Consideration of the number of the organization by PRANCESCO, Co. 94:105 Consideration of the number of the organization of the parent competation of the number of the organization of the parent competation. Description of the parent c	Form	990-T										
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Name of organization (Check box if auditors changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instructions.) Organization (Check box if name changed and see instruct			For ca		Ζυ Ιδ							
Part United Note Print Comparison Print Pr			▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).									
X	A [(Emp	loyees' trust, see							
S SO C C S Post Post S Name, street, and room or suite no. If a P.O. box, see instructions.	B E:	Exempt under section Print KIPP FOUNDATION								94-3362724		
408 309	_											
SEAR SAN TERANCISCO, CA 94.10 5 SOURCE SECTION SECTION SOURCE SECTION		408(e) 220(e)		mod dodono.)								
C Book yebs of all searchs of 20 services of 10 search of years of 20 years o					9000	99						
Either the number of the organizations type X S01(c) corporation S01(c) trust 401(a) trust Other trust	C Bo											
HE met the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ SEB STATEMENT 1 If only one, complete Parts II-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts III-V. During the tax year, was the corporation or subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes ▼ No If Yes, enter the name and identifying number of the parent corporation. ▶ The books are in care of ▶ GARPITELD BYXD The books are in care of ▶ GARPIT	ate	end of year	028.				501(c) trust	401(a)	trust	Other trust		
trade or business here SEE STATIBLEMENT 1 describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete a risk the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? I ves No If Yes, enter the name and identifying number of the parent corporation. J The books are in care of GARTIELD BYRD Telephone number 415-513-410.6 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 1b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 2 Capital gain net income (attach Schedule D) 4a Capital gain net income (attach Schedule D) 4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4c Capital gain net income (attach Schedule D) 4d Capital gain net income (attach Schedule D) 4d Capital gain net income (attach Schedule D) 5 Normer (sos) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Unrelated Gebt-financed income (Schedule E) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages	H Fn											
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? I Tyes, enter the name and identifying number of the parent corporation. If Yes, enter the name and identifying number of the parent corporation. I Tyes, enter the name and identifying number of the parent corporation. I Tyes, enter the name and identifying number of the parent corporation. I Tyes, enter the name and identifying number of the parent corporation. I Tyes, enter the name and identifying number of the parent corporation. I Tyes, enter the name and identifying number of the parent corporation. I Tyes, enter the name and identifying number of the parent corporation. I Tyes, enter the name and identifying number of the parent corporation. I Tyes and the parent corporation and the parent corporation. I Tyes and the parent corporation and the parent corporation of the parent corporation of the parent corporation of the parent corporation in the corporation of the parent co								- '				
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?					s sentence, complete Pai	rts I and		· ·				
If "Yes," enter the name and identifying number of the parent corporation. ▶ The books are in care of ■ GARPIELD BYRD			-	•			,					
If Yes, enter the name and identifying number of the parent corporation. ▶ Telephone number	I Du	ring the tax year, was	the corp	oration a subsidiary in an a	ffiliated group or a paren	t-subsi	diary controlled group?	▶ [Y	es X No		
Part Unrelated Trade or Business Income												
1a Gross receipts or sales b Less returns and allowances 1c 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions; attach schedule) 12 13 Total: Combine lines 3 through 12 13 Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of offices, directors, and trustees (Schedule K) 14 15 Salaries and wages 1							Telepho	one number 🕨 41	15-51	3-4106		
b Less returns and allowances	Pa	rt I Unrelated	d Trac	de or Business Inc	ome		(A) Income	(B) Expenses	}	(C) Net		
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b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)						3						
c Capital loss deduction for trusts 4c ■	4 a											
5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 8 7 Unrelated debt-financed income (Schedule E) 7 7	b											
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Reference Refe		,	, ,									
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11												
12 Other income (See instructions; attach schedule) 12 13 0												
Total. Combine lines 3 through 12												
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(Except for contributions, deductions must be directly connected with the unrelated business income.) 14		rt II Deductio	ns No	t Taken Elsewher	e (See instructions fo	r limita	tions on deductions.)			<u> </u>		
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25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27		3 Depletion										
26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27												
27 Excess readership costs (Schedule J) 27												
		Excess exempt exper	rises (So	criedule I)								
	28 20								28	0		
 Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 												
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 3. 30 3. 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31				-						3.		
32 Unrelated business taxable income. Subtract line 31 from line 30		•	•	• • •	•		,			0.		

