** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

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.

JUL 1. 2018 and ending JUN 30, 2019 A For the 2018 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change KIPP FOUNDATION Name change 94-3362724 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 135 MAIN STREET 1700 (415)399-1556 101,795,139. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SAN FRANCISCO, CA 94105 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: RICHARD BARTH for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 527 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.KIPP.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2000 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO CREATE PUBLIC SCHOOLS THAT Governance EQUIP EDUCATIONALLY UNDERSERVED STUDENTS WITH SKILLS TO SUCCEED if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 221 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 13 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 0. 7h **Prior Year Current Year** 62,815,001. 56,666,723. Contributions and grants (Part VIII, line 1h) 8 Revenue 6,731,619. 6,840,774. Program service revenue (Part VIII, line 2g) 321,983 747,792. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 38,674, 62,730. 11 69,907,277 64,318,019. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 20,762,238 17,802,423. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 27,989,961. 29,036,218. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 25,075,154. 19,349,016. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 73,827,353. 66,187,657. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -3,920,076. -1,869,638. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** o 70,465,363 67,290,028. Total assets (Part X, line 16) 20,286,742 18,981,045. 21 Total liabilities (Part X, line 26) 三年 50,178,621. 48,308,983. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign GARFIELD BYRD, CFO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature MAGA E. KISRIEV P01008919 Paid self-employed Firm's name | HOOD & STRONG LLP 94-1254756 Preparer Firm's EIN ▶ Firm's address 275 BATTERY ST, STE 900 Use Only

No

X Yes

Phone no.415.781.0793

SAN FRANCISCO, CA 94111

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

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 identifyin | g number | | | | | |
|--|--|--|-----------------------------------|-----------------|------------------------------|---------------------------------|--|--|--|--|--|
| Type or | Name of exempt organization or other filer, see instru | Employe | ridentification | number (EIN) or | | | | | | | |
| print | | | | | | | | | | | |
| File by the | KIPP FOUNDATION | | | | 94-3362 | 724 | | | | | |
| 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 | see instruct | ions. | Social se | curity numbe | (SSN) | | | | | |
| instructions | City, town or post office, state, and ZIP code. For a for SAN FRANCISCO, CA 94105 | oreign addı | ress, see instructions. | | | | | | | | |
| Enter the | e Return Code for the return that this application is for (fil | e a separat | e application for each return) | | | 0 1 | | | | | |
| Applicat | ion | Return | Application | | | Return | | | | | |
| Is For | | Code | Is For | | | Code | | | | | |
| | 0 or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 | | | | | |
| Form 99 | | 02 | Form 1041-A | | | 08 | | | | | |
| | 20 (individual) | 03 | Form 4720 (other than individual) | | | 09 | | | | | |
| Form 99 | | 04 | Form 5227 | | | 10 | | | | | |
| | 0-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | | | | | |
| | 0-T (trust other than above) | 06 | Form 8870 | | 12 | | | | | | |
| • If the • If this box • | · · · · · · | Group Exe and atta MAY 1 anization's , an | ted States, check this box | . If this is fo | r the whole gress the extens | oup, check this sion is for. | | | | | |
| | he tax year entered in line 1 is for less than 12 months, c Change in accounting period | | | Final retur | n | | | | | | |
| | his application is for Forms 990-BL, 990-PF, 990-T, 4720 | , or 6069, 6 | enter the tentative tax, less | За | \$ | 0. | | | | | |
| - | y nonrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069 |) ontor on | rofundable credits and | Jä | . | · · | | | | | |
| | • | • | | 3b | \$ | 0. | | | | | |
| | timated tax payments made. Include any prior year overp | | | JD JD | . • | <u> </u> | | | | | |
| | llance due. Subtract line 3b from line 3a. Include your pa ing EFTPS (Electronic Federal Tax Payment System). Se | • | | 3c | \$ | 0. | | | | | |
| us | : If you are going to make an electronic funds withdrawal | ะ แระเนตเเ | 113. | 30 | Ψ | <u> </u> | | | | | |

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

Form 8868 (Rev. 1-2019)

instructions.

94-3362724

| Pa | Statement of Program Service Accomplishments | |
|-------|--|------------------------|
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: | |
| | TO CREATE A RESPECTED, INFLUENTIAL, AND NATIONAL NETWORK OF PUBLIC | |
| | SCHOOLS THAT ARE SUCCESSFUL IN HELPING STUDENTS FROM EDUCATIONALLY | |
| | UNDERSERVED COMMUNITIES DEVELOP THE KNOWLEDGE, SKILLS, CHARACTER, AND | |
| _ | HABITS NEEDED TO SUCCEED IN COLLEGE AND THE COMPETITIVE WORLD BEYOND. | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | Yes X No |
| _ | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X No |
| _ | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured | • |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total | expenses, and |
| | revenue, if any, for each program service reported. | 4 605 000 . |
| 4a | (Code:) (Expenses \$ | 4,695,889. |
| | NETWORK GROWTH & SUSTAINABILITY: | |
| | | |
| | THE FOUNDATION PROVIDES ON-GOING ASSISTANCE TO GROW KIPP SCHOOLS & | |
| | REGIONS IN THE AREAS OF SCHOOL LEADER AND REGIONAL LEADER RECRUITMENT, | |
| | SCHOOL FINANCE AND OPERATIONS, LEGAL SUPPORT, TECHNOLOGY SUPPORT, | |
| | SUSTAINABLE GROWTH, AND NEW SITE DEVELOPMENT. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$14,758,678. including grants of \$1,805,148.) (Revenue \$ | 2,129,675. |
| | LEADERSHIP DEVELOPMENT: | |
| | | |
| | THE FOUNDATION TRAINS BOTH NEW AND SITTING LEADERS TO BE ASSISTANT | |
| | PRINCIPALS, FOUNDING PRINCIPALS, SUCCESSOR PRINCIPALS, AND REGIONAL | |
| | LEADERS THROUGH ITS KIPP SCHOOL LEADERSHIP PROGRAM (KSLP) AND NETWORK | |
| | LEADER DEVELOPMENT (NLD) PROGRAMMING. KSLP HAS MULTIPLE PROGRAM | |
| | OFFERINGS INCLUDING: THE FISHER FELLOWSHIP, SUCCESSOR PREP, LEADERSHIP | |
| | TEAM, AND THE MILES FAMILY FELLOWSHIP. THE FISHER FELLOWSHIP IS A | |
| | ONE-YEAR, COHORT-BASED LEADERSHIP PROGRAM THAT PREPARES SELECTED | |
| | EDUCATORS TO FOUND, LEAD, AND GROW A NEW HIGH-PERFORMING KIPP SCHOOL. | |
| | SUCCESSOR PREP IS A 15 MONTH COHORT-BASED LEADERSHIP PROGRAM THAT | |
| | PREPARES EXPERIENCED LEADERS WHO HAVE BEEN IDENTIFIED AND/OR SELECTED | |
| 4c | (Code:) (Expenses \$ 5 , 553 , 413including grants of \$ 229 , 000) (Revenue \$ | 0.) |
| | RESEARCH, DESIGN & INNOVATION: | |
| | | |
| | THROUGH RESEARCH, DESIGN AND INNOVATION, THE 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 QUALITY 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. | |
| | | |
| | | |
| A :-1 | Other pregram continue (Deceribe in Cahadula C.) | |
| 40 | Other program services (Describe in Schedule O.) | 0 \ |
| _ | (Expenses \$ 13,353,537. including grants of \$ 1,325,485.) (Revenue \$ Total program service expenses ▶ 54,656,435. | 0.) |
| 4e | Total program service expenses 54,656,435. | Form 990 (2018) |

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Form 990 (2018) KIPP FOUNDATION Part IV Checklist of Required Schedules

| | | | Yes | No |
|----------|--|-------------------|-----|----------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 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 | | х |
| 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 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | <u> </u> | | |
| Ŭ | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | ٣ | | |
| U | | ء ا | | x |
| - | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | x |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | _ | | |
| | Schedule D, Part III | 8 | | X |
| 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 | | X |
| 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 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| 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 | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| h | 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 | | x |
| 13 | In the convenient in a subset of a subset of a subset of 70/h/4//A/::\0 | 13 | | x |
| 14a | Did the appropriation projection of the construction of the Light of Object | 14a | | x |
| 14a b | Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 17 4 | | - |
| J | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | | 14b | | x |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 140 | | - |
| 13 | | 15 | | x |
| 46 | foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | |
| 16 | | 4. | | x |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | _ v |
| 40 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 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 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | Х | |

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| Part IV | Checklist of Required Schedules | (continued) |
|---------|--|-------------|
| | | |

| | · / | | Yes | No |
|-----------|--|------|-----|-----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 250 | | х |
| h | transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 25a | | |
| b | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | | 25b | | Х |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | 200 | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | - |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | Х | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | х |
| 04 | contributions? If "Yes," complete Schedule M | 30 | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 24 | | х |
| 32 | If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | |
| 32 | , | 32 | | Х |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | - 02 | | |
| - | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V. line 1 | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| Par | Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | |
| Pai | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Shook if Software O contains a response of note to any line in this rait v | | | N'a |
| 1. | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| | Enter the number reported in Box 3 of Form 1080. Enter 40- in not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| _ | (gambling) winnings to prize winners? | 1c | х | |

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| | | | | | Yes | No | | | | | |
|--------|---|-----------|------------------------|-----------|-----|----|--|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 221 | | | | | | | | |
| b | 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) | | | | | | | | | | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | | | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | | | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | | | | | | | |
| b | If "Yes," enter the name of the foreign country: | | | | | | | | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | | ` ' | _ | | 77 | | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | <u>5a</u> | | X | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file. | | | 5b | | | | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | | | | | | |
| oa | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | 60 | | х | | | | | |
| h | any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions. | | | 6a | | | | | | | |
| b | | | | 6b | | | | | | | |
| 7 | Were not tax deductible? Organizations that may receive deductible contributions under section 170(c). | | | OD | | | | | | | |
| ' a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set | rvices r | orovided to the payor? | 7a | | Х | | | | | |
| b | | | | 7b | | | | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | | | | | | |
| | to file Form 8282? | • | | 7c | | Х | | | | | |
| d | | 7d | | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | | | | | | | | |
| f | | | | | | | | | | | |
| g | | | | | | | | | | | |
| h | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | | | |
| а | | | | 9a | | | | | | | |
| b | | | | 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | 1 | | | | | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 11a | 1 | | | | | | | | |
| a | Gross income from members or shareholders | 1118 | | | | | | | | | |
| IJ | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | | | | | | | |
| 19a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 2 | 12a | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | j | .za | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | • | | | | | | | | |
| | In the constant in the second to increase with the other land to second the second to | | | 13a | | | | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | | | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | | | | | | |
| | a Did the organization receive any payments for indoor tanning services during the tax year? | | | | | | | | | | |
| b | b If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation in Schedule O | | | | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | | | | | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | Х | | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | t incor | ne? | 16 | | Х | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | | | |

