLED LIVES; - 'S NATIONAL SCALE AND IS KIPP SCHOOLS AND REGIONS SSFULLY MATRICULATE TO AND TO NATIONAL INITIATIVES AND NTRY. THESE PROGRAMS			
4d	Other program servic	es (Describe in Sched	ule O.)						
	(Expenses \$	12,557,906 incl	•	\$ 3,590,18	39) (Revenue \$	479,400)			
40	Total program serv	ice expenses >	60.811.3	06					

	Charlist of Bassisad Cabadulas			Page 3
Par	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	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	
	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
	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 2	11c		No
	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
е	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	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
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? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		No

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Nο

20a

20b

21

Yes

orm 9	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	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	
	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		
	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		
	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
	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
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	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 No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	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
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Parl				
	Check if Schedule O contains a response or note to any line in this Part V	. ;		旦
4	Falson the annual content in Pay 2 of Farm 1006 Falson 0 (fact annull act)		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 479			1
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	1		1

1c

Yes

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	a 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	229		
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	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other author financial account in a foreign country (such as a bank account, securities account, or other financial account If "Yes," enter the name of the foreign country:			No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	(FBAR).		
5a	f a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	, 5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	. 50		
6a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization statement which is a contribution of the contribu	anization 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or not tax deductible?	gifts were 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 provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	—		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ	ired to file 7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 88 required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi 1098-C?	le a Form 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.			
		9a		
		9b		
10	Section 501(c)(7) organizations. Enter:			
_	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
a				
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041? 12	n	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	138	,	
	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			
	130			
	Did the organization receive any payments for indoor tanning services during the tax year?	. 143		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration		'	
	parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment incon	15		No
	If "Yes," complete Form 4720, Schedule O.	1e? · 16		No

orm 9	990 (2019)			Page 6		
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	nse to	lines 🗹		
Sec	tion A. Governing Body and Management					
			Yes	No		
	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 1b 15					
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		No		
	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		
	Did the organization have members or stockholders?	6		No		
	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?					
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
	The governing body?	8a	Yes			
	Each committee with authority to act on behalf of the governing body?	8 b		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? If "Yes," provide the names and addresses in Schedule O					
	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	: Code	2.)			
			Yes	No		
0a	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			
b	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			
	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			
	Did the organization have a written whistleblower policy?	13	Yes			
.5	Did the organization have a written document retention and destruction policy?	14	Yes			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_	V	1		
	The organization's CEO, Executive Director, or top management official	15a	Yes			
	Other officers or key employees of the organization	15b	Yes			
.6a	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	100		110		
	status with respect to such arrangements?	16b				
	tion C. Disclosure					
.7	List the states with which a copy of this Form 990 is required to be filed AL , AK , AR , CA , CO , CT , DC , FL , GA , , LA , ME , MD , MA , MI , MN , MS , MO , I , NC , ND , OH , OK , OR , PA , RI , SC , TI , WI	NV , NH	1 , UJ , I	NM', NY		
	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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)					
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶GARFIELD BYRD 135 MAIN STREET SUITE 1700 SAN FRANCISCO, CA 94105 (415) 513-4106					

Part VII

(17) RICHARD BARTH

CHIEF EXECUTIVE OFFICER

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 $\mbox{\rm VII}$.

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 • 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, of reportable compensation from the organization 						sated	em	ployees who receive	ed more than \$100	,000
• List all of the organization's former director organization, more than \$10,000 of reportable co	r s or trustees ompensation fro	that recommend	ceive	d, in	the					
See instructions for the order in which to list the	persons above.									
\square Check this box if neither the organization no	r any related o	rganizat	ion c	omp	ens	ated a	any	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours	pers	an on on is	e bo botl	t cho x, u h an	eck m Inless office ustee	er	compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	(W-2/1099- MISC)	organization and related organizations
(1) KATHERINE BRADLEY	1.00	Х		х				0	0	0
CHAIRMAN OF THE BOARD					_					
(2) EMMA BLOOMBERG BOARD MEMBER	1.00	х						0	0	0
(3) ABIGAIL WEXNER BOARD MEMBER	1.00	х						0	0	0
(4) CARRIE WALTON PENNER BOARD MEMBER	1.00	Х						0	0	0
(5) JERELYN RODRIGUEZ BOARD MEMBER	1.00	Х						0	0	0
(6) JOHN FISHER BOARD MEMBER	1.00	×						0	0	0
(7) JOSE VILLARREAL BOARD MEMBER	1.00	Х						0	0	0
(8) KINNARI PATEL-SMYTH BOARD MEMBER	1.00	х						0	0	0
(9) MARK NUNNELLY BOARD MEMBER	1.00	Х						0	0	0
(10) MARTHA KARSH BOARD MEMBER	1.00	Х						0	0	0
(11) MICHAEL LOMAX BOARD MEMBER	1.00	x						0	0	0
(12) REED HASTINGS BOARD MEMBER	1.00	Х						0	0	0
(13) SHAVAR JEFFRIES	1.00									
BOARD MEMBER		X						0	0	0
(14) MARIA ANGUIANO BOARD MEMBER	1.00	х						0	0	0
(15) CHARLES PHILLIPS BOARD MEMBER	1.00	х						0	0	0
(16) DAVID LEVIN CO-FOUNDER	40.00	х						503,212	0	44,300

40.00

10,800

493,585

Part VII Section A. Officers, Directors	. Trustees, K	ev Em	plov	ees	. ar	nd Hid	ihes	st Compensated	Employees (ont	tinued)	Page 6
(A) Name and title Average hours per week (list any hours for related		(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-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-		(F Estima amount of compen from organizat	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)		relat organiz	:ed
(18) GARFIELD BYRD	40.00			x				256,443		0		39,703
CHIEF FINANCIAL OFFICER (19) WILLIAM N HIGHBAUGH GENERAL COUNSEL & BOARD SECRETARY	40.00			Х				232,591		0		41,641
(20) RICHARD BUERY	40.00					Х		396,520		0		44,300
CHIEF OF POLICY AND PUBLIC AFFAIRS (21) JONATHAN COWAN	40.00					X		257,597		0		44,155
CHIEF RESEARCH, DESIGN & INNOVATION OFFICER (22) VALERIE HAMILTON	40.00					X		229,976		0		42,948
CHIEF PEOPLE OFFICER (23) ERIN MCMAHON								223,370		\dashv		
CHIEF OF PROGRAMS AND IMPACT (24) FEDERICO GONZALEZ	40.00					Х		254,451	0			16,734
CHIEF ACAD. & TALENT SYSTEMS OFFICER	40.00					Х		228,445		0		19,254
c Total from continuation sheets to Part VII, Section A												
3 Did the organization list any former offic	er director or t	rustaa	kev e	mn	love	e orb	niahe	est compensated er	mployee on F		Yes	No
line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the	such individuai	· · ·	•	•	•		· .		· ·	3		No
organization and related organizations graindividual										4	Yes	
5 Did any person listed on line 1a receive o services rendered to the organization? <i>If</i> "								ganization or individ	dual for	5		No
Section B. Independent Contractors 1 Complete this table for your five highest of	compensated in										sation	
from the organization. Report compensat	ion for the cale	ndar ye	ar en	ding	wit	h or w	ithin	the organization's	tax year.		(C)
Name and b	ousiness address							Descript CONFERENCE S	tion of services SERVICES		Compen	
1001 AVENIDA DE LAS AMERICAS HOUSTON, TX 77010												, ,
							663,672					
NORCROSS, GA 30071 RELAY GRADUATE SCHOOL OF EDUCATION PROFESSIONAL DEV & 437,088 IMPLEMENTATION							437,088					
40 W 20TH ST 7TH FLOOR NEW YORK, NY 10004 ROOSEVELT UNIVERSITY								CONFERENCE S	SERVICES			401,586
403 S MICHIGAN AVE CHICAGO, IL 60605 WISEWIRE INC	CHICAGO, IL 60605											
B MARKET PLACE SUITE 300 BALTIMORE, MD 21202 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of												
compensation from the organization ► 36	icidaniy but 110	minted	, to th	iuse	. 1150	.cu dD(ove)	who received inore	aii p100,000	, 01		