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-1	(20 18)	KIPP FOUNDATION				94-33	002/24	1		rage Z
Part I	II 7	Total Unrelated Business Taxa	ble Income							
33	Total	of unrelated business taxable income compu	ted from all unrelated trad	es or businesses	(see instruction	ons)	3	33		0.
34	Amou	ınts paid for disallowed fringes	3	34						
35	Dedu	ction for net operating loss arising in tax year	3	35						
36	Total	of unrelated business taxable income before	specific deduction. Subtra	ct line 35 from th	e sum of					
	lines	33 and 34					3	36		
37	Speci	fic deduction (Generally \$1,000, but see line	37 instructions for excepti	ons)			3	37	1,	000.
38		ated business taxable income. Subtract line								
	enter	the smaller of zero or line 36					3	38		0.
Part I	V 7	Гах Computation								
39	Orgai	nizations Taxable as Corporations. Multiply	line 38 by 21% (0.21)				▶ <u></u> 3	39		0.
40		s Taxable at Trust Rates. See instructions fo								
		Tax rate schedule or Schedule D (Fo	rm 1041)				▶ <u>4</u>	10		
41	Proxy	tax. See instructions					▶ <u></u> 4	11		
42	Alterr	native minimum tax (trusts only)					4	12		
43	Tax o	n Noncompliant Facility Income. See instru	ctions				4	13		
44	Total	. Add lines 41, 42, and 43 to line 39 or 40, wh	ichever applies				4	14		0.
Part \	/	Tax and Payments								
45 a	Forei	gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)		45a		_			
b	Other	credits (see instructions)			45b		_			
C							_			
d	Credi	t for prior year minimum tax (attach Form 88	01 or 8827)		45d					
е	Total	credits. Add lines 45a through 45d					4	5e		
46			<u></u>				_4	16		0.
47		taxes. Check if from: Form 4255				Other (attach schedu	· —	17		
48	Total	tax. Add lines 46 and 47 (see instructions) .					4	18		0.
49	2018	net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, colur	nn (k), line 2			4	19		0.
50 a	Paym	ents: A 2017 overpayment credited to 2018			50a		_			
b	2018	estimated tax payments			50b	21,25	50.			
C	Tax d	eposited with Form 8868			50c		_			
d	Forei	gn organizations: Tax paid or withheld at sour	ce (see instructions)		50d		_			
е	Backı	up withholding (see instructions)			50e		_			
		t for small employer health insurance premiu			50f		_			
g	Other	credits, adjustments, and payments: F	orm 2439							
			ther							
51		payments. Add lines 50a through 50g					_5	51	21,	250.
52		ated tax penalty (see instructions). Check if F					5	52		
53	Tax d	ue. If line 51 is less than the total of lines 48,	49, and 52, enter amount	owed			► <u> 5</u>	53		
54	Overp	payment. If line 51 is larger than the total of l	ines 48, 49, and 52, enter	amount overpaid		1	► <u> 5</u>	54		250.
55		the amount of line 54 you want: Credited to				Refunded	> 5	55	21,	250.
Part \	/ 5	Statements Regarding Certain	Activities and Otl	ner Informa	tion (see i	nstructions)				
56	At an	y time during the 2018 calendar year, did the	organization have an inter	est in or a signati	ure or other a	uthority			Yes	No
		a financial account (bank, securities, or other)	-	· -	-					
	FinCE	N Form 114, Report of Foreign Bank and Fina	ıncial Accounts. If "Yes," e	nter the name of	the foreign co	untry				
	here									Х
57	Durin	g the tax year, did the organization receive a	distribution from, or was it	t the grantor of, o	r transferor to	, a foreign trust?				Х
		s," see instructions for other forms the organi	•							
58		the amount of tax-exempt interest received o								
Cian		der penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other tha					owledge a	and belief, it is t	rue,	
Sign Here									his return v	vith
пеге		O'marken at att'ann	Date	CFO				eparer shown be		_
		Signature of officer	Date	Title			_	ctions)? X	Yes	No
		Print/Type preparer's name	Preparer's signature		Date	Check	_	PTIN		
Paid						self- employ	yed			
Prepa	arer	MAGA E. KISRIEV						P0100891		
Use C	Only	Firm's name HOOD & STRONG LLP				Firm's EIN	<u> </u>	94-125	4756	
		275 BATTERY ST	•							
		Firm's address > SAN FRANCISCO,	CA 94111			Phone no.	415.	.781.0793		