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 | | | X |
|----------|--|---------|---------|---------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 13 | | | |
| 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 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | Х |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | ۱., |
| 800 | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | · |
| 40- | Did the constitution have been been been been as of the constitution. | 40- | Yes | No X |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 10b | | |
| 44- | and branches to ensure their operations are consistent with the organization's exempt purposes? | | Х | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 11a | 21 | |
| b 12a | | 12a | Х | |
| b | Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 120 | | |
| · | | 12c | Х | |
| 13 | in Schedule O how this was done Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | х | |
| | Other officers or key employees of the organization | 15b | Х | |
| - | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | 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, HI, ID, IL | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s | only) a | availab | ole |
| | for public inspection. Indicate how you made these available. Check all that apply | | | |
| | X Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | financ | ial | |
| | 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 - 415-513-4106 | | | |
| | 135 MAIN STREET, SUITE 1700, SAN FRANCISCO, CA 94105 | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) | J. 94 | | ((| C) | | .5410 | (D) | (E) | (F) |
|-------------------------------------|-------------------|---|---------------------------|-------------|---------------|---------------------------------|--------|----------------------|------------------------------|-----------------------------------|
| Name and Title | Average | | not c | Pos heck | ition more | than o | | Reportable | Reportable | Estimated |
| | hours per week | box, unless person is both an officer and a director/trustee) | | | | | | compensation from | compensation from related | amount of other |
| | (list any | tor | | | | | | the | organizations | compensation |
| | hours for | Individual trustee or director | | | | peq | | organization | (W-2/1099-MISC) | from the |
| | related | stee o | rustee | | | ensat | | (W-2/1099-MISC) | | organization |
| | organizations | al tru | onal t | | ployee | oom e | | | | and related |
| | below line) | dividu | In stit utio nal tru stee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) JOHN FISHER | 1.00 | 드 | 드 | 9 | 3 | 포늄 | 윤 | | | |
| CHAIRMAN OF THE BOARD | | х | | х | | | | 0. | 0. | 0. |
| (2) EMMA BLOOMBERG | 1.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0. | 0. | 0. |
| (3) KATHERINE BRADLEY | 1.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0. | 0. | 0. |
| (4) REED HASTINGS | 1.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0. | 0. | 0. |
| (5) SHAVAR JEFFRIES | 1.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0. | 0. | 0. |
| (6) MARTHA KARSH | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) MICHAEL LOMAX | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) MARK NUNNELLY | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) JERELYN RODRIGUEZ | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (10) KINNARI PATEL-SMYTH | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (11) JOSE VILLARREAL | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) CARRIE WALTON PENNER | 1.00 | 1 | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (13) ABIGAIL WEXNER | 1.00 | - | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (14) RICHARD BARTH | 40.00 | _ | | | | | | | | |
| CHIEF EXECUTIVE OFFICER | | Х | | Х | | | | 494,247. | 0. | 12,813. |
| (15) DAVID LEVIN | 40.00 | - | | | | | | | _ | |
| CO-FOUNDER, DIRECTOR | | Х | | | | | | 496,393. | 0. | 43,318. |
| (16) MICHAEL FEINBERG | 40.00 | - | | | | | | | _ | |
| CO-FOUNDER, DIRECTOR (THRU 2/22/18) | 40.00 | Х | _ | | _ | _ | | 90,568. | 0. | 6,994. |
| (17) GARFIELD BYRD | 40.00 | - | | ,, | | | | 054.440 | _ | 25 555 |
| CFO, BOARD OFFICER | | | | Х | | | | 254,149. | 0. | 37,577. Form 990 (2018) |

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| Form 990 (2018) KIPP FOUNDATI | | | | | | | | | 94-336272 | 4 Page • |
|--|---|--|-----------------------|---------|---|------------------------------|----------|---------------------------------|---|--|
| Part VII Section A. Officers, Directors, Trust | tees, Key Emp | loy | ees, | and | l Hig | ghes | t Co | ompensated Employee | s (continued) | |
| (A) | (B) | | | (0 |) | | | (D) | (E) | (F) |
| Name and title | Average hours per week (list any | (do not check more box, unless person officer and a direct | | | Position ot check more than one unless person is both an er and a director/trustee) Reportable compensation from the | | | | Reportable compensation from related organizations | Estimated amount of other compensation |
| | hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (18) WILLIAM HIGHBAUGH | 40.00 | | | | | | | | | |
| GENERAL COUNSEL & BOARD SECRETARY | | | | Х | | | | 223,901. | 0. | 18,930 |
| (19) JACK CHOROWSKY | 40.00 | | | | | | | | | |
| PRESIDENT | | | | | Х | | | 383,980. | 0. | 37,991 |
| (20) LISA DAGGS | 40.00 | | | | | | | | | |
| CHIEF NETWK GROWTH OFF(THRU 8/31/18) | | | | | | Х | | 303,473. | 0. | 13,558 |
| (21) RICHARD BUERY | 40.00 | | | | | | | | | |
| CHIEF OF POLICY AND PUBLIC AFFAIRS | | | | | | Х | | 292,798. | 0. | 33,449 |
| (22) ERIN MCMAHON | 40.00 | | | | | | | | | |
| CHIEF PROGRAMS AND IMPACT | | | | | | х | | 267,742. | 0. | 20,149 |
| (23) JONATHAN COWAN | 40.00 | | | | | | | | | |
| CHIEF RSRCH, DESIGN & INNOVATION OFF | | | | | | х | | 253,688. | 0. | 37,697 |
| (24) SHERRY PREISS | 40.00 | | | | | | | | | |
| CHIEF TEACH &LEARN OFF(THRU 6/29/18) | | | | | | Х | | 259,397. | 0. | 14,666 |
| | | | | | | | | | | |
| 1b Sub-total | <u> </u> | | | | | | • | 3,320,336. | 0. | 277,142 |
| c Total from continuation sheets to Part VII | | | | | | | ▶ | 0. | 0. | 0 |
| d Total (add lines 1b and 1c) | | | | | | | | 3,320,336. | 0. | 277,142 |

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

101

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

Section B. Independent Contractors

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

| the organization. Report compensation for the calcindar year chaing with or with | in the organization a tax year. | |
|---|----------------------------------|---------------------|
| (A) Name and business address | (B) Description of services | (C) Compensation |
| WISEWIRE, INC., 8 MARKET PLACE, SUITE 300, | CURRICULUM RESEARCH & | |
| BALTIMORE, MD 21202 | DEVELOPMENT | 694,436. |
| UNIV OF CHICAGO, RESIDENTIAL SERVICES, | | |
| 5500 S. UNIVERSITY AVE, SUITE 110, | CONFERENCE SERVICES | 649,787. |
| RELAY GRADUATE SCHOOL OF EDUCATION | PROFESSIONAL DEV & | |
| 40 W 20TH ST. 7TH FLOOR, NEW YORK, NY 10004 | IMPLEMENTATION | 592,013. |
| MARRIOTT BUSINESS SERVICES | | |
| 10400 FERNWOOD ROAD, BETHESDA, MD 20817 | CONFERENCE SERVICES | 510,820. |
| WINSTEAD PC, 2728 N HARWOOD ST, STE 500, | | |
| DALLAS, TX 75201 | LEGAL FEES | 383,231. |
| 2 Total number of independent contractors (including but not limited to those liste | ed above) who received more than | |
| \$100,000 of compensation from the organization > 31 | | |
| | • | - OOO (22.12) |

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KIPP FOUNDATION Form 990 (2018) KIPP FOUNDS
Part VIII Statement of Revenue

| | | Check if Schedule O cont | ains a response | or note to any line | e in this Part VIII | | | |
|--|------|---|-------------------|--|----------------------|--|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ts ts | 1 a | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues | | | | | | |
| | | Fundraising events | | | | | | |
| | | d Related organizations | 1 1 | | | | | |
| | | • Government grants (contributi | | 15,355,796. | | | | |
| | | f All other contributions, gifts, gran | | | | | | |
| | | similar amounts not included above | | 41,310,927. | | | | |
| | | Noncash contributions included in lines | | 225,419. | | | | |
| Col | | h Total. Add lines 1a-1f | | | 56,666,723. | | | |
| | | | | Business Code | | | | |
| Ð | 2 8 | a LICENSE FEES | | 900099 | 4,695,889. | 4,695,889. | | |
| Program Service Revenue | ŀ | LEADERSHIP INCOME | | 900099 | 2,129,675. | 2,129,675. | | |
| Ser | | QUALIFIED SPONSORSHIP | | 900099 | 15,210. | | | 15,210. |
| an | | d | | | | | | |
| Be | | e | | | | | | |
| Pro | 1 | f All other program service reve | nue | | | | | |
| | | g Total. Add lines 2a-2f | | | 6,840,774. | | | |
| | 3 | Investment income (including | dividends, intere | est, and | | | | |
| | | other similar amounts) | | > | 746,682. | | | 746,682. |
| | 4 | Income from investment of tax | | | | | | |
| | 5 | Royalties | | T T | | | | |
| | | · | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | ,, | | | | | |
| | ŀ | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | d Net rental income or (loss) | | | | | | |
| | | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | 37,478,230. | | | | | |
| | ı | b Less: cost or other basis | | | | | | |
| | | and sales expenses | 37,477,120. | | | | | |
| | | Gain or (loss) | 1,110. | | | | | |
| | | d Net gain or (loss) | | | 1,110. | | | 1,110. |
| | | a Gross income from fundraising | | | | | | |
| nue | | including \$ | • | | | | | |
| - Ke | | contributions reported on line | | | | | | |
| æ | | Part IV, line 18 | | | | | | |
| Other Reven | ı | b Less: direct expenses | | , | | | | |
| ō | | Net income or (loss) from fund | | | | | | |
| | | a Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | ı | b Less: direct expenses | | | | | | |
| | | Net income or (loss) from gam | | | | | | |
| | | Gross sales of inventory, less | | | | | | |
| | | and allowances | | | | | | |
| | ı | Less: cost of goods sold | | , | | | | |
| | | Net income or (loss) from sale | | | | | | |
| ļ | | Miscellaneous Revenue | | Business Code | | | | |
| Ī | 11 a | a REBATES | | 900099 | 60,406. | | | 60,406. |
| | | LOAN SERVICE FEE INCOM | ī | 900099 | 2,000. | | | 2,000. |
| | (| LOAN ORIG/PTL GUARANTY | | 900099 | 324. | | | 324. |
| | | d All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | | 62,730. | | | |
| | 12 | Total revenue. See instructions | | T I | 64,318,019. | 6,825,564. | 0. | 825,732. |