orm 9- Part		(2019) Statement	of Revenue						Page 9
		Check if Scheo	dule O contains a	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1a	Federated campa	igns	1a	1		Tevenue		312 314
tributions, Gifts, Grants Other Similar Amounts	ŀ	• Membership dues	s	1b					
Gra mo		Fundraising even	ts	1c					
Ę.	,	d Related organizat	tions	1d					
ija Ila		Government grants	(contributions)	1e	18,577,308				
ns,	f	All other contribution	ns, gifts, grants,						
utio er		and similar amounts above		1f	72,407,094				
를	و	Noncash contributio lines 1a - 1f:\$	ns included in	1g	123,323				
Contributions, Gifts, Grants and Other Similar Amounts	١,	h Total. Add lines :	 1a-1f	-9	123,323				
9				•	Business Code	90,984,402			
	2a	LICENSE FEES				5,010,804	5,010,804		
<u>a</u>					900099				
Program Service Revenue	b	LEADERSHIP INCOME			900099	2,080,903	2,080,903		
æ	c	QUALIFIED SPONSOR	RSHIP		000000	43,389			43,389
vice	Ī				900099				
₹ *	d				1				
ram									
Tog	е								
-	f	All other program	service revenue						
		Total. Add lines 2			7,135,096				
	3]	Investment income	(including divide	ends, i	nterest, and other	E47.1E3	,		E47.1E2
		imilar amounts). Income from invest			•				547,153
			ment of tax-exe	-		-			
		(3)4.1.00	(i) Rea		(ii) Personal				
	<i>c</i> -	Cua sa wanta	6-			1			
		Gross rents Less: rental	6a			-			
	U	expenses	6b						
	C	Rental income or (loss)	6c						
	d	Net rental income				_			
			(i) Secur	ities	(ii) Other				
	7a Gross amount from sales of 7a 125,947			7					
		assets other than inventory	'	123,947					
	h	Less: cost or				-			
	_	other basis and sales expenses	7b	124,699)				
			7.	4 2 4 6		1			
		Gain or (loss) Net gain or (loss)	7c	1,248					1,248
		Gross income from fu		<u> </u>	· · · •	1,210			1,210
Other Revenue		(not including \$ contributions reported	of						
₹		See Part IV, line 18		8a					
~ a	b	Less: direct expen	ses	8b					
her	C	Net income or (los	s) from fundrais	ing ev	ents	_			
	0 -	Gross income from	gaming activities						
	<i>3</i> a	See Part IV, line 19		9a					
	b	Less: direct expen	ses	9b					
	C	Net income or (los	s) from gaming	activit	ies >	_			
	102	Gross sales of inve	entory less						
		returns and allowa		10a					
	b	Less: cost of good	s sold	10 b					
	С	Net income or (los		invent		T			
	11	Miscellaneo	us Kevenue		Business Code 90009	9 2,960			2,960
		-REDATES			30003	2,500			2,550
	h	LOAN SERVICE FE	:ES		90009	9 1,000			1,000
	_	FOUN SERVICE LE							
	c								
	_								
	d	All other revenue							
		Total. Add lines 1			•				
	12	Total revenue. S	ee instructions			3,960			+
					• • •	98,671,859	7,091,707	'[0 595,750 Form 990 (2019)

Pa	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organization	ns must complete colu	mn (A).
	Check if Schedule O contains a response or note to ar	ny line in this Part IX			\square
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,741,295	20,741,295		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	354,136	354,136		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,240,413	2,240,901	1,657,930	341,582
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	21,334,508	17,069,739	3,049,958	1,214,811
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	768,815	611,061	112,832	44,922
9	Other employee benefits	3,111,102	2,474,069	458,321	178,712
	Payroll taxes	1,631,990	1,229,444	301,212	101,334
	Fees for services (non-employees):	1,031,330	1,225,444	301,212	101,334
	` ' '				
_	Management	440,000	420.020		20
	Legal	440,009	439,939	50	
C	Accounting	220,598		220,598	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	40,730		40,730	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,964,885	5,166,119	678,145	120,621
12	Advertising and promotion	240,930	212,244	16,853	11,833
13	Office expenses	1,997,977	1,195,001	757,727	45,249
14	Information technology	612,668	573,471	31,642	7,555
15	Royalties				
16	Occupancy	1,435,455	1,100,644	238,822	95,989
	Travel	3,143,233	2,818,666	237,547	87,020
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				<u>`</u>
19	Conferences, conventions, and meetings	3,608,876	3,505,727	99,555	3,594
	Interest	-,,	-,,	,	
	Payments to affiliates				
	·	1,207,858	912,916	210,673	84,269
	Depreciation, depletion, and amortization		·	,	
	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.)	98,063	74,141	17,087	6,835
	a EMPLOYEE RECRUITING COS	507,900	78,210	350,163	79,527
i	b DATA ACQUISITION	13,583	13,583		
•	c OTHER EXPENSES	12,560		8,878	3,682
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	71,727,584	60,811,306	8,488,723	2,427,555
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).				

Pledges and grants receivable, net . . .

Notes and loans receivable, net

Prepaid expenses and deferred charges .

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

Investments—other securities. See Part IV, line 11 . . .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11 .