823711 01-09-19

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyi	ng number			
Type or	Name of exempt organization or other filer, see instru	Employer identification number (EIN)							
print									
File by the	KIPP FOUNDATION		94-336	2724					
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 135 MAIN STREET, No. 1700	Social se	curity number	er (SSN)					
instructions.									
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			0 7			
Applicat		Return	Application			Return			
Is For		Code	Is For			Code			
	or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990		02	Form 1041-A			08			
	20 (individual)	03	Form 4720 (other than individual)			09			
Form 990		04	Form 5227			10			
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
	O-T (trust other than above)	06	Form 8870		12				
 If the least of the le	none No. ► 415-513-4114 organization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ► equest an automatic 6-month extension of time until organization named above. The extension is for the organization or x tax year beginningJUL 1, 2018	Group Exe and atta MAY 1 anization's	mption Number (GEN) ch a list with the names and EINs of 5, 2020, to file	If this is fo	r the whole g	roup, check this			
	, , , ,		<u></u>						
2 If t	he tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reaso	on: Initial return	Final retur	n				
	he tax year entered in line 1 is for less than 12 months, c			Final retur	n				
3a If t	he tax year entered in line 1 is for less than 12 months, c			Final retur	n \$	0.			
3a If the any	he tax year entered in line 1 is for less than 12 months, c Change in accounting period his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less						
3a If ti	he tax year entered in line 1 is for less than 12 months, c Change in accounting period his application is for Forms 990-BL, 990-PF, 990-T, 4720 y nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less						
3a If ti any b If ti est c Ba	he tax year entered in line 1 is for less than 12 months, c Change in accounting period his application is for Forms 990-BL, 990-PF, 990-T, 4720, y nonrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069	, or 6069, e o, enter any payment all ayment with	enter the tentative tax, less refundable credits and owed as a credit. n this form, if required, by	3a	\$	0. 0.			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

instructions.

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory va	aluation N/A				
1 Inventory at beginning of year							6	
2 Purchases				Cost of goods sold. Su				
3 Cost of labor				from line 5. Enter here				
4a Additional section 263A costs				line 2		7		
(attach schedule)	4a		8	Do the rules of section			Yes No	
b Other costs (attach schedule)				property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b				the organization?				
Schedule C - Rent Income	(From Real	Property and	Pers	sonal Property L	ease	d With Real Prope	rty)	
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)		` of rent for p	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly conclumes 2(a) and	onnected with the inc 2(b) (attach schedule	ome in
(1)				· · · · · · · · · · · · · · · · · · ·				
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ctions)				
			2	. Gross income from		Deductions directly conne to debt-finance		;
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other dec (attach sch	
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable of (column 6 x total 3(a) and	al of columns
(1)				%				
(2)				%				
(3)				%				
(4)				%				
- 1.7	ı			/0		inter here and on page 1, Part I, line 7, column (A).	Enter here and o	
Totale						0.		0.
Totals Total dividends-received deductions in					I	<u> </u>		0.

Schedule F - Interest, A		, ai	_	Controlled O				(355 1113	truction	- //
Name of controlled organizat	identi	mployer fication mber	3. Net unr (loss) (see	related income e instructions)	4. Tota	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi			1					1		
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total	of specified payr made	nents	10. Part of column in the controlling gross	mn 9 that ng organ s income	ization's	11. Dec with	ductions directly connected income in column 10
(1)										
(2)										
(3)										
_(4)										
						Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals					🕨			0.		0.
Schedule G - Investme	ent Income of a	Section	501(c)(7	'), (9), or (17) Org	anization				
	cription of income			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-a (attach s		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										, , ,
(2)										
(3)										
(4)										
				Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B).
Totals			•		0.					0.
Schedule I - Exploited (see instru	Exempt Activity			Than Adv	ertisin	g Income				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pi of ur	xpenses connected roduction nrelated ss income	4. Net incon from unrelated business (co minus colum gain, comput through	I trade or Ilumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	page	ere and on 1, Part I,), col. (B).							Enter here and on page 1, Part II, line 26.
Totals ► Schedule J - Advertisi	na Income (see	instructio	0.							0.
	Periodicals Rep		,	solidated	Basis					
1. Name of periodical	2. Gross advertising income	ad	3. Direct vertising costs	or (loss) (c col. 3). If a g	ising gain ol. 2 minus ain, compute nrough 7.	5. Circulatincome		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))	•	0.	().						0
	1					1				Form 990-T (2018

823731 01-09-19

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.	T			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

KIPP FOUNDATION 94-3362724

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

QUALIFIED TRANSPORTATION AND PARKING FRINGE BENEFITS

TO FORM 990-T, PAGE 1