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| _ | Check if Schedule O contains a respons | e or note to any line in t | his Part IX(B) | (C) | (D) |
|----------|---|----------------------------|--------------------------|---------------------------------|----------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 17,530,688. | 17,530,688. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 271,735. | 271,735. | | |
| 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 | 4,289,978. | 2,683,570. | 1,496,291. | 110,117 |
| 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 | 19,490,913. | 14,477,587. | 3,884,546. | 1,128,780 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 700,631. | 520,764. | 139,654. | 40,213 |
| 9 | Other employee benefits | 2,859,360. | 2,085,214. | 615,357. | 158,789 |
| 10 | Payroll taxes | 1,695,336. | 1,227,273. | 379,159. | 88,904 |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | 1-4-00 | | | |
| b | Legal | 156,509. | 155,049. | 1,103. | 357 |
| С | Accounting | 240,800. | | 240,800. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | 20.006 | | 20.006 | |
| f | Investment management fees | 39,286. | | 39,286. | |
| g | , , | 6 630 046 | F 000 354 | 676 006 | 142 456 |
| | column (A) amount, list line 11g expenses on Sch O.) | 6,639,946. | 5,820,374. | 676,096. | 143,476 |
| 12 | Advertising and promotion | 269,461. | 237,662. | 7,602. | 24,197 |
| 13 | Office expenses | 1,505,895. | 938,038. | 523,701. | 44,156 |
| 14 | Information technology | 770,672. | 709,101. | 40,487. | 21,084 |
| 15 | Royalties | 1,281,610. | 942,445. | 258,372. | 80,793 |
| 16 | Occupancy | 4,489,019. | 4,025,526. | 361,699. | 101,794 |
| 17 | Travel | 4,409,019. | 4,023,320. | 301,033. | 101,734 |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | 2,377,596. | 2,137,691. | 236,747. | 3,158 |
| 19 20 | Conferences, conventions, and meetings | 2,311,350. | 2,137,051. | 250,121. | 5,150 |
| 20 21 | Interest | | | | |
| 21 22 | Payments to affiliates | 977,490. | 705,965. | 205,152. | 66,373 |
| 22 23 | Industrance | 93,386. | 67,445. | 19,600. | 6,341 |
| 23 24 | Other expenses. Itemize expenses not covered | - 2,000, | - , , 2 2 3 4 | , | 5,511 |
| | 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 0.) | | | | |
| а | EMPLOYEE RECRUITING COS | 421,610. | 96,962. | 323,165. | 1,483 |
| b | BAD DEBT EXPENSE | 57,191. | , | 57,191. | , |
| c | DATA ACQUISITION | 23,147. | 23,147. | • | |
| d | OTHER EXPENSES | 5,398. | 199. | 2,751. | 2,448 |
| e | All other expenses | · | | • | • |
| 25 | Total functional expenses. Add lines 1 through 24e | 66,187,657. | 54,656,435. | 9,508,759. | 2,022,463 |
| 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) | | | | |

rm 990 (2018) KIPP FOUNDATION 94-3362724 Page **11**

Form 990 (2018)
Part X Balance Sheet

| Pai | rt X | Balance Sheet | | | | | |
|-----------------------------|------|--|-------------|---------------------------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or not | e to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 1 | | | |
| | 2 | Savings and temporary cash investments | 30,189,413. | 2 | 22,171,439 | | |
| | 3 | Pledges and grants receivable, net | 16,294,950. | 3 | 12,575,673 | | |
| | 4 | Accounts receivable, net | 5,363,939. | 4 | 5,169,639 | | |
| | 5 | Loans and other receivables from current and fo | | | | | |
| | | trustees, key employees, and highest compensa | ted em | ployees. Complete | | | |
| | | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disqualit | | | | | |
| | | section 4958(f)(1)), persons described in section | 4958(0 | c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of sect | ion 501 | (c)(9) voluntary | | | |
| S. | | employees' beneficiary organizations (see instr). | Compl | ete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 2,024,157. | 7 | 1,724,156 |
| As | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | | | | 457,160. | 9 | 567,086 |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 7,716,779. | | | |
| | b | Less: accumulated depreciation | | 5,435,311. | 1,977,597. | 10c | 2,281,468 |
| | 11 | Investments - publicly traded securities | | | 13,411,790. | 11 | 21,455,140 |
| | 12 | Investments - other securities. See Part IV, line 1 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 746,357. | 15 | 1,345,42 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal | 70,465,363. | 16 | 67,290,02 | | |
| | 17 | Accounts payable and accrued expenses | | | 12,814,147. | 17 | 11,211,008 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 95,225. | 19 | 156,85 |
| | 20 | Tax-exempt bond liabilities | | | · | 20 | |
| | 21 | Escrow or custodial account liability. Complete I | | l l | | 21 | |
| , | 22 | Loans and other payables to current and former | | | | | |
| Liabilities | | key employees, highest compensated employee | | | | | |
| <u> </u> | | | | | | 22 | |
| Ľ | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | · · · · · · · · · · · · · · · · · · · | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | • | | | | |
| | | 0 1 1 1 5 | | · | 7,377,370. | 25 | 7,613,187 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 20,286,742. | 26 | 18,981,045 |
| | | Organizations that follow SFAS 117 (ASC 958 | | | | | |
| s | | complete lines 27 through 29, and lines 33 an | | | | | |
| Š | 27 | Unrestricted net assets | | | 31,570,471. | 27 | 30,890,60 |
| <u>a</u> | 28 | | | | 18,608,150. | 28 | 17,418,370 |
| | 29 | | | | | 29 | |
| Ĭ | | Organizations that do not follow SFAS 117 (A | | | | | |
| 늘 | | and complete lines 30 through 34. | | | | | |
| 13 (| 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| SSe | 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | | | | 32 | |
| Se | 33 | T | | | 50,178,621. | 33 | 48,308,983 |
| | 34 | | | | 70,465,363. | 34 | 67,290,028 |

94-3362724 Page **12** Form 990 (2018) KIPP FOUNDATION

| Pai | rt XI Reconciliation of Net Assets | | | | |
|-----|---|-----------|---------------|-------|----------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | ,318, | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 187, | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1 | ,869, | 638. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 50 | 178, | 621. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| _ | column (B)) | 10 | 48 | ,308, | 983. |
| Pai | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Щ |
| | | | $\overline{}$ | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Э. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | <u> </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | |
| | Act and OMB Circular A-133? | | За | Х | <u> </u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | Х | |
| | | | Form | 990 | (2018) |

832012 12-31-18

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) no exempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

| INAII | KIPP FOUNDATION 94-3362724 | | | | | | | bei | | | |
|-------|---|------|---|-----------------------------|---------------------------------|-------------------------------|--|--|-----------------|--------------------------|---|
| Pa | rt I | | Reason for Public C | | All organizations must co | mplete thi | is part) Se | e instructions | | J4 3302724 | |
| | | niz: | | | | | | | <u> </u> | | |
| 1 | e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | | | | |
| 2 | H | 1 | school described in secti | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| 3 | H | 1 | hospital or a cooperative | | • | | • • • | i) | | | |
| 4 | \vdash | , | medical research organization | | | | | • | Viii) Enter | the hospital's name | |
| • | | | ity, and state: | a operatea ee. | , jantosion mini a moopital | | 000110 | (5)(.)(.) | ,(<i>,</i> :e. | and market | , |
| 5 | | | n organization operated fo | or the benefit of a col | lege or university owned | or operate | ed by a go | vernmental u | nit describe | ed in | |
| Ŭ | | - | section 170(b)(1)(A)(iv). (C | | age or annicating carried | o, opolar | - | | | | |
| 6 | | 1 | A federal, state, or local gov | | nental unit described in | section 17 | 70(h)(1)(A) | (v) | | | |
| | X | 1 | an organization that normal | - | | | | | ne general r | nublic described in | |
| • | | | ection 170(b)(1)(A)(vi). (Co | • | That part of its support if | om a gove | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | io goriorai p | | |
| 8 | | 1 | community trust describe | | 1)(A)(vi). (Complete Part | · II.) | | | | | |
| 9 | | 1 | an agricultural research org | | | | ed in coniu | nction with a | land-grant | college | |
| | | | r university or a non-land-g | | | | - | | - | - | |
| | | | iniversity: | 3 3 | , | | , , , | , | 3 | | |
| 10 | | 1 | an organization that normal | lly receives: (1) more | than 33 1/3% of its supp | ort from c | ontributio | ns, membersh | nip fees, an | d gross receipts fror | n |
| | | | ctivities related to its exem | • | | | | | • | - | |
| | | ir | ncome and unrelated busin | ness taxable income | (less section 511 tax) fro | m busines | ses acquii | red by the org | anization a | fter June 30, 1975. | |
| | | S | See section 509(a)(2). (Cor | mplete Part III.) | | | | | | | |
| 11 | |] A | n organization organized a | and operated exclusi | vely to test for public saf | ety. See | section 50 |)9(a)(4). | | | |
| 12 | | Δ | n organization organized a | and operated exclusi | vely for the benefit of, to | perform th | ne functior | ns of, or to ca | rry out the | purposes of one or | |
| | | n | nore publicly supported org | ganizations describe | d in section 509(a)(1) o | r section (| 509(a)(2). | See section § | 509(a)(3). C | Check the box in | |
| | | li | nes 12a through 12d that o | describes the type of | f supporting organization | and com | plete lines | 12e, 12f, and | 12g. | | |
| а | | | Type I. A supporting orga | nization operated, su | upervised, or controlled I | by its supp | orted orga | anization(s), ty | pically by | giving | |
| | | | the supported organization | on(s) the power to reg | gularly appoint or elect a | majority o | f the direc | tors or trustee | es of the su | pporting | |
| | | | organization. You must c | omplete Part IV, Se | ections A and B. | | | | | | |
| b | | | Type II. A supporting orga | anization supervised | or controlled in connect | ion with its | s supporte | d organization | n(s), by hav | ing | |
| | | | control or management of | f the supporting orga | anization vested in the sa | ame persoi | ns that co | ntrol or manaç | ge the supp | oorted | |
| | _ | _ | organization(s). You must | t complete Part IV, | Sections A and C. | | | | | | |
| С | | | Type III functionally integrated | grated. A supporting | g organization operated i | in connect | ion with, a | and functional | ly integrate | d with, | |
| | _ | _ | its supported organization | n(s) (see instructions) | . You must complete F | Part IV, Se | ctions A, | D, and E. | | | |
| d | | | Type III non-functionally | | | | | = = | _ | | |
| | | | that is not functionally into | • | • , | • | | • | an attentiv | reness | |
| | | _ | requirement (see instructi | · · | - | | | | | | |
| е | | | Check this box if the orga | | | | | Type I, Type I | II, Type III | | |
| | | | functionally integrated, or | | nally integrated supportir | ng organiza | ation. | | | | |
| | | | the number of supported o | | diti(-) | | | | | | |
| g | Pro | | le the following information Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | inization listed | (v) Amount of | monetary | (vi) Amount of othe | r |
| | | ., | organization | ., | (described on lines 1-10 | in your governi Yes | No No | support (see in | • | support (see instruction | |
| | | | | | above (see instructions)) | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

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

| Sec | ction A. Public Support | | • | , | | | |
|------|---|----------------------|------------------------|---------------------|-------------|---------------------|---------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Gifts, grants, contributions, and | | () | | . , | ., | . , |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 61,843,473. | 71,134,686. | 53,311,627. | 62,815,001. | 56,666,723. | 305,771,510. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 61,843,473. | 71,134,686. | 53,311,627. | 62,815,001. | 56,666,723. | 305,771,510. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 96,747,125. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 209,024,385. |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Amounts from line 4 | 61,843,473. | 71,134,686. | 53,311,627. | 62,815,001. | 56,666,723. | 305,771,510. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 28,824. | 47,083. | 143,073. | 322,671. | 746,682. | 1,288,333. |
| 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.) | 4,187. | 1,751. | 8,684. | 38,674. | 62,730. | 116,026. |
| 11 | Total support. Add lines 7 through 10 | , | , | , | | , | 307,175,869. |
| 12 | | etc. (see instructio | ins) | | | 12 | 31,465,338. |
| | First five years. If the Form 990 is for | • | , | | | | |
| | organization, check this box and stop | | | | - | | ightharpoonup |
| Sec | ction C. Computation of Publi | | | | | | |
| 14 | Public support percentage for 2018 (li | ne 6. column (f) di | vided by line 11. co | olumn (f)) | | 14 | 68.05 % |
| 15 | | | | | | 15 | 67.85 % |
| 16a | 33 1/3% support test - 2018. If the c | | | | | ore, check this box | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2017. If the c | | | | | | |
| | | | | | | | |
| 17a | and stop here. The organization qualifies as a publicly supported organization 7a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, | | | | | | |
| | and if the organization meets the "fac- | - | | | | | |
| | meets the "facts-and-circumstances" | | | = | | ~ | |
| h | 10% -facts-and-circumstances test | | | | | | |
| | more, and if the organization meets th | - | | | | | |
| | organization meets the "facts-and-circ | | | | | | . |
| 12 | Private foundation. If the organization | | | · · | | | |
| 10 | i invate roundation. Il the organizatio | i dia noi check a l | 50A 011 III 10 13, 10a | i, 100, 17a, 01 17b | | dula A /Farm 000 | |