Land, buildings, and equipment: cost or other

Inventories for sale or use . .

basis. Complete Part VI of Schedule D

Less: accumulated depreciation

Intangible assets . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Grants payable .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Accounts receivable, net

Form 990 (2019)

33,114,292

4,005,390

2.100.000

624,270

2,114,408

20,756,959

1,009,040

92,182,732

9,205,385

7,720,089

16.929.474

30,995,298

44,257,960

75,253,258

92,182,732

Form 990 (2019)

4.000

12.575.673

5.169.639

1.724.156

567,086

2,281,468

21,455,140

1,345,427

67,290,028

11,211,008

156.850

7,613,187

18.981.045

30,890,607

17,418,376

48,308,983

67,290,028

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Page **11**

	(A) Beginning of year		(B) End of year
Cash-non-interest-bearing		1	
Savings and temporary cash investments	22,171,439	2	28,458,373

8.015,242

5,900,834

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

10a

10b

	1
	2
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S	7
Assets	8
AS	9
_	10a
	ь 11
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Liabilities 22

Fund Balances

٥ 29

Assets 30

Form 990 (2019)

Additional Data

Software ID:

Software Version:

EIN: 94-3362724

Name: KIPP FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a: NETWORK GROWTH & SUSTAINABILITY: THE KIPP FOUNDATION PROVIDES ON-GOING ASSISTANCE TO THE NETWORK OF KIPP SCHOOLS & REGIONS IN THE AREAS OF

SCHOOL FINANCE, SCHOOL OPERATIONS, GRANTS, LEGAL SUPPORT, TECHNOLOGY SUPPORT, SUSTAINABLE GROWTH, AND NEW SITE DEVELOPMENT.

NETWORK TALENT & LEADERSHIP DEVELOPMENT: THE KIPP FOUNDATION PARTNERS WITH KIPP SCHOOLS AND REGIONS TO BUILD AND SUSTAIN HEALTHY TALENT ECOSYSTEMS; AND ENSURE STRONG, EQUITABLE AND INCLUSIVE TALENT PLANNING, RECRUITMENT, SELECTION AND DEVELOPMENT OF TEACHERS AND LEADERS SO THAT ALL KIPPSTERS EXPERIENCE A JOYFUL, ACADEMICALLY EXCELLENT, ANTI-RACIST EDUCATION. THE KIPP FOUNDATION TRAINS AND DEVELOPS ASPIRING, NEW, AND

ESTABLISHED LEADERS TO BE ASSISTANT PRINCIPALS, FOUNDING PRINCIPALS, SUCCESSOR PRINCIPALS, AND REGIONAL LEADERS THROUGH VARIOUS COHORT-BASED

PROGRAMS AND ALSO SUPPORTS REGIONS IN DEVELOPING AND LEADING LOCAL LEADERSHIP DEVELOPMENT PROGRAMS.

Form 990, Part III, Line 4b:

RESEARCH, DESIGN & INNOVATION: THROUGH RESEARCH, DESIGN AND INNOVATION, THE KIPP FOUNDATION FOCUSES ON SUPPORTING CONTINUOUS LEARNING AND IMPROVEMENT AMONG KIPP SCHOOLS & REGIONS BY: - CREATING ONGOING VISIBILITY INTO KIPP'S NETWORK-WIDE PERFORMANCE; - GENERATING ACTIONABLE INSIGHTS:- ENSURING HIGH OUALITY DATA AND RESEARCH SUPPORT NETWORK LEADERS IN MAKING DATA-DRIVEN DECISIONS: AND- PROMOTING INNOVATION AND FACILITATING THE EXCHANGE OF IDEAS THROUGH SHARED RESOURCES, RETREATS AND PROFESSIONAL DEVELOPMENT EVENTS SUCH AS THE KIPP SCHOOL SUMMIT.

Form 990, Part III, Line 4c:

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 934930			3493050013151					
SCI	HFD	ULE A	- Dublic #	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047
	m 99		Complete if the or	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		f the Treasury	► Go to <u>www.irs</u>	<u>.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam		he organiza	tion				Employer identific	ation number
KIFF	CONDA	4110N					94-3362724	
	rt I		for Public Charity State				See instructions.	
1 ne c	organiz		a private foundation because	•	•		(A)(:)	
		·	onvention of churches, or as					
2			scribed in section 170(b)(`	, ,		
3		·	or a cooperative hospital serv	_			-	
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		-	ation operated for the benefit (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
7	✓		ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. So					ege or university or a
10		from activit investment	ation that normally receives: dies related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to ceres taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ation vested in the sar				
С		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its
d		Type III n functionally	on-functionally integrated integrated. The organization (s). You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization receiv or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter				-		<u> </u>	
g	Provi	de the follow	ing information about the su	pported organization(s).			
	(i) Name of supported organization			(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota			tion Act Notice, see the Ir		Cat. No. 11285			90 or 990-EZ) 2019

(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.

Page 2

If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support

	ection A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	71,134,686	53,311,627	62,815,001	56,666,723	90,984,40	334,912,439
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	71,134,686	53,311,627	62,815,001	56,666,723	90,984,40	2 334,912,439
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column						106,738,475
6	(f). Public support. Subtract line 5 from line 4.						228,173,964
5	Section B. Total Support	I		1			
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	(or fiscal year beginning in) ► Amounts from line 4	71,134,686	53,311,627	62,815,001	56,666,723	90,984,40	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,083	143,073	322,671	746,682	547,15	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	1,751	8,684	38,674	62,730	3,96	115,799
11	Total support. Add lines 7 through 10						336,834,900
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	33,326,990
13	First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sec	tion 501(c)(3) o	rganization,
	check this box and stop here					🕨	
S	Section C. Computation of Publi						
14	Public support percentage for 2019 (li	ine 6, column (f) d	ivided by line 11, c	olumn (f))		14	67.740 %
15	Public support percentage for 2018 So	chedule A, Part II,	line 14			15	68.050 %
16 a	33 1/3% support test—2019. If the	e organization did ı	not check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check th	is box
Ŀ	and stop here. The organization qual 33 1/3% support test—2018. If the	ne organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 1,	/3% or more, ch	
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	t— 2019. If the order meets the "facts	ganization did not e s-and-circumstance	check a box on lines" test, check this	ie 13, 16a, or 16b, s box and stop he	and line 14 re. Explain	▶⊔
b	organization	st—2018. If the o zation meets the "	rganization did not facts-and-circumst	check a box on li ances" test, check	ne 13, 16a, 16b, c this box and sto j	or 17a, and line or here.	▶ □
18	supported organization			 7b, check this box	and see	▶□
	instructions						►□

Р	art III Support Schedule for							
	(Complete only if you checked the box on line 10 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.)							
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)			
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)	
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not include any "unusual grants.").							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are							
	not an unrelated trade or business							
4	under section 513 Tax revenues levied for the							
•	organization's benefit and either paid							
_	to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
L	3 received from disqualified persons Amounts included on lines 2 and 3							
D	received from other than disqualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line 13 for the year.							
c	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
	from line 6.)							
Se	ection B. Total Support		1				Г	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources.							
b	Unrelated business taxable income							
	(less section 511 taxes) from							
	businesses acquired after June 30, 1975.							
С	Add lines 10a and 10b.							
11	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly carried on.							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,							
13	11, and 12.).							
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>	
	check this box and stop here						▶ ⊔	
	ection C. Computation of Public S			! (6))		1 1		
15	Public support percentage for 2019 (lin		•			15		
16	Public support percentage from 2018 S	-	<u> </u>			16		
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17		
17 10	Investment income percentage for 201	-		-		17		
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not	
	more than 33 1/3%, check this box and s							
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the							
ט	not more than 33 1/3%, check this box	-			•		_	
20	Private foundation. If the organization	-	-					
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖	

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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 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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 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

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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

4b supervised by or in connection with its supported organizations. 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)? 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 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 5a amendment to the organizing document).

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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) 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.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	A family member of a person described in (a) above?	11b		
	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		
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	-		
2	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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	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		
ı	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	Parent of Supported Organizations. Answer (a) and (b) below.			
•	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? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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	1 b		
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		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.					
8 Distributions to attentive supported organizations to who details in Part VI). See instructions	sive (provide				
9 Distributable amount for 2019 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6					
2 Underdistributions if any for years prior to 2019	I Underdictributions if any for years prior to 2010				

7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
Total of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder, Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019.

Schedule A (chedule A (Form 990 or 990-EZ) 2019						
Part VI	Section A, lines 1, 2, 3 Part IV, Section D, lin	mation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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; es 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 and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See					
	Facts And Circumstances Test						
990 Sched	lule A, Supplemen	tal Information					
Ret	urn Reference	Explanation					
	A, PART II, LINE 10, ON OF OTHER	MISCELLANEOUS - 2015 AMOUNT: \$ 1,751. 2016 AMOUNT: \$ 8,684. 2017 AMOUNT: \$ 38,674. 2018 AMOUNT: \$ 62,730. 2019 AMOUNT: \$ 3,960.					

INCOME:

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

Political Campaign and Lobbying Activities

▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

OMB No. 1545-0047

DLN: 93493050013151

LUI)

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

If the organization answered "Yes" on Form 9 Section 501(c)(3) organizations: Complete P Section 501(c) (other than section 501(c)(3) Section 527 organizations: Complete Part I- If the organization answered "Yes" on Form 9 Section 501(c)(3) organizations that have fill Section 501(c)(3) organizations that have N If the organization answered "Yes" on Form 9 (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: 0 Name of the organization	arts I-A and B. Do not completo) organizations: Complete Part A only. 390, Part IV, Line 4, or Form 9 ed Form 5768 (election under 9 OT filed Form 5768 (election u 390, Part IV, Line 5 (Proxy Ta	e Part I-C. s I-A and C below. 990-EZ, Part VI, Ii r section 501(h)): Co nder section 501(h	Do not complete Part I-B. e 47 (Lobbying Activities mplete Part II-A. Do not co)): Complete Part II-B. Do n nstructions) or Form 990-), then mplete Part II-B. lot complete Part II-A.						
KIPP FOUNDATION			' '	tineación namber						
Part I-A Complete if the organizatio	n is exempt under section	on 501(c) or is	94-3362724 a section 527 organiz	ation.						
1 Provide a description of the organization's "political campaign activities")	direct and indirect political car	mpaign activities in	Part IV (see instructions fo	or definition of						
2 Political campaign activity expenditures (s	•			\$						
3 Volunteer hours for political campaign act										
Part I-B Complete if the organization										
1 Enter the amount of any excise tax incurr	, -			\$						
2 Enter the amount of any excise tax incurr				\$						
3 If the organization incurred a section 495	5 tax, did it file Form 4720 for	this year?		☐ Yes ☐ No						
4a Was a correction made?				☐ Yes ☐ No						
b If "Yes," describe in Part IV.										
Part I-C Complete if the organization	n is exempt under section	on 501(c), exce	ept section 501(c)(3).							
1 Enter the amount directly expended by th	e filing organization for section	527 exempt funct	ion activities 🕨 🥴	\$						
2 Enter the amount of the filing organization function activities				\$						
3 Total exempt function expenditures. Add I	ines 1 and 2. Enter here and o	n Form 1120-POL,	line 17b ▶	\$						
4 Did the filing organization file Form 1120	P-POL for this year?			Yes No						
organization made payments. For each or of political contributions received that wer										
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0						
1										
2										
3										
4										
5										

or e		under section 501(h)). 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
ctiv	,	If below, provide in rare IV a decared description of the loopying	Yes	No	/	Amour	nt
1		ation attempt to influence foreign, national, state or local legislation, olic opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?			No			
b		mpensation in expenses reported on lines 1c through 1i)?	Yes		1		
С	Media advertisements?		Yes		1	1	2,75
d	Mailings to members, legislators, or the	ne public?	Yes				5,33
е	Publications, or published or broadcas	t statements?	Yes				3,27
f	Grants to other organizations for lobb	ying purposes?		No			
g	Direct contact with legislators, their s	affs, government officials, or a legislative body?	Yes				55,95
h	Rallies, demonstrations, seminars, co	nventions, speeches, lectures, or any similar means?	Yes				5,878
i	Other activities?			No			
j	Total. Add lines 1c through 1i					8	33,198
2a	Did the activities in line 1 cause the o	rganization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax	incurred under section 4912			1		
c	If "Yes," enter the amount of any tax	incurred by organization managers under section 4912					
d	If the filing organization incurred a se	ction 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organ 501(c)(6).	ization is exempt under section $501(c)(4)$, section $501(c)$)(5), o	r sect	ion		
_	W			_		Yes	No
1		dues received nondeductible by members?		-	1		
2	,	use lobbying expenditures of \$2,000 or less?		-	3		
3		er lobbying and political expenditures from the prior year?					
	and if either (a) BOTH answered "Yes."	ization is exempt under section 501(c)(4), section 501(c) I Part III-A, lines 1 and 2, are answered "No" OR (b) Part	ÌIÍ-A			01(0)(0
1	'	nts from members	1				
2	Section 162(e) nondeductible lobbying expenses for which the section 52	g and political expenditures (do not include amounts of political .7(f) tax was paid).					
а	,		2a				
b	,		2b				
С			2c				
3		6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	the organization agree to carryover to	on line 2c exceeds the amount on line 3, what portion of the excess does the reasonable estimate of nondeductible lobbying and political	4				
5	'	cal expenditures (see instructions)	5				
	art IV Supplemental Inform	<u> </u>					
Pro	vide the descriptions required for Part I	-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); mplete this part for any additional information.	Part II-	·A, lines	1 an	d 2 (se	ee
		implese and part for any additional information.					
1113	Return Reference	Explanation					

SCHEDULE D

DLN: 93493050013151

OMB No. 1545-0047

2019

Supplemental Financial Statements (Form 990)