Schedule A (Form 990 or 990-EZ) 2018

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

| Sec | tion A. Public Support | | | | | | |
|------|--|-----------------|-----------------|------------------|----------|----------|------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 per- | | | | | | |
| | formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | ction B. Total Support | | T | | | _ | |
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | · · | | | • | . , . , | |
| 0 | check this box and stop here | | | | | | |
| | ction C. Computation of Publi | | | . (5) | | T .= T | |
| | Public support percentage for 2018 (li | , (,, | , | (,, | | 15 | <u>%</u> |
| | Public support percentage from 2017 ction D. Computation of Inves | | | | | 16 | % |
| | - | | | 20 13 column (f) | | 17 | 0/ |
| | Investment income percentage for 20 Investment income percentage from 2 | | | | | 18 | <u>%</u> |
| | | | | | | | |
| 198 | 33 1/3% support tests - 2018. If the | | | | | | . . |
| L | more than 33 1/3%, check this box an 33 1/3% support tests - 2017. If the | | | | | | |
| i. | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation If the organization | | | | | | |

832023 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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 Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c 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.
- 10a 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," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
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| Pa | rt IV Supporting Organizations (continued) | | | |
|---------|--|-----------|-----|----|
| | • • • | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| <u></u> | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | 1 | | |
| Sec | the supported organization(s). tion D. All Type III Supporting Organizations | <u> </u> | | |
| | assi 217 m Type in capperaing 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 | | |
| Sec | tion 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 instructions) | • | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ructions) | Yes | No |
| 2 a | Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 162 | No |
| а | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | ۵. | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | 1 | l |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organ | izations | |
|------|---|----------------|-----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust on | Nov. 20, 1970 (explain in F | Part VI.) See instructions. Al |
| | other Type III non-functionally integrated supporting organizations must of | | | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| _4 | Add lines 1 through 3 | 4 | | |
| _5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| _7_ | Other expenses (see instructions) | 7 | | |
| _8_ | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | 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 | | |
| Sect | ion 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 | | |
| 7 | Check here if the current year is the organization's first as a non-function | ally integrate | ed Type III supporting orga | anization (see |

Schedule A (Form 990 or 990-EZ) 2018

instructions).

| Pai | rt V | Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | anizations (continued) | |
|---------|---------|---|-------------------------------|--------------------------------|----------------------------------|
| Sect | ion D - | Distributions | | , | Current Year |
| 1 | Amou | nts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amoui | | | | |
| | organi | | | | |
| 3 | Admin | istrative expenses paid to accomplish exempt purpose | es of supported organization | S | |
| 4 | Amoui | nts paid to acquire exempt-use assets | | | |
| 5 | | ied set-aside amounts (prior IRS approval required) | | | |
| 6 | | distributions (describe in Part VI). See instructions. | | | |
| 7 | | annual distributions. Add lines 1 through 6. | | | |
| 8 | | outions to attentive supported organizations to which the | ne organization is responsive |) | |
| | (provid | de details in Part VI). See instructions. | | | |
| 9 | | outable amount for 2018 from Section C, line 6 | | | |
| 10 | | amount divided by line 9 amount | | | |
| <u></u> | Liiio o | amount awasa sy iino o amount | (i) | (ii) | (iii) |
| Sect | ion E - | Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2018 | Distributable Amount for 2018 |
| _1_ | Distrib | outable amount for 2018 from Section C, line 6 | | | |
| 2 | Under | distributions, if any, for years prior to 2018 (reason- | | | |
| | able c | ause required- explain in Part VI). See instructions. | | | |
| 3 | Exces | s distributions carryover, if any, to 2018 | | | |
| a | From 2 | 2013 | | | |
| b | From 2 | 2014 | | | |
| С | From 2 | 2015 | | | |
| d | From 2 | 2016 | | | |
| е | From 2 | 2017 | | | |
| f | Total | of lines 3a through e | | | |
| g | Applie | ed to underdistributions of prior years | | | |
| h | Applie | ed to 2018 distributable amount | | | |
| i | Carryo | over from 2013 not applied (see instructions) | | | |
| ī | | inder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | | outions for 2018 from Section D, | | | |
| | line 7: | | | | |
| a | | ed to underdistributions of prior years | | | |
| | | ed to 2018 distributable amount | | | |
| | | inder. Subtract lines 4a and 4b from 4. | | | |
| 5 | | ining underdistributions for years prior to 2018, if | | | |
| | | subtract lines 3g and 4a from line 2. For result greater | | | |
| | | ero, explain in Part VI. See instructions. | | | |
| 6 | | ining underdistributions for 2018. Subtract lines 3h | | | |
| - | | o from line 1. For result greater than zero, explain in | | | |
| | | 1. See instructions. | | | |
| 7 | | s distributions carryover to 2019. Add lines 3j | | | |
| • | and 4 | - | | | |
| 8 | | down of line 7: | | | |
| | | s from 2014 | | | |
| | | s from 2015 | | | |
| | | | | | |
| | | s from 2016 | | | |
| | | s from 2017 s from 2018 | | | |
| - | | a 11/111 / VIIO | | | |

Schedule A (Form 990 or 990-EZ) 2018

| Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) | ;, V, |
|---|----------|
| SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: | |
| MISCELLANEOUS | |
| 2014 AMOUNT: \$ 4,187. | |
| 2015 AMOUNT: \$ 1,751. | |
| 2016 AMOUNT: \$ 8,684. | |
| 2017 AMOUNT: \$ 38,674. | |
| 2018 AMOUNT: \$ 62,730. | |
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

| | K | PP FOUNDATION | 94-3362724 |
|-----------------|--|--|---|
| Organiz | ation type (check | one): | |
| Filers of | f: | Section: | |
| Form 99 | 0 or 990-EZ | X 501(c)(3) (enter number) organization | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | | 527 political organization | |
| Form 99 | 0-PF | 501(c)(3) exempt private foundation | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | | 501(c)(3) taxable private foundation | |
| | • | is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule | e. See instructions. |
| General | Rule | | |
| | - | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's | · · · · · · · · · · · · · · · · · · · |
| Special | Rules | | |
| X | sections 509(a)(1) any one contribut | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, cor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount Z, line 1. Complete Parts I and II. | or 16b, and that received from |
| | year, total contrib | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a putions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the co | ational purposes, or for the |
| | year, contribution is checked, enter purpose. Don't co | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled mothere the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it role, etc., contributions totaling \$5,000 or more during the year | ore than \$1,000. If this box , charitable, etc., eceived <i>nonexclusively</i> |
| but it m | ust answer "No" o | that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fothe filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | |

Name of organization

Employer identification number

KIPP FOUNDATION

94-3362724

| Parti | Contributors (see instructions). Use duplicate copies of Part I if additional copies of Part | tional space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ 8,000,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$7,500,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$\$6,081,500. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | Nume, address, and En 1 1 | \$ 3,333,333. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$\$ | Person X Payroll Noncash (Complete Part II for |

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

| Part I | Contributors (see instructions). Use duplicate copies of Part I if | additional space is needed. | |
|------------|---|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| NO. | Name, audress, and ZIF + 4 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Training additioning unit En 1 1 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions \$ | Person Payroll Complete Part II for noncash contributions. |
| (a) | (b) | (c) Total contributions | (d) |
| No. | Name, address, and ZIP + 4 | \$ | Person Payroll Complete Part II for noncash contributions. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

KIPP FOUNDATION

94-3362724

| art II Noi | ncash Property (see instructions). Use duplicate copies of P | art II if additional space is needed. | |
|------------------------------|--|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| a) lo. om art l | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| a) lo. om art l | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| a) o. om ort I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| a) o. om rt I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| a) lo. om irt l | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| - | | | |
| | | S | 1 |

Employer identification number

Name of organization

| | NDATION Exclusively religious, charitable, etc., contribut | ione to organizatione described in a | 94 – 3362 | n \$1 000 for the | |
|-------------|--|---|--|-----------------------|--|
| rt III | from any one contributor. Complete columns (a |) through (e) and the following line en | try. For organizations | in \$1,000 for the ye | |
| | completing Part III, enter the total of exclusively religious, | charitable, etc., contributions of \$1,000 or | less for the year. (Enter this info. once.) > \$ | | |
| | Use duplicate copies of Part III if additional | space is needed. | 1 | | |
| No. om | (b) Purpose of gift | (c) Use of gift | (d) Description of how | aift is hold | |
| art I | (b) Ful pose of gift | (c) Ose of gift | (u) Description of now | giit is field | |
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| | | | | | |
| | | (e) Transfer of gif | t | | |
| | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to trans | sferee | |
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| | | | | | |
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| No. om | | | | | |
| om art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how | gift is held | |
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| | | (e) Transfer of gif | · · · | | |
| | | (e) Transier er gr | • | | |
| | Transferee's name, address, a | nd 7IP + 4 | Relationship of transferor to trans | sferee | |
| | Transferde o name, adareos, a | | riciationismp of transferor to trans | 510100 | |
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| No. om | | <u> </u> | | | |
| om art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how | gift is held | |
| | | | | | |
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| | | - | | | |
| - | | (a) Transfer of gif | | | |
| | | (e) Transfer of gif | • | | |
| | Transferee's name, address, a | nd 7ID + 4 | Relationship of transferor to trans | force | |
| - | Transieree s flame, address, a | III ZIF + 4 | nelationship of transferor to trans | sieiee | |
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| No. | | | | | |
| No. om | (b) Purpose of gift | (c) Use of gift | (d) Description of how | gift is held | |
| irt I | | | | | |
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| | | (e) Transfer of gif | I | | |
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| | _ | | Relationship of transferor to transferee | | |
| | Transferee's name, address, a | na ZIP + 4 | nelationship of transferor to trans | sieree | |
| | Transferee's name, address, a | nd ZIP + 4 | nelationship of transferor to trans | sieree | |
| | Transferee's name, address, a | nd ZIP + 4 | nelationship of transfer of to trans | sieree | |

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

| Tax | () (see separate instructions), then | | | | |
|-----|---|--|---|--|---|
| | Section 501(c)(4), (5), or (6) organizat | ions: Complete Part III. | | <u> </u> | |
| Nan | ne of organization | | | Emı | oloyer identification number |
| _ | KIPP FOUNDA | | | | 94-3362724 |
| Pa | art I-A Complete if the org | anization is exempt unde | er section 501(c) (| or is a section 527 o | rganization. |
| 2 | Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai | ures | | > | \$ |
| Pa | art I-B Complete if the org | anization is exempt unde | er section 501(c)(3 | 3). | |
| 1 | Enter the amount of any excise tax | incurred by the organization und | er section 4955 | > | \$ |
| 2 | Enter the amount of any excise tax | incurred by organization manage | | | |
| | If the organization incurred a section | | | | |
| | a Was a correction made? | | | | |
| | f "Yes," describe in Part IV. | | | | |
| Pa | art I-C Complete if the org | anization is exempt unde | er section 501(c), | except section 501(| c)(3). |
| 3 | Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and emmade payments. For each organization received that were propolitical action committee (PAC). If | ization's funds contributed to oth. Add lines 1 and 2. Enter here an analysis of this year? Inployer identification number (EIN tion listed, enter the amount paic parptly and directly delivered to a | ner organizations for se and on Form 1120-POL, and on Form 1520-POL, by of all section 527 pol and from the filing organiz a separate political orga | ction 527 itical organizations to whice ation's funds. Also enter the inization, such as a separate | \$ Yes No the filing organization a mount of political |
| | (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 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | - |
| | | | | | |
| | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