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

Department of the Treasury

Interr	nal Revenue Service	orm990 for instructions and	the latest infor	mation	i. Ins	spection
	nme of the organization PP FOUNDATION			Emple	oyer identification	number
					62724	
Pa	Organizations Maintaining Donor A			r Acco	unts.	
	Complete if the organization answered	(a) Donor advised			b) Funds and other a	accounts
1	Total number at end of year	(a) Donor advised	Tallas		b) I and and other t	<u> </u>
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor ad	visors in writing that the assets	held in donor adv	vised fu	nds are the	
•	organization's property, subject to the organization'					Yes 🗌 No
6	Did the organization inform all grantees, donors, an charitable purposes and not for the benefit of the doprivate benefit?	onor or donor advisor, or for any	other purpose c	be used onferrin	ng impermissible	Yes 🗌 No
Pa	ITT II Conservation Easements. Complete if the organization answered	"Ves" on Form 990 Part IV	line 7			
1	Purpose(s) of conservation easements held by the c	· · · · · · · · · · · · · · · · · · ·				
	Preservation of land for public use (e.g., recre.		•	historic	ally important land a	rea
	Protection of natural habitat	· –			historic structure	ii cu
			eservation of a c	eruneu	mstoric structure	
_		11 1970 1		,		
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	id a qualified conservation contr	ibution in the for	morac [conservation Held at the End o	f the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
c	Number of conservation easements on a certified his	storic structure included in (a) .		2c		
d		cquired after 7/25/06, and not o	on a historic	2d		
_	structure listed in the National Register					
3	Number of conservation easements modified, transf tax year ▶	erred, released, extinguisned, o	r terminated by t	ne orga	inization during the	
4	Number of states where property subject to conserv	ration easement is located ▶				
5	Does the organization have a written policy regarding and enforcement of the conservation easements it has been seen as a conservation of the conservation can be seen as a conservation of the conservation o			of violati	ions,	□ No
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations,	and enforcing co	nservat	ion easements durin	g the year
7	Amount of expenses incurred in monitoring, inspect ▶ \$	ing, handling of violations, and e	enforcing conserv	ation e	asements during the	year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?			'0(h)(4))(B)(i)	□ No
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease.	the footnote to the organization				
Pai	rt III Organizations Maintaining Collection	ons of Art, Historical Trea		er Sim	ilar Assets.	
	Complete if the organization answered					
1a	If the organization elected, as permitted under SFA: art, historical treasures, or other similar assets held provide, in Part XIII, the text of the footnote to its f	for public exhibition, education inancial statements that describ	, or research in fo es these items.	urtherar	nce of public service,	
b	If the organization elected, as permitted under SFA! historical treasures, or other similar assets held for following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1 .				▶ \$	
(ii)Assets included in Form 990, Part X				▶ \$	
2	If the organization received or held works of art, his following amounts required to be reported under SF			ncial gai	n, provide the	
а	Revenue included on Form 990, Part VIII, line 1				> \$	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

Par	t II	I	Organizations Ma	aintaining Col	lections o	of Art, H	istori	cal Tı	reası	ures, o	r Other	Similar A	ssets (c	ontinu	ed)	
3			the organization's acq (check all that apply):		n, and other	records,	check	any of	the fo	ollowing t	that are a	significant	use of its	collect	ion	
а]	Public exhibition				d		Loan	or exch	ange prog	ırams				
b]	Scholarly research				е		Othe	er						
С]	Preservation for future	e generations												
4		ovid rt X	e a description of the III.	organization's col	lections and	l explain h	now the	y furth	ner th	e organiz	zation's ex	xempt purpo	ose in			
5			g the year, did the org to be sold to raise fur										☐ Yes	. [□No	
Pa	rt I\	V	Escrow and Cust Complete if the ord X, line 21.			" on Forr	n 990	, Part	IV, li	ine 9, o	r reporte	ed an amoi				
1a			organization an agent ed on Form 990, Part I										☐ Yes	, [□No	
b	Ιf	"Yes	s," explain the arrange	ement in Part XIII	and comple	ete the fol	lowina	table:				Δ	mount			•
c			ning balance								1c					
d		_	ons during the year .								1d					
е			outions during the year								1e					,
f			g balance								1f					,
2-												Lilia		Г	□No	
2a			e organization include											5 L	⊔ ио	
b	If V	_	s," explain the arrange Endowment Fund		. Check here	e if the ex	planati	on has	been	provide	d in Part	XIII	Ш			
Pa	ITU V	4	Complete if the or		vered "Yes	" on Forr	n 990	, Part	IV. li	ine 10.						
				9	(a) Currer			rior yea			ears back	(d) Three ye	ars back ((e) Fou	r years	back
1 a	Beg	inni	ng of year balance .													
b	Con	trib	utions													
C	Net	inve	estment earnings, gair	ns, and losses												
d	Grai	nts (or scholarships	•												
е			xpenditures for facilition	es												
f	Adm	ninis	strative expenses .													
g	End	of y	year balance													
2 a			e the estimated perce designated or quasi-e	ndowment >			(line 1	g, colu	mn (a)) held a	as:					
h			nent endowment >													
c			orarily restricted endo													
·			ercentages on lines 2a	***************************************	Id equal 100	0%.										
3a			ere endowment funds				on that	t are h	eld an	nd admin	istered fo	r the				
		•	zation by:												'es	No
			related organizations					•					3a			
b			lated organizations .s" on 3a(ii), are the re											(ii) b	_	
4			be in Part XIII the inte	=		-						• • •	·			
	rt V		Land, Buildings,					41.451								
			Complete if the or			" on Forr	n 990	, Part	IV, li	ine 11a	. See Foi	rm 990, Pa	art X, line	e 10.		
	Des	scrip	ption of property	(a) Cost or oth (investme		(b) Cost of	or other	basis (d	other)	(c) Acc	cumulated o	depreciation	(0	d) Book	value	
1a	Land	d .														
b	Buil	ding	gs													
			old improvements					1,96	52,757			918,984			1,0	043,773
			ent					87	70,582			679,441			:	191,141
	Oth							5.18	31.903	<u> </u>		4.302.409				879.494

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

2,114,408

Part VII	Investments—Other Securities.					<u>-</u>
	Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category (including name of security)	(b) Book	ne 111	o.See Form 990, (c) Metho Cost or end-o	od of va	aluation:
(1) Financia	I danii aki ya	value				
 (1) Financia (2) Closely- (3)Other 	held equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV, li	ne 110		Part X	(, line 13.
	(a) Description of investment			(b) Book value) Method of valuation: : or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)		•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV/ lin		See Form 990 P	u+ V lin	20.15
	(a) Description	arciv, iii	ie iiu	. See Form 990, Pa	II (), III	(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.				. •	
	Complete if the organization answered 'Yes' on Form 990, P	art IV, lir	ne 11e	or 11f.See Form	990,	
1. (1) Federal	(a) Description of liability income taxes					(b) Book value
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)				<u> </u>	7,720,089
· ·	or uncertain tax positions. In Part XIII, provide the text of the footnot 's liability for uncertain tax positions under FIN 48 (ASC 740). Check l		-			

2

е

b

C 5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Part XII

3

4

Schedule D (Form 990) 2019

Page 4

5,665,387

98,631,129

40,730

40,730

98,671,859

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Other (Describe in Part XIII.)

Subtract line **2e** from line **1**

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1

Supplemental Information

Add lines **4a** and **4b**

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Add lines **4a** and **4b**

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

4a 4b

2a

2b

2c

2d

2a

2b

2c

2d

4a

4b

Explanation

40,730

5.665.387

5,665,387

40.730

3 4c 5

2e

77,352,241 2e 5,665,387 3 71,686,854

4c 5 71.727.584

Schedule D (Form 990) 2019

chedule D (Form 990) 2019	Page 5		
Part XIII Supplemental Information (continued)			
Return Reference Explanation			

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 94-3362724

Name: KIPP FOUNDATION

TED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAS MAINTAINED ITS TA X-EXEMPT STATUS AND HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THESE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLU

Supplemental Information

Return Reference Explanation THE FOUNDATION HAS RECEIVED DETERMINATION FROM THE INTERNAL REVENUE SERVICE UNDER SECTION

PART X, LINE 2:

ON UNRELATED BUSINESS INCOME, IF ANY, GENERATED BY ITS INVESTMENTS. MANAGEMENT HAS EVALUA

501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM THE STATE OF CALIFORNIA FRANCHISE TAX BOAR D GRANTING EXEMPTION FROM TAXATION ON RELATED INCOME. THE FOUNDATION MAY BE SUBJECT TO TAX

DED IN THESE FINANCIAL STATEMENTS.

DLN: 93493050013151 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. 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," on Form 990, Part IV, line 21 or 22. Open to Public ► Attach to Form 990. Department of the Inspection ► Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization **Employer identification number** KIPP FOUNDATION 94-3362724

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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

that received more than \$5,000. Part II can be duplicated if additional space is needed.

Part I

1

General Information on Grants and Assistance

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient

✓ Yes

DORIS FISHER KIPPSTER OF THE YEAR

THE KIPP THROUGH COLLEGE EXCELLENCE

Schedule I (Form 990) 2019

(1)

AWARD (2)

AWARD (3)

(6)

(7)

Part IV

PART I, LINE 2:

Return Reference

SCHEDULE I, PART I, LINE 2

Schedule I (Form 990) 2019

Page 2

HARRIET BALL EXCELLENCE IN TEACHING

Explanation

Part III can be duplicated if additional space is needed.

IS REVIEWED BY FOUNDATION STAFF FOR COMPLIANCE AND MERIT.

11

(b) Number of

recipients

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

12,636

(c) Amount of

cash grant

110.000

10,000

(d) Amount of

noncash assistance

THE FOUNDATION GIVES GRANTS TO KIPP REGIONS BASED ON NEED OR SPECIFICATION FROM THE GRANTOR. EACH GRANT HAS A SEPARATE SET OF CRITERIA AND

U.S. DEPARTMENT OF EDUCATION (US ED) SCHOOL GRANTS ARE APPLIED FOR BY THE INDIVIDUAL SCHOOLS THROUGH SUBMISSION OF DETAILED BUDGET REQUESTS, WHICH ARE ULTIMATELY APPROVED FOR FUNDING BY THE U.S. DEPARTMENT OF EDUCATION, UPON AWARD, GRANT LETTERS ARE PROVIDED TO EACH OF THE SCHOOLS STATING SPECIFIC TERMS FOR COSTS ACCEPTED FOR FUNDING AND BUDGET COMPLIANCE. IN ADDITION, A CONFERENCE CALL IS HELD DIRECTLY WITH THE KIPP FEDERAL GRANTS MANAGEMENT TEAM AND A REPRESENTATIVE FROM EACH OF THE KIPP SCHOOLS AWARDED FUNDING TO REVIEW THE AWARD IGUIDELINES. COMPLIANCE THROUGHOUT THE YEAR IS MONITORED BY THE KIPP FOUNDATION FINANCE TEAM THROUGH THE REVIEW OF THE OUARTERLY DRAWDOWN REQUESTS AND SITE VISITS AS APPLICABLE. EACH RECIPIENT SCHOOL IS REQUIRED TO SUBMIT APPROPRIATE DOCUMENTATION 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 U.S.

FMV, appraisal, other)

IN LEADERSHIP AWARD (4) THE FOUNDERS KIPP SIX AWARDS 22 220,000 (5) FIRST AWARD 1,500 (5)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

DEPARTMENT OF EDUCATION REGARDING FUNDS RECEIVED DURING THE PREVIOUS FISCAL YEAR TO ENSURE COMPLIANCE.

Additional Data

KIPP ALBANY PUBLIC SCHOOL

321 NORTHERN BLVD ALBANY, NY 12210

2000 EDGEWOOD ST

BALTIMORE, MD 21216

KIPP BALTIMORE

Software ID: **Software Version: EIN:** 94-3362724

Name: KIPP FOUNDATION

318,521

59,492

20-1347748

52-2342513

Torm 990, Schedule 1, Fart 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(-)	RC section (d) Amount of cash	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,							

501(C)(3)

501(C)(3)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation
organization		if applicable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)

Form 990 Schedule T. Part TT. Grants and Other Assistance to Domestic Organizations and Domestic Governments

(g) Description of

non-cash assistance

(h) Purpose of grant

KIPP NYC, COVID-19 EMERGENCY RELIEF

PRINCIPAL PIPELINE &

DEVELOPMENT, STEM,

COVID-19 EMERGENCY RELIEF, KIPP THROUGH

or assistance

I ACADEMIC PARTNERSHIP WITH

COLLEGE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) KIPP BAY AREA SCHOOLS 20-5010766 501(C)(3) 1.237.068 SCHOOL START-UP. 1000 BROADWAY 460 PRINCIPAL PIPELINE & DEVELOPMENT. COMPUTER SCIENCE. STEM, KIPP THROUGH

EMERGENCY RELIEF

RELIEF

COVID-19 EMERGENCY

OAKLAND, CA 99467 COLLEGE, COVID-19

19.769

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

501(C)(3)

20-5664061

KIPP CHARLOTTE

931 WILANN DRIVE

CHARLOTTE, NC 28215

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 30-0075271 501(C)(3) 1.272.931 KIPP CHICAGO ISCHOOL START-UP. 2007 SOUTH HALSTED ST COVID-19 EMERGENCY RELIEF 501(C)(3) 377.055 SCHOOL START-UP.

IPRINCIPAL PIPELINE &

DEVELOPMENT, STEM. COVID-19 EMERGENCY

RELIEF

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

CHICAGO, IL 60608 KIPP COLORADO SCHOOLS 1390 LAWRENCE ST

DENVER, CO 80204

80-0037534

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) KIPP COLUMBUS 20-8627107 501(C)(3) 73.183 COMPUTER SCIENCE

2900 INSPIRE DRIVE COLUMBUS, OH 43224	20 002/10/	301(0)(0)	, 5, 255		STEM, ENVIRONMENTAL EDUCATION, SCHOOL START-UP, COVID-19 EMERGENCY RELIEF
KIPP DC 2600 VIRGINIA AVE NW STE	74-2974642	501(C)(3)	810,909		SCHOOL START-UP, PRINCIPAL PIPELINE &

900 WASHINGTON, DC 20037

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

DEVELOPMENT, KIPP THROUGH COLLEGE, STEM, COMPUTER SCIENCE, COVID-19 EMERGENCY RELIEF

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) KIPP DELTA PUBLIC SCHOOLS 31-1807400 501(C)(3) 25,188 COVID-19 EMERGENCY

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

COVID-19 EMERGENCY

IRELIEF

514 MISSOURI HELENA, AR 72342					RELIEF
KIPP EASTERN NORTHERN CAROLINA	74-2991314	501(C)(3)	269,850		SCHOOL START-UP COMPUTER SCIENC