LHA

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| Part II-A Complete if the org | | | nnt under section | 501(c)(3) and file | | action under |
|---|---------------|---|---|-------------------------|----------------------------------|------------------------------------|
| section 501(h)). | amzatioi | i io caci | iipt ander section | | a i omi oroo (en | cotion under |
| | | | | Part IV each affiliated | group member's nam | e, address, EIN, |
| expenses, and shar B Check if the filing organiza | | | experialitares). nd "limited control" pro | wisions apply | | |
| Limi | ts on Lobb | ying Expe | • | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influ | uence public | c opinion (| grass roots lobbying) | | | |
| b Total lobbying expenditures to influ | • | | | | | |
| c Total lobbying expenditures (add li | - | | • • • • • | | | |
| d Other exempt purpose expenditure | | | | | | |
| e Total exempt purpose expenditure | s (add lines | 1c and 1d |) | | | |
| f Lobbying nontaxable amount. Ente | er the amou | nt from the | e following table in botl | n columns. | | |
| If the amount on line 1e, column (a) o | r (b) is: | The lob | bying nontaxable am | ount is: | | |
| Not over \$500,000 | | 20% of | the amount on line 1e. | | | |
| Over \$500,000 but not over \$1,000 | 0,000 | \$100,00 | 00 plus 15% of the exc | ess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,5 | 00,000 | \$175,00 | 00 plus 10% of the exc | ess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17, | 000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | |
| Over \$17,000,000 | | \$1,000, | 000. | | | |
| T Creaments nentavable amount (en | tor OEO/ of I | ina 1f | | | | |
| g Grassroots nontaxable amount (enh Subtract line 1g from line 1a. If zero | | | | | | |
| i Subtract line 1f from line 1c. If zero | | | | | | |
| j If there is an amount other than zer | | | | | | |
| reporting section 4911 tax for this | | | , | | | Yes No |
| | | | eraging Period Under | | | |
| (Some organizations the | | | 01(h) election do not la ate instructions for lir | | f the five columns b | elow. |
| | Lobb | ying Expe | nditures During 4-Yea | ar Averaging Period | | _ |
| Calendar year (or fiscal year beginning in) | (a) 2 | 015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | |
| c Total lobbying expenditures | | | | | | |
| d Grassroots nontaxable amount | | | | | | |
| e Grassroots ceiling amount | | | | | | |
| (150% of line 2d, column (e)) | | | | | | |
| f Grassroots lobbying expenditures | | | | | | |

Schedule C (Form 990 or 990-EZ) 2018

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

| For e | ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description | (| a) | | (I | o) |
|--------|--|----------------|---------------|---------|-------------|----------|
| | e lobbying activity. | Yes | 1 | 9 | Amo | ount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or | | | | | |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | | | | |
| | or referendum, through the use of: | | | | | |
| | Volunteers? | | | X | | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Х | | | | |
| | Media advertisements? | | - | X | | 4 151 |
| | Mailings to members, legislators, or the public? | X | - | | | 4,171. |
| | Publications, or published or broadcast statements? | Х | | 37 | | 28,102. |
| | Grants to other organizations for lobbying purposes? | 77 | - | X | | 00 050 |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | X | - | | | 80,050. |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | Δ | | v | | 11,423. |
| | Other activities? | | | X | | 122 746 |
| | Total. Add lines 1c through 1i | | | X | | 123,746. |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | ^ | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section | n 501(c)(| 5) o | r sec | tion | |
| · ui | 501(c)(6). | 1 00 1(0)(| υ ,, υ | | | |
| | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from th | | | 3 | | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | | | | III-A, line | e 3, is |
| 1 | Dues, assessments and similar amounts from members | | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic | aı | | | | |
| _ | expenses for which the section 527(f) tax was paid). | | | 0- | | |
| | Current year | | | 2a | | |
| | Carryover from last year | | | 2b | | |
| | Total | | | 2c 3 | | |
| | | | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perfect the carryover to the reasonable estimate of nondeductible lobbying and perfect the carryover to the reasonable estimate of nondeductible lobbying and perfect the carryover to the reasonable estimate of nondeductible lobbying and perfect the carryover to the reasonable estimate of nondeductible lobbying and perfect the carryover to the reasonable estimate of nondeductible lobbying and perfect the carryover to the reasonable estimate of nondeductible lobbying and perfect the carryover to the reasonable estimate of nondeductible lobbying and perfect the carryover to the reasonable estimate of nondeductible lobbying and perfect the carryover to the reasonable estimate of nondeductible lobbying and perfect the carryover to the reasonable estimate of nondeductible lobbying and perfect the carryover to the reasonable estimate of nondeductible lobbying and perfect the carryover to the reasonable estimate of nondeductible lobbying and perfect the carryover to the reasonable estimate of nondeductible lobbying and perfect the carryover to the reasonable estimate of nondeductible lobbying and perfect the carryover the ca | | | | | |
| | avpanditura navt vaarū | Dillicai | | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | | 5 | | |
| Par | | | | | | |
| | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list)· Part II | -Δ lin | es 1 a | nd 2 (see | |
| instru | uctions); and Part II-B, line 1. Also, complete this part for any additional information. ' II-B, LINE 1: | 1100, 1 0.11 | 7 4, | 00 1 4 | 14 2 (000 | |
| THE | FOUNDATION HAS A SENIOR DIRECTOR, DIRECTOR, AND ASSOCIATE OF | | | | | |
| GOVE | RNMENT AFFAIRS AND POLICY WHO LOBBIES TO MODERNIZE THE CHARTER SCHOOLS | | | | | |
| PROG | RAM ON THE NATIONAL LEVEL. EXPENSES IN LINE 1G AND 1H INCLUDE A | | | | | |
| PORT | ION OF THE SALARY OF THESE INDIVIDUALS. | | | | | |
| | | | | | | |

Schedule C (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number KIPP FOUNDATION 94 - 3362724

| Pai | rt I | Organizations Maintaining Donor Advised | Funds or Other Similar Funds | or Ac | counts. Complete if the |
|-----|---------|---|--|-------------|--|
| | | organization answered "Yes" on Form 990, Part IV, line | 6. | | |
| | | | (a) Donor advised funds | (1 | b) Funds and other accounts |
| 1 | Total | number at end of year | | | |
| 2 | | egate value of contributions to (during year) | | | |
| 3 | Aggre | egate value of grants from (during year) | | | |
| 4 | | egate value at end of year | | | |
| 5 | Did th | ne organization inform all donors and donor advisors in w | riting that the assets held in donor advis | sed fund | s |
| | are th | ne organization's property, subject to the organization's ea | xclusive legal control? | | Yes No |
| 6 | Did th | ne organization inform all grantees, donors, and donor ad | visors in writing that grant funds can be | used or | nly |
| | for ch | naritable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose | conferri | ng |
| | | | | | |
| Pai | rt II | Conservation Easements. Complete if the organization | anization answered "Yes" on Form 990, | Part IV, | line 7. |
| 1 | Purpo | ose(s) of conservation easements held by the organization | n (check all that apply). | | |
| | | Preservation of land for public use (e.g., recreation or ed | ucation) Preservation of a his | storically | important land area |
| | | Protection of natural habitat | Preservation of a ce | rtified his | storic structure |
| | | Preservation of open space | | | |
| 2 | Comp | olete lines 2a through 2d if the organization held a qualifie | ed conservation contribution in the form | of a cor | servation easement on the last |
| | day o | of the tax year. | | | Held at the End of the Tax Year |
| а | Total | number of conservation easements | | | 2a |
| b | Total | acreage restricted by conservation easements | | | 2b |
| С | Numb | per of conservation easements on a certified historic struc | cture included in (a) | | 2c |
| d | | per of conservation easements included in (c) acquired af | | | |
| | listed | in the National Register | | | 2d |
| 3 | | per of conservation easements modified, transferred, release | | | zation during the tax |
| | year] | > | | | |
| 4 | Numb | per of states where property subject to conservation ease | ement is located > | _ | |
| 5 | Does | the organization have a written policy regarding the period | odic monitoring, inspection, handling of | | |
| | violat | ions, and enforcement of the conservation easements it h | nolds? | | Yes No |
| 6 | Staff | and volunteer hours devoted to monitoring, inspecting, h | | | |
| | ▶ _ | | | | |
| 7 | Amou | unt of expenses incurred in monitoring, inspecting, handli | ng of violations, and enforcing conserva | ation eas | ements during the year |
| | ▶\$ | | | | |
| 8 | Does | each conservation easement reported on line 2(d) above | satisfy the requirements of section 170 | (h)(4)(B)(| i) |
| | and s | section 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | | rt XIII, describe how the organization reports conservation | | | |
| | includ | de, if applicable, the text of the footnote to the organization | on's financial statements that describes | the orga | anization's accounting for |
| | conse | ervation easements. | | | |
| Pai | rt III | Organizations Maintaining Collections of | Art, Historical Treasures, or O | ther Si | milar Assets. |
| | | Complete if the organization answered "Yes" on Form 9 | 990, Part IV, line 8. | | |
| 1a | If the | organization elected, as permitted under SFAS 116 (ASC | 958), not to report in its revenue stater | ment and | d balance sheet works of art, |
| | histor | rical treasures, or other similar assets held for public exhil | bition, education, or research in furthera | ance of p | oublic service, provide, in Part XIII, |
| | the te | ext of the footnote to its financial statements that describe | es these items. | | |
| b | If the | organization elected, as permitted under SFAS 116 (ASC | 958), to report in its revenue statemen | t and ba | lance sheet works of art, historical |
| | treas | ures, or other similar assets held for public exhibition, edu | ucation, or research in furtherance of pu | ıblic serv | rice, provide the following amounts |
| | relatir | ng to these items: | | | |
| | (i) R | Revenue included on Form 990, Part VIII, line 1 | | | > \$ |
| | | | | | k 4 |
| 2 | If the | organization received or held works of art, historical treas | | | |
| | the fo | ollowing amounts required to be reported under SFAS 116 | 6 (ASC 958) relating to these items: | | |
| а | | nue included on Form 990, Part VIII, line 1 | | | > \$ |
| b | | | | | k 4 |
| LHA | | Paperwork Reduction Act Notice, see the Instructions | | _ | Schedule D (Form 990) 2018 |