KIPP THROUGH 320 PLEASANT HILL ROAD GASTON, NC 27832 COLLEGE, STEM,

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

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

ISTEM, COVID-19

IEMERGENCY RELIEF

KIPP INDIANAPOLIS 1740 EAST 30TH STREET INDIANAPOLIS, IN 46218	30-0145826	501(C)(3)	604,119		SCHOOL START-UP, COVID-19 EMERGENCY RELIEF

35.230

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

501(C)(3)

KIPP JACKSONVILLE

1440 MCDUFF AVENUE NORTH

JACKSONVILLE, FL 32254

26-4046741

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government VID-19

RELIEF

KIPP KANSAS CITY 2700 E 18TH ST KANSAS CITY, MO 64127	20-8552002	501(C)(3)	32,902		STEM, COVID-19 EMERGENCY RELIEF

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

90 HIGH ROCK STREET

LYNN, MA 01902

KIPP MASSACHUSETTS 74-3153091 501(C)(3) 24.754 COVID-19 EMERGENCY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) MATHEMATICA POLICY 22-2112296 CORP 147.264 **IEVALUATION WORK** RESEARCH INC

1100 FIRST STREET NE 12TH FLOOR WASHINGTON, DC 20002					
KIPP MEMPHIS COLLEGIATE SCHOOLS 2670 UNION AVENUE	68-0502820	501(C)(3)	21,853		COVID-19 EMERGENCY RELIEF

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

EXTENDED 1100 MEMPHIS.TN 38112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) KIPP METRO ATLANTA 11-3723114 501(C)(3) 919.037 ISCHOOL START-UP.

PRINCIPAL PIPELINE &

DEVELOPMENT, STEM

504 FAIR ST SW				PRINCIPAL PIPELINE &
ATLANTA, GA 30313				DEVELOPMENT, COVID
				19 EMERGENCY RELIEF
				KIPP THROUGH
				COLLEGE

501(C)(3) KIPP MIAMI INC - CO KIPP 81-4473475 1.151.129 SCHOOL START-UP.

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

NEW JERSEY

60 PARK PLACE STE 802

NEWARK, NJ 07102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government KIPP MINNESOTA 20-8877750 501(C)(3) 728.700 ISCHOOL START-UP. L PIPELINE &

ICOMPUTER SCIENCE.

STEM, COVID-19 **IEMERGENCY RELIEF**

5034 N OLIVER AVENUE MINNEAPOLIS, MN 55430		(-)(-)			PRINCIPAL PIPELINE & DEVELOPMENT, STEM
KIPP NASHVILLE	20-2799123	501(C)(3)	596,750		SCHOOL START-UP,

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

KIPP NASHVILLE 123 DOUGLAS AVENUE

NASHVILLE, TN 37207

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 501(C)(3) 2,257,293 SCHOOL START-UP. KIPP NEW JERSEY 01-0660264 60 PARK PLACE STE 802 PRINCIPAL PIPELINE & DEVELOPMENT, KIPP NEWARK, NJ 07102 THROUGH COLLEGE. STEM, COVID-19 EMERGENCY RELIEF

EMERGENCY RELIEF

20-2277213 501(C)(3) 1.119.041 SCHOOL START-UP. KIPP NEW ORLEANS 1307 ORETHA CASTLE HALEY PRINCIPAL PIPELINE &

BLVD STE 302 NEW ORLEANS, LA 70113 SCIENCE, COVID-19

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

DEVELOPMENT, KIPP THROUGH COLLEGE. STEM, COMPUTER

(b) EIN (c) IRC section (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

KIPP NYC 470 7TH AVENUE 10TH FLOOR NEW YORK, NY 10018	20-3971209	501(C)(3)	1,903,755		SCHOOL START-UP, PRINCIPAL PIPELINE & DEVELOPMENT, KIPP THROUGH COLLEGE, POSTSECONDARY COUNSELING

(d) Amount of cash

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

(a) Name and address of

KIPP OKLAHOMA CITY

8400 N ROBINSON AVE

OKLAHOMA CITY, OK 73114

30-0005794

COLLABORATIVE, STEM, COVID-19 EMERGENCY RELIEF 501(C)(3) 264.817

SCHOOL START-UP,

RELIEF

COVID-19 EMERGENCY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (a) Description of if applicable (book, FMV, appraisal, non-cash assistance or assistance organization arant cash or government assistance other) KIPP PHILADELPHIA SCHOOLS 05-0546103 501(C)(3) 179.666 SCHOOL START-UP. COVID-19 EMERGENCY 5070 PARKSIDE AVE STE 3500D MAILBOX RELIEF 501(C)(3) 1,688,837 26-1607268 SCHOOL START-UP,

RELIEF, KIPP THROUGH

COLLEGE

PHILADELPHIA, PA 19131 KIPP SOCAL PUBLIC SCHOOLS 3601 E FIRST STREET LOS ANGELES, CA 90063

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

PRINCIPAL PIPELINE & DEVELOPMENT, IENVIRONMENTAL EDUCATION, STEM, COVID-19 EMERGENCY

organization or government if applicable grant cash assistance (book, FMV, appraisal, other) non-cash assistance or assistance

(e) Amount of non-

(f) Method of valuation

(h) Purpose of grant

COVID-19 EMERGENCY

RELIEF

(g) Description of

(d) Amount of cash

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

(c) IRC section

(b) EIN

(a) Name and address of

KIPP ST LOUIS 1310 PAPIN ST STE 203 ST LOUIS, MO 63103	01-0916759	501(C)(3)	479,292		SCHOOL STA COVID-19 EN RELIEF	
KIPP TEXAS PUBLIC SCHOOLS 10711 KIPP WAY HOUSTON, TX 77099	13-3875888	501(C)(3)	3,829,849		SCHOOL STA REGIONAL M PRINCIPAL P. DEVELOPMEN SCHOOL DEVELOPMEN COMPUTER S KIPP THROUG COLLEGE, ST	ERGER, IPELINE & NT, HIGH NT, SCIENCE, GH

(a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government ISCHOOL START-UP.