832051 10-29-18

| Pai | rt III Organizations Maintaining Co | llections of Ar | t, Historical Tr | easures, o | r Other S | imilar Asse | ts _(continued) |
|------|--|------------------------------|-------------------------|--------------------------|----------------|----------------------|---------------------------|
| 3 | Using the organization's acquisition, accession | n, and other record | s, check any of the | following that | are a signi | ficant use of its | collection items |
| | (check all that apply): | | | | | | |
| а | Public exhibition | d | Loan or ex | change progra | ams | | |
| b | Scholarly research | е | Other | | | | |
| С | Preservation for future generations | | | | | | |
| 4 | Provide a description of the organization's colle | ections and explair | n how they further t | the organizatio | n's exempt | t purpose in Pa | rt XIII. |
| 5 | During the year, did the organization solicit or | receive donations of | of art, historical trea | asures, or othe | er similar as | sets | |
| | to be sold to raise funds rather than to be main | ntained as part of th | ne organization's c | ollection? | | | Yes No |
| Pai | rt IV Escrow and Custodial Arrange | ements. Comple | ete if the organizati | on answered ' | 'Yes" on Fo | orm 990, Part IV | , line 9, or |
| | reported an amount on Form 990, Part | X, line 21. | | | | | |
| 1a | Is the organization an agent, trustee, custodiar | n or other intermed | iary for contribution | ns or other ass | sets not inc | luded | |
| | on Form 990, Part X? | | | | | [| Yes No |
| b | If "Yes," explain the arrangement in Part XIII ar | | | | | | |
| | | | | | | | Amount |
| С | Beginning balance | | | | | 1c | |
| d | Additions during the year | | | | | 1d | |
| е | Distributions during the year | | | | | 1e | |
| f | Ending balance | | | | | 1f | |
| 2a | Did the organization include an amount on For | m 990, Part X, line | 21, for escrow or o | custodial acco | unt liability? | ? | Yes No |
| | If "Yes," explain the arrangement in Part XIII. C | | | | | | |
| Pai | rt V Endowment Funds. Complete if t | the organization an | swered "Yes" on F | orm 990, Part | IV, line 10. | | |
| | | (a) Current year | (b) Prior year | (c) Two year | rs back (d) | Three years bac | k (e) Four years back |
| 1a | Beginning of year balance | | | | | | |
| b | Contributions | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | |
| d | Grants or scholarships | | | | | | |
| е | Other expenditures for facilities | | | | | | |
| | and programs | | | | | | |
| f | Administrative expenses | | | | | | |
| g | End of year balance | | | | | | |
| 2 | Provide the estimated percentage of the currer | nt year end balance | e (line 1g, column (a | a)) held as: | | | |
| а | Board designated or quasi-endowment | | _% | | | | |
| b | Permanent endowment | % | | | | | |
| С | Temporarily restricted endowment > | % | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | d equal 100%. | | | | | |
| За | Are there endowment funds not in the possess | sion of the organiza | tion that are held a | and administer | ed for the c | organization | |
| | by: | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | . 3a(i) |
| | (ii) related organizations | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organization | ons listed as requir | ed on Schedule R? | | | | 3b |
| 4 | Describe in Part XIII the intended uses of the o | | wment funds. | | | | |
| Pai | rt VI Land, Buildings, and Equipme | | | | | | |
| | Complete if the organization answered | "Yes" on Form 990 | , Part IV, line 11a. | See Form 990 | | | |
| | Description of property | (a) Cost or o basis (investr | | st or other s (other) | ` ' | umulated eciation | (d) Book value |
| 1a | Land | | | | | | |
| b | | I | | | | | |
| С | Leasehold improvements | | | 1,842,949. | | 982,634. | 860,315. |
| | | | | 695,859. | | 624,298. | 71,561. |
| е | Other | | | 5,177,971. | | ,828,379. | 1,349,592. |
| Tota | l. Add lines 1a through 1e. <i>(Column (d) must equ</i> | ual Form 990, Part | X. column (B). line | 10c.) | | ▶ | 2,281,468. |

Schedule D (Form 990) 2018

| Part VI | I Investments - Other Securities. | | | | |
|---------------------------------|---|--|---------------------------------------|--|------------------------|
| | Complete if the organization answered "Yes" | | | | |
| (a) Desc | ription of security or category (including name of security) | (b) Book value | (c) Method of v | aluation: Cost or end | l-of-year market value |
| (1) Finan | cial derivatives | | | | |
| (2) Close | ly-held equity interests | | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | /h) mount arrival Faura 000 Part V and /P) line 10) | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 12.) | | | | |
| i ait vi | | F 000 Dt IV | line 11 a Con Farma 000 | David V. Kinna 40 | |
| | Complete if the organization answered "Yes" (a) Description of investment | on Form 990, Part IV, (b) Book value | | | l-of-year market value |
| /4\ | (a) Description of investment | (b) Book value | (c) Welliod of V | aldation: Oost of Cho | Tor year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX | | | • | | |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, | line 11d. See Form 990, | Part X, line 15. | |
| | (a) | Description | | | (b) Book value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Co | lumn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. | 15.) | | > | |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, | line 11e or 11f. See Form | 990, Part X, line 25. | |
| 1. | (a) Description of liability | | (b) Book value | | |
| (1) F | ederal income taxes | | | | |
| (2) G ¹ | JARANTEES | | 100,000. | | |
| (3) G | OVERNMENT ADVANCE | | 7,513,187. | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Co | lumn (b) must equal Form 990, Part X, col. (B) line | 25.) | 7,613,187. | | |
| 1 : - 1- 11 | to the control of the control of the protection of the | Here to the Cities Constant | A - A - Alexander and a - Alexander C | and the second section is a second section of the second section of the second section is a second section of the sec | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

| Sche | dule D (Form 990) 2018 KIPP FOUNDATION | | | 94-336 | 52724 | Page 4 |
|-------------|---|--------------------|-----------------------|------------------|-----------|----------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Sta | atements Wi | th Revenue per | Return. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, I | ine 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 69 | ,079,058. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | | |
| b | Donated services and use of facilities | 2b | 4,800,32 | 5. | | |
| С | Recoveries of prior year grants | | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | | |
| е | Add lines 2a through 2d | | | . 2e | 4 | ,800,325. |
| 3 | Subtract line 2e from line 1 | | | . 3 | 64 | ,278,733. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 | 1 | | | |
| а | | 4a | 39,28 | 6. | | |
| b | Other (Describe in Part XIII.) | 4b | | | | |
| С | Add lines 4a and 4b | | | . 4c | | 39,286. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | 2.) | C11. = | . 5 | 64 | ,318,019. |
| Pai | T XII Reconciliation of Expenses per Audited Financial St | | ith Expenses pe | r Return. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, I | ine 12a. | | 1 1 | | |
| 1 | | | | 1 | 70 | ,948,696. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | I | | _ | | |
| а | Donated services and use of facilities | | 4,800,32 | 5. | | |
| b | Prior year adjustments | | | | | |
| С | Other losses | | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | | 000 205 |
| | Add lines 2a through 2d | | | | | ,800,325. |
| 3 | Subtract line 2e from line 1 | | | . 3 | 00 | ,148,371. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1. | 1 20.20 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | 39,28 | | | |
| b | Other (Describe in Part XIII.) | | | - 4. | | 30 286 |
| | Add lines 4a and 4b | | | | 66 | 39,286. ,187,657. |
| 5 Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line TXIII Supplemental Information. | <u> 18.)</u> | | 3 | | ,107,037. |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | I 1: Dart IV lines | 1h and 2h: Dart V lin | o 1: Dart V li | no 2: Par | + VI |
| | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a | | • | 16 4, Fait A, II | nez, rai | ι Λι, |
| 111103 | 2d and 45, and 1 art XII, lines 2d and 45. Also complete this part to provide a | arry additional in | iornation. | | | |
| | | | | | | |
| PART | X, LINE 2: | | | | | |
| | | | | | | |
| THE | FOUNDATION HAS RECEIVED DETERMINATION FROM THE INTERNAL | REVENUE | | | | |
| | | | | | | |
| SERV | ICE UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE | E AND FROM T | HE | | | |
| | | | | | | |
| STAT | 'E OF CALIFORNIA FRANCHISE TAX BOARD GRANTING EXEMPTION F | ROM TAXATIO | <u> </u> | | | |
| | | | | | | |
| ON R | ELATED INCOME. THE FOUNDATION MAY BE SUBJECT TO TAX ON U | JNRELATED | | | | |
| DITCT | INDESTINGOME TE ANY CEMEDAMED DY THE INVESTMENTS | | | | | |
| B051 | NESS INCOME, IF ANY, GENERATED BY ITS INVESTMENTS. | | | | | |
| | | | | | | |
| | | | | | | - |
| MANA | GEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND | CONCLUDED T | НАТ | | | |
| | | | | | | - |
| THE | FOUNDATION HAS MAINTAINED ITS TAX-EXEMPT STATUS AND HAS | TAKEN NO | | | | |
| | | | | | | |
| UNCE | RTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THESE FIN | NANCIAL | | | | |
| G III y III | DMENING MURDEPODE NO DROWIGTON OR LIABLITHY BOD TWOOMS | שאעפט טאַע הי | PDM | | | |
| 5TAT | PEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME | тимер пар В. | CEN | | | |
| INCL | UDED IN THESE FINANCIAL STATEMENTS. | | | | | |
| | | | | | _ | |

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

| KIPP FOUNDATION | | 94-3362724 | | | | | | | |
|--|---------------------|------------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|--|--|
| Part I General Information on Grants a | nd Assistance | | | | | | | | |
| Does the organization maintain records to | to substantiate the | amount of the grants | or assistance, the | grantees' eligibility | for the grants or assi | stance, and the selection | on | | |
| criteria used to award the grants or assis | | Yes No | | | | | | | |
| 2 Describe in Part IV the organization's pro | ocedures for monit | oring the use of grant | funds in the United | States. | | | | | |
| Part II Grants and Other Assistance to | Domestic Organia | zations and Domesti | c Governments. C | omplete if the org | anization answered "Y | es" on Form 990, Part | IV, line 21, for any | | |
| recipient that received more than S | 5,000. Part II can | be duplicated if addit | ional space is need | ed. | | | | | |
| Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | |
| | | | | | | | SCHOOL START-UP, | | |
| KIPP AUSTIN PUBLIC SCHOOLS INC | | | | | | | PRINCIPAL PIPELINE & | | |
| 8509 FM 969, BUILDING 513 | | | | | | | DEVELOPMENT, SCHOOL MUSIC | | |
| AUSTIN, TX 78724 | 01-0639602 | 501(C)(3) | 280,296. | 0. | | | PROGRAMS | | |
| | | | | | | | | | |
| KIPP BALTIMORE | | | | | | | | | |
| 2000 EDGEWOOD ST. | | | | | | | | | |
| BALTIMORE, MD 21216 | 52-2342513 | 501(C)(3) | 23,496. | 0. | | | SCHOOL START-UP | | |
| | | | | | | | SCHOOL START-UP, | | |
| KIPP BAY AREA SCHOOLS | | | | | | | PRINCIPAL PIPELINE & | | |
| 1000 BROADWAY #460 | | | | | | | DEVELOPMENT, SCHOOL MUSIC | | |
| OAKLAND, CA 94607 | 20-5010766 | 501(C)(3) | 1,160,624. | 0. | | | PROGRAMS, KIPP THROUGH | | |
| KIPP CHARLOTTE | | | | | | | | | |
| 931 WILANN DRIVE | | | | | | | SCHOOL START-UP, | | |
| CHARLOTTE, NC 28215 | 20-5664061 | 501(C)(3) | 67,008. | 0. | | | RECRUITING SUPPORT | | |
| | | | | | | | | | |
| KIPP CHICAGO | | | | | | | SCHOOL START-UP, | | |
| 2007 SOUTH HALSTED ST. | | | | | | | PRINCIPAL PIPELINE & | | |
| CHICAGO, IL 60608 | 30-0075271 | 501(C)(3) | 1,181,939. | 0. | | | DEVELOPMENT | | |
| KIPP COLORADO SCHOOLS | | | | | | | | | |
| 1390 LAWRENCE ST. | | | | | | | SCHOOL START-UP, LOCAL | | |
| DENVER, CO 80204 | 80-0037534 | 501(C)(3) | 912,327. | 0. | | | ADVOCACY | | |
| 2 Enter total number of section 501(c)(3) a | | I | | | <u> </u> | | 33 | | |
| | - | - | | | | | ········ | | |
| 3 Enter total number of other organizations listed in the line 1 table | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) KIPP COLUMBUS 2900 INSPIRE DRIVE SCHOOL START-UP, SCHOOL COLUMBUS, OH 43224 20-8627107 501(C)(3) 290,829 0. MUSIC PROGRAMS KIPP DALLAS-FORT WORTH SCHOOL START-UP. PRINCIPAL PIPELINE & 3200 SOUTH LANCASTER, STE 230-A DALLAS, TX 75216 82-0578155 501(C)(3) 714.157. 0 DEVELOPMENT SCHOOL START-UP. KIPP DC PRINCIPAL PIPELINE & 2600 VIRGINA AVE NW. STE 900 DEVELOPMENT, SCHOOL MUSIC WASHINGTON, DC 20037 74-2974642 501(C)(3) 101,000 0. PROGRAMS, KIPP THROUGH KIPP DELTA PUBLIC SCHOOLS SCHOOL START-UP, SCHOOL 514 MISSOURI MUSIC PROGRAMS, FINANCIAL 31-1807400 501(C)(3) LITTERACY HELENA, AR 72342 68,608, 0 SCHOOL START-UP, SCHOOL KIPP EASTERN NOTHERN CAROLINA MUSIC PROGRAMS, FINANCIAL 320 PLEASANT HILL ROAD LITERACY, KIPP THROUGH 74-2991314 501(C)(3) 0. COLLEGE GASTON, NC 27832 572,446, KIPP ENDEAVOR ACADEMY 2700 E 18TH ST KANSAS CITY, MO 64127 20-8552002 501(C)(3) 0. SCHOOL START-UP 67,474, SCHOOL START-UP PRINCIPAL PIPELINE & KIPP HOUSTON 10711 KIPP WAY DEVELOPMENT, SCHOOL MUSIC 13-3875888 501(C)(3) PROGRAMS FINANCIAL HOUSTON, TX 77099 1 522 916. 0. KIPP INDIANAPOLIS SCHOOL START-UP. PRINCIPAL PIPELINE & 1740 EAST 30TH STREET DEVELOPMENT INDIANAPOLIS, IN 46218 30-0145826 501(C)(3) 399,030. 0. SCHOOL START-UP. KIPP LA SCHOOLS PRINCIPAL PIPELINE & 3601 E. FIRST STREET DEVELOPMENT, FINANCIAL 26-1607268 501(C)(3) LITERACY LOS ANGELES, CA 90063 1 838 588. 0.

Schedule I (Form 990)

Page 1

Schedule I (Form 990)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | | | |
|---|----------------|-------------------------------|--------------------------|-----------------------------------|--|--|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| | | | | | | | SCHOOL START-UP, REGIONAL | | |
| KIPP MASSACHUSETTS | | | | | | | GROWTH, SCHOOL MUSIC | | |
| 90 HIGH ROCK STREET | E4 2452004 | E01/a)/2) | 00.000 | • | | | PROGRAMS, FINANCIAL | | |
| LYNN, MA 01902 | 74-3153091 | 501(C)(3) | 20,000. | 0. | | | LITERACY | | |
| KIPP MEMPHIS COLLEGIATE SCHOOLS | | | | | | | SCHOOL START-UP, PRINCIPAL PIPELINE & | | |
| 2670 UNION AVENUE EXTENDED #1100 | | | | | | | DEVELOPMENT, SCHOOL MUSIC | | |
| MEMPHIS, TN 38112 | 68-0502820 | 501(C)(3) | 59,328. | 0. | | | PROGRAMS | | |
| MIMINIO, IN SOITZ | 00 0302020 | 301(0)(3) | 33,320. | ٠. | | | SCHOOL START-UP, | | |
| KIPP METRO ATLANTA | | | | | | | PRINCIPAL PIPELINE & | | |
| 504 FAIR ST, SW | | | | | | | DEVELOPMENT, SCHOOL MUSIC | | |
| ATLANTA, GA 30313 | 11-3723114 | 501(C)(3) | 677,763. | 0. | | | PROGRAMS, KIPP THROUGH | | |
| · | | | , | | | | , | | |
| KIPP MIAMI INC C/O KIPP NEW | | | | | | | | | |
| JERSEY - 60 PARK PLACE, STE 802 - | | | | | | | | | |
| NEWARK, NJ 07102 | 81-4473475 | 501(C)(3) | 600,921. | 0. | | | SCHOOL START-UP | | |
| | | | | | | | | | |
| KIPP MINNESOTA | | | | | | | SCHOOL START-UP, | | |
| 5034 N. OLIVER AVENUE | | | | | | | PRINCIPAL PIPELINE & | | |
| MINNEAPOLIS, MN 55430 | 20-8877750 | 501(C)(3) | 366,837. | 0. | | | DEVELOPMENT | | |
| | | | | | | | | | |
| KIPP NASHVILLE | | | | | | | SCHOOL START-UP, SCHOOL | | |
| 123 DOUGLAS AVENUE | | 504 (5) (2) | 000 001 | | | | MUSIC PROGRAMS, FINANCIAL | | |
| NASHVILLE, TN 37207 | 20-2799123 | 501(C)(3) | 908,931. | 0. | | | LITERACY, LOCAL ADVOCACY | | |
| KIDD MEM TEDGEN | | | | | | | SCHOOL START-UP, | | |
| KIPP NEW JERSEY | | | | | | | PRINCIPAL PIPELINE & | | |
| 60 PARK PLACE, STE 802 NEWARK, NJ 07102 | 01-0660264 | 501/C\/3\ | 1,416,131. | 0. | | | DEVELOPMENT, SCHOOL MUSIC PROGRAMS, FINANCIAL | | |
| NEWARK, NO 0/102 | 01-0000204 | 501(0/(5/ | 1,410,131. | 0. | | | SCHOOL START-UP, SCHOOL | | |
| KIPP NEW ORLEANS | | | | | | | MUSIC PROGRAMS, KIPP | | |
| 1307 ORETHA CASTLE HALEY BLVD, STE | | | | | | | THROUGH COLLEGE, LOCAL | | |
| NEW ORLEANS, LA 70113 | 20-2277213 | 501(C)(3) | 265,000. | 0. | | | ADVOCACY | | |
| | | -,,,,,, | | 3. | | | | | |
| KIPP NYC | | | | | | | SCHOOL START-UP, | | |
| 470 7TH AVENUE, 10TH FLOOR | | | | | | | PRINCIPAL & DEVELOPMENT, | | |
| NEW YORK, NY 10018 | 20-3971209 | 501(C)(3) | 1,455,673. | 0. | | | SCHOOL MUSIC PROGRAMS | | |

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) ONE WORLD NETWORK 620 FLORIDA ST, STE 110 MSDF GRANT FOR THEIR WORK BATON ROUGE, LA 70801 46-3104577 501(C)(3) 280,000 0. IN SOUTH AFRICA KIPP PHILADELPHIA SCHOOLS SCHOOL START-UP, 5070 PARKSIDE AVE, STE 3500D, PRINCIPAL PIPELINE & MAILBOX 41 - PHILADELPHIA, PA DEVELOPMENT SCHOOL MUSIC 19131 05-0546103 501(C)(3) 599,344 0 PROGRAMS, CAREER SCHOOL START-UP KIPP REACH COLLEGE PREPARATORY PRINCIPAL PIPELINE & 1901 NE 13TH STREET DEVELOPMENT REGIONAL OKLAHOMA CITY, OK 73117 30-0005794 501(C)(3) 219,369, 0. GROWTH SCHOOL START-UP. KIPP SAN ANTONIO PRINCIPAL PIPELINE & 731 FREDERICKSBURG ROAD DEVELOPMENT, SCHOOL MUSIC 41-2090713 501(C)(3) SAN ANTONIO, TX 78201 242,476. 0 PROGRAMS KIPP SAN DIEGO 1475 SIXTH AVENUE, 2ND FL PRINCIPAL PIPELINE & 48-1291867 501(C)(3) DEVELOPMENT SAN DIEGO, CA 92101 0. 8,256. KIPP ST. LOUIS 1310 PAPIN ST. STE 203 ST. LOUIS, MO 63103 01-0916759 501(C)(3) 0. SCHOOL START-UP 466,936, KIPP TECH VALLEY 321 NORTHERN BLVD. 20-1347748 501(C)(3) SCHOOL START-UP ALBANY, NY 12210 68 271. 0. SCHOOL START-UP. KIPP TEXAS PUBLIC SCHOOLS PRINCIPAL PIPELINE & DEVELOPMENT, SCHOOL MUSIC 10711 KIPP WAY HOUSTON, TX 77099 13-3875888 501(C)(3) 256,729. 0. PROGRAMS, FINANCIAL KIPP TULSA COLLEGE PREPARATORY PRINCIPAL PIPELINE & DEVELOPMENT, REGIONAL 1661 EAST VIRGIN STREET 11-3740269 501(C)(3) GROWTH TULSA, OK 74106 333 359. 0.

Page 1

Schedule I (Form 990)

Schedule I (Form 990) (2018) KIPP FOUNDATION 94-3362724 Page 2

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|---------------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | |
| ARRIET BALL EXCELLENCE IN TEACHING AWARD | 11 | 110,000. | 0. | | |
| | | | | | |
| OORIS FISHER KIPPSTER OF THE YEAR AWARD | 11 | 30,196. | 0. | | |
| | | | | | |
| HE KIPP THROUGH COLLEGE EXCELLENCE IN LEADERSHIP WARD | 1 | 10,000. | 0. | | |
| | | | | | |
| HE FOUNDERS KIPP SIX AWARDS | 11 | 110,000. | 0. | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

THE FOUNDATION GIVES GRANTS TO KIPP REGIONS BASED ON NEED OR SPECIFICATION

FROM THE GRANTOR. EACH GRANT HAS A SEPARATE SET OF CRITERIA AND IS REVIEWED

BY FOUNDATION STAFF FOR COMPLIANCE AND MERIT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: KIPP BAY AREA SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOOL START-UP, PRINCIPAL PIPELINE

& DEVELOPMENT, SCHOOL MUSIC PROGRAMS, KIPP THROUGH COLLEGE, FINANCIAL

KIPP FOUNDATION 94-3362724 Schedule I (Form 990) Page 2 Part IV | Supplemental Information LITERACY, RECRUITING SUPPORT NAME OF ORGANIZATION OR GOVERNMENT: KIPP DC (H) PURPOSE OF GRANT OR ASSISTANCE: SCHOOL START-UP PRINCIPAL PIPELINE & DEVELOPMENT, SCHOOL MUSIC PROGRAMS, KIPP THROUGH COLLEGE, CAREER READINESS NAME OF ORGANIZATION OR GOVERNMENT: KIPP HOUSTON (H) PURPOSE OF GRANT OR ASSISTANCE: SCHOOL START-UP, PRINCIPAL PIPELINE & DEVELOPMENT, SCHOOL MUSIC PROGRAMS, FINANCIAL LITERACY NAME OF ORGANIZATION OR GOVERNMENT: KIPP METRO ATLANTA (H) PURPOSE OF GRANT OR ASSISTANCE: SCHOOL START-UP, PRINCIPAL PIPELINE & DEVELOPMENT, SCHOOL MUSIC PROGRAMS, KIPP THROUGH COLLEGE, STUDENT ART GALLERY NAME OF ORGANIZATION OR GOVERNMENT: KIPP NEW JERSEY (H) PURPOSE OF GRANT OR ASSISTANCE: SCHOOL START-UP, PRINCIPAL PIPELINE & DEVELOPMENT, SCHOOL MUSIC PROGRAMS, FINANCIAL LITERACY, KIPP THROUGH COLLEGE, LOCAL ADVOCACY NAME OF ORGANIZATION OR GOVERNMENT: KIPP PHILADELPHIA SCHOOLS (H) PURPOSE OF GRANT OR ASSISTANCE: SCHOOL START-UP, PRINCIPAL PIPELINE & DEVELOPMENT, SCHOOL MUSIC PROGRAMS, CAREER READINESS, RECRUITING SUPPORT NAME OF ORGANIZATION OR GOVERNMENT: KIPP TEXAS PUBLIC SCHOOLS (H) PURPOSE OF GRANT OR ASSISTANCE: SCHOOL START-UP, PRINCIPAL PIPELINE

832291

Schedule I (Form 990)

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Open to Public

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Inspection
Employer identification number

OMB No. 1545-0047

KIPP FOUNDATION 94-3362724 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or X reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, X trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Compensation survey or study X Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h Х c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2018

Regulations section 53.4958-6(c)?

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

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of | W-2 and/or 1099-MIS | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) | |
|--------------------------------------|------|--------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | berients | (6)(1)-(0) | reported as deferred on prior Form 990 | |
| (1) RICHARD BARTH | (i) | 491,727. | 0. | 2,520. | 10,800. | 2,013. | 507,060. | 0. | |
| CHIEF EXECUTIVE OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (2) DAVID LEVIN | (i) | 494,209. | 0. | 2,184. | 10,800. | 32,518. | 539,711. | 0. | |
| CO-FOUNDER, DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (3) GARFIELD BYRD | (i) | 250,789. | 0. | 3,360. | 10,386. | 27,191. | 291,726. | 0. | |
| CFO, BOARD OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (4) WILLIAM HIGHBAUGH | (i) | 221,381. | 0. | 2,520. | 8,014. | 10,916. | 242,831. | 0. | |
| GENERAL COUNSEL & BOARD SECRETARY | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (5) JACK CHOROWSKY | (i) | 381,460. | 0. | 2,520. | 10,800. | 27,191. | 421,971. | 0. | |
| PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (6) LISA DAGGS | (i) | 181,327. | 0. | 122,146. | 6,340. | 7,218. | 317,031. | 0. | |
| CHIEF NETWK GROWTH OFF(THRU 8/31/18) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (7) RICHARD BUERY | (i) | 291,146. | 0. | 1,652. | 10,790. | 22,659. | 326,247. | 0. | |
| CHIEF OF POLICY AND PUBLIC AFFAIRS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (8) ERIN MCMAHON | (i) | 248,978. | 16,500. | 2,264. | 9,322. | 10,827. | 287,891. | 0. | |
| CHIEF PROGRAMS AND IMPACT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (9) JONATHAN COWAN | (i) | 251,504. | 0. | 2,184. | 10,506. | 27,191. | 291,385. | 0. | |
| CHIEF RSRCH, DESIGN & INNOVATION OFF | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (10) SHERRY PREISS | (i) | 141,161. | 0. | 118,236. | 5,340. | 9,326. | 274,063. | 0. | |
| CHIEF TEACH &LEARN OFF(THRU 6/29/18) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
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| | (ii) | | | | | | | | |
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Page 3

Schedule J (Form 990) 2018

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open To Public Inspection

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|--------------------------|----------------------|-----------------|-----------------------------------|--|------------------------|---------|--------------|---------------------|-----------------|----------------------|----------|----------------|------------------------|-------------------|-------|-------|
| Part I | Excess Bene | | | | | | | | | | | | | | | |
| | Complete if the o | | | | | | | 25a or 25b | , or | Form 990-EZ, Pa | art V, I | ine 40 | b. | | | |
| 1 (a) Na | me of disqualified p | person | | lationship betv | | | lified | (0 | :) De | escription of tran | sactio | n | | | Corre | cted? |
| (=,, | o or alloqualillou p | | | person and or | ganiza | tion | | | | | | | | Y | es | No |
| | | | | | | | | | | | | | | + | | |
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| 2 Enter | the amount of tax i | ncurred by th | ne org | anization mana | agers | or disq | qualified | oersons dur | ng t | he year under | | | | | | |
| | | | | | | | | | | | | ▶ \$ | | | | |
| 3 Enter | the amount of tax, | if any, on line | e 2, ab | ove, reimburs | ed by | the org | ganizatio | n | | | | > \$ | | | | |
| Part II | Loans to and | l/or From | Inter | rested Pers | ons | | | | | | | | | | | |
| i di tii | Complete if the | | | | | | Dort V | lino 38a or E | orm | 000 Part IV lin | o 26: / | or if th | o orga | nizatio | 'n | |
| | reported an amo | J | | | | | , rait v, | iii le 30a 0i T | OIIII | 1 990, Fait IV, IIII | e 20, t | וו נוו | e orga | IIIZaliC | ,,,, | |
| (a) Name of (b) Relation | | (b) Relations | onship (c) Purpose (d) Loan to or | | | (e) | (e) Original | | (f) Balance due | |) In | (h) Ap | Approved (i) Writ | | | |
| | | with organiza | | | from the organization? | | | | t | | default? | | by board or committee? | | agree | ment? |
| | | | | | То | From | | | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | | | | | |
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| Total | | | <u></u> | Cition Indian | | | | > \$ | | | | | | | | |
| Part III | Grants or As | | | • | | | | | | | | | | | | |
| (-\ \ | Complete if the o | | | | | | | | | (-D) T | - 6 | $\overline{}$ | 1-1 | \ D | | |
| (a) r | Name of interested p | Derson | |) Relationship nterested pers the organiza | on an | | | Amount of ssistance | | (d) Type assistan | | | |) Purp assista | | |
| | - | | | | | | | | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

| | red "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested | | (d) Description of | (e) Sha | aring o |
|---------------------------------------|--|---------------------------|--------------------------------|------------------------|---------|
| (a) Name of interested person | person and the organization | (c) Amount of transaction | (d) Description of transaction | organization revenues? | |
| | | | | Yes | No |
| ORIS & DONALD FISHER FUND | JOHN FISHER - ADVIS | 249,000. | JOHN FISHER | - | Х |
| | | | | | |
| | | | | - | - |
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| Part V Supplemental Information. | | | | | |
| Provide additional information for re | esponses to questions on Schedule L (see in | nstructions). | | | |
| | | | | | |
| CH L, PART IV, BUSINESS TRANSACTION | IS INVOLVING INTERESTED PERSONS: | | | | |
| | | | | | |
| A) NAME OF PERSON: DORIS & DONALD F | FISHER FUND | | | | |
| B) RELATIONSHIP BETWEEN INTERESTED | DEDCON AND ODCANTANTON. | | | | |
| b) RELATIONSHIP BETWEEN INTERESTED | PERSON AND ORGANIZATION: | | | | |
| OHN FISHER - ADVISOR OF THE FUND. | | | | | |
| 1.27.2501. 01 2.12.201. | | | | | |
| D) DESCRIPTION OF TRANSACTION: JOHN | FISHER IS AN ADVISOR OF THE FUN | ID | | | |
| | | | | | |
| AND THE SON OF DORIS FISHER. JOHN IS | ON THE BOARD OF DIRECTORS OF TH | ΙE | | | |
| | | | | | |
| CIPP FOUNDATION. AN EMPLOYEE OF THE | DORIS & DONALD FISHER FUND SERVE | D AS | | | |
| | | | | | |
| AN INDEPENDENT CONTRACTOR TO THE KIE | PP FOUNDATION. | | | | |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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 instructions and the latest information.

Employer identification number KIPP FOUNDATION 94-3362724

| Par | t I Types of Property | | | | | | |
|-----|---|-------------------------------|---|---|---|------|----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | • | :s |
| 1 | Art - Works of art | | | , , | | | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | Х | 8 | 225,419. | FAIR MARKET VALU | 3 | |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | |
| | trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | |
| | Historic structures | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | | | | | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other • () | | | | | | |
| 26 | Other • () | | | | | | |
| 27 | Other • () | | | | | | |
| 28 | Other (| | | | | | |
| 29 | Number of Forms 8283 received by the organization | | • | 1 1 | | • | |
| | for which the organization completed Form 82 | 33, Part IV, [| Donee Acknowledg | gement 29 | | 0 | T |
| | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | | | | | | |
| | must hold for at least three years from the date | | | • | | | v |
| | exempt purposes for the entire holding period? | , | | | | 30a | X |
| | If "Yes," describe the arrangement in Part II. | | | - C | :0 | - V | |
| 31 | Does the organization have a gift acceptance p | - | · · · | • | ions? | 31 X | - |
| 32a | Does the organization hire or use third parties | | | · · | | | x |
| | contributions? | | | | | 32a | Α |
| | If "Yes," describe in Part II. | aluman (=\ f= | o tuno of accessive | , for which column (a) is also | skad | | |
| 33 | If the organization didn't report an amount in c | olumn (C) fol | a type of property | rior which column (a) is chec | rkeu, | | |
| | describe in Part II. | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule M (Form 990) 2018

| 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. |
|-----------|--|
| SCHEDULE | M, PART I, COLUMN (B): |
| THE NUMBI | R OF CONTRIBUTORS REFLECTS THE NUMBER OF DONORS, NOT THE |
| NUMBER OF | F ITEMS DONATED. |
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization **Employer identification number** KIPP FOUNDATION 94-3362724 PART III LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: AS THE SUCCESSOR LEADER OF AN EXISTING KIPP SCHOOL. THE LEADERSHIP TEAM AND MILES FAMILY FELLOWSHIP PROGRAMS ARE YEAR-LONG COHORT-BASED LEADERSHIP PROGRAMS. FOCUSED ON DEVELOPING ASSISTANT PRINCIPALS. NLD OFFERS ADDITIONAL INSTRUCTIONAL LEADERSHIP SUPPORT TO REGIONAL ACADEMIC LEADERS AS WELL AS HIGH SCHOOL LEADERSHIP DEVELOPMENT AND SUPPORT TO HIGH SCHOOL LEADERS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: TEACHING & LEARNING LABS: THE FOUNDATION PROVIDES KIPP SCHOOLS AND REGIONS WITH CURRICULUM AND AND IMPLEMENTATION SUPPORT TO MAXIMIZE RELATED RESOURCES, TRAINING, INSTRUCTIONAL EFFECTIVENESS AND OUTCOMES. KIPP THROUGH COLLEGE: THE FOUNDATION SUPPORTS KIPP SCHOOLS AND REGIONS IN STRENGTHENING THEIR COLLEGE COUNSELING AND ALUMNI ADVISING TO ENSURE THAT KIPP ALUMNI NATIONWIDE, SUCCESSFULLY MATRICULATE TO AND GRADUATE FROM COLLEGE, AND TRANSITION SUCCESSFULLY TO STRONG FIRST JOBS. THE FOUNDATION HAS CREATED A SET OF NATIONAL INITIATIVES AND PROGRAMS DESIGNED TO SUPPORT AND PROVIDE RESOURCES TO LOCAL KIPP THROUGH COLLEGE PROGRAMS ACROSS THE COUNTRY. THESE PROGRAMS INCLUDE BUILDING COLLEGE PARTNERSHIPS. BUILDING SUPPORT FOR KIPP ALUMNI ON COLLEGE CAMPUSES, AND PROFESSIONAL DEVELOPMENT FOR SCHOOL LEADERS THROUGH TRAINING AND SHARED TOOLS