ISTEM, COVID-19

IEMERGENCY RELIEF

501(C)(3) 293.041 KIPP TULSA COLLEGE 11-3740269 PREPARATORY COMPUTER SCIENCE,

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

1661 FAST VIRGIN STREET

TULSA, OK 74106

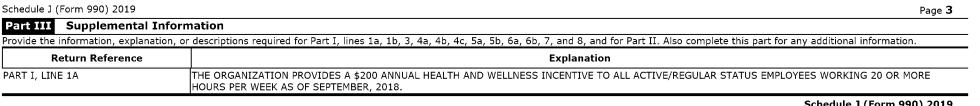
efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49305	50013	151
Sch	nedule J	Coi	mpensati	ion Information	10	ИВ No.	1545-0	0047
(For	m 990)	For certain Officers		rustees, Key Employees, and Higl	hest			
		► Complete if the organ		ited Employees ered "Yes" on Form 990, Part IV,	line 23.	20)19	•
Danar	tment of the Treasury	► Go to www.irs.gov.		to Form 990. instructions and the latest inform)pen i		
•	al Revenue Service	T do to <u>mmmingory</u>	101	mod detions and the fatest morn		Insp	ectio	n
	me of the organiza P FOUNDATION	ation			Employer identifica	tion nu	ımber	
					94-3362724			
Pa	rt I Questi	ons Regarding Compensation	on				I	
1a				the following to or for a person listed y relevant information regarding thes			Yes	No_
	☐ First-class	s or charter travel		Housing allowance or residence for p	personal use			
	Travel for	companions		Payments for business use of person	nal residence			
		nification and gross-up payments	∠	Health or social club dues or initiation				
	☐ Discretion	nary spending account		Personal services (e.g., maid, chauf	feur, chef)			
b				follow a written policy regarding payr ve? If "No," complete Part III to expla		1b	Yes	
2				or allowing expenses incurred by all	- 1-2	2	Yes	
	directors, truste	es, officers, including the CEO/Exe	ecutive Director	r, regarding the items checked on Lin	e 1a?			
3	organization's C	EO/Executive Director. Check all t	hat apply. Do r	d to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i				
	✓ Compens	ation committee	П	Written employment contract				
		ent compensation consultant	☑	Compensation survey or study				
		of other organizations	✓	Approval by the board or compensal	tion committee			
4	During the year related organiza		00, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-contro	ol payment? .			4a		No
b		r receive payment from, a suppler				4b		No
c				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and p	provide the app	licable amounts for each item in Part	III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) o	organizations	must complete lines 5-9.				
5	For persons liste		A, line 1a, did t	the organization pay or accrue any				
а	The organization	1?				5a		No
b						5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:	A, line 1a, did I	the organization pay or accrue any				
а	=	1?				6a		No
b						6b		No
_	· ·	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III		7		No
8	subject to the ir	nitial contract exception described	in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de				
9	If "Yes" on line	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		No
For F		ıction Act Notice, see the Instr			0053T Schedule J		1 990)	2019

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 on 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 column			are not listed on Form 99 dividual must equal the to		Part VII, Section A, line	1a, applicable column (D)) and (E) amounts for tha	t individual.
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 DAVID LEVIN CO-FOUNDER	(i)	501,690	0	1,522	10,800	33,500	547,512	0
	(ii)	0	0	0	0	0	0	0
2 RICHARD BARTH CHIEF EXECUTIVE OFFICER	(i)	491,727	0	1,858	10,800	0	504,385	0
	(ii)	0	0	0	0	0	0	0
3 GARFIELD BYRD CHIEF FINANCIAL OFFICER	(i)	252,779	0	3,664	10,570	29,133	296,146	0
	(ii)	0	0	0	0	0	0	0
4 WILLIAM N HIGHBAUGH GENERAL COUNSEL &	(i)	231,400	0	1,191	8,141	33,500	274,232	0
BOARD SECRETARY	(ii)	0	0	0	0	0	0	0
5 RICHARD BUERY CHIEF OF POLICY AND	(i)	394,998	0	1,522	10,800	33,500	440,820	0
PUBLIC AFFAIRS	(ii)	0	0	0	0	0	0	0
6 JONATHAN COWAN CHIEF RESEARCH, DESIGN &	(i)	256,075	0	1,522	10,655	33,500	301,752	0
INNOVATION	(ii)	0	0	0	0	0	0	0
7 VALERIE HAMILTON CHIEF PEOPLE OFFICER	(i)	226,312	0	3,664	9,448	33,500	272,924	0
CHIEF PEOPLE OFFICER	(ii)	0	0	0	0	0	0	0
8 ERIN MCMAHON CHIEF OF PROGRAMS AND	(i)	252,929	0	1,522	6,643	10,091	271,185	0
IMPACT	(ii)	0	0	0	0	0	0	0
9 FEDERICO GONZALEZ CHIEF ACAD. & TALENT	(i)	227,175	0	1,270	9,137	10,117	247,699	0
SYSTEMS OFFICER	(ii)	0	0	0	0	0	0	0
							Schedule	J (Form 990) 2019



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493050013151 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** KIPP FOUNDATION 94-3362724 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures **3** Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 123,323 FAIR MARKET VALUE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Pag	ge 2					
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.							
Return Reference	Explanation						
, ,	THE NUMBER OF CONTRIBUTORS REFLECTS THE NUMBER OF DONORS, NOT THE NUMBER OF ITEMS DONATED.						
	Schedule M (Form 990) (201	19)					

efile GRAPH	DLN: 93493050013151		
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific q Form 990 or 990-EZ or to provide any additional inform Attach to Form 990 or 990-EZ.	uestions on nation.	OMB No. 1545-0047 2019 Open to Public Inspection
Name! Betherofg KIPP FOUNDATION 990 Schedul		94-336272	identification number 4
Return Reference	Explanation		
FORM 990, PART VI, SECTION A, LINE 8B	THE AUDIT COMMITTEE AND FINANCE COMMITTEE DO NOT HAVE AUTHORIT GOVERNING BODY.	TY TO ACT ON BE	EHALF OF THE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	MEMBERS OF THE FINANCE TEAM PREPARED THE 2019 990 ORGANIZER TABS, WHICH WERE EITHER REVIEW ED BY THE CONTROLLER OR SENIOR DIRECTOR OF GRANTS MANAGEMENT. THE ORGANIZER WAS FORWARDED TO HOOD AND STRONG, LLP FOR PREPARATION OF THE FORM 990. UPON PREPARATION OF THE 990 DRAFT, THE ACCOUNTING MANAGER, THE CONTROLLER, THE SENIOR DIRECTOR OF GRANTS MANAGEMENT, DIRECT OR OF FINANCIAL PLANNING & ANALYSIS, THE CHIEF FINANCIAL OFFICER, AND GENERAL COUNSEL REVIEWED THE FIRST DRAFT. THE DRAFT WAS PRESENTED TO THE AUDIT COMMITTEE MEMBERS DURING VIRTUA L SESSION BY PAID PREPARERS. THE AUDIT COMMITTEE MEMBERS WERE ENCOURAGED TO REVIEW THE FORM 990 AND DIRECT THEIR QUESTIONS TO THE CFO AND/OR GENERAL COUNSEL. UPON SATISFACTION OF A NY QUESTIONS, THE FORM 990 WAS 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 D ISCLOSE 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 WHERE VER 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 INTEREST NOR WHETHER IT SHOULD BE APPROVED.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR APPROVAL INVOLVES AN INDEPENDENT THIRD PARTY ORGANIZATION PROVIDING INFORM ATION WHICH: * PROVIDES MARKET COMPARABILITY DATA TO ASSIST THE BOARD IN MAKING DECISIONS REGARDING ANY POTENTIAL CHANGES TO THE CURRENT COMPENSATION PROGRAM, * EVALUATES THE COMPE TITIVENESS OF THE CURRENT COMPENSATION ARRANGEMENTS AND ADVISE THE BOARD ON THE RANGE OF COMPETITIVE PRACTICES FOR FUNCTIONALLY COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANI ZATIONS 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 Explanation
Reference

FORM 990, AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVA PART VI, ILABLE FOR THE SAME PERIOD OF TIME SET FORTH IN IRC 6104(D). DOCUMENTS MAY BE VIEWED AT WW SECTION C, LINE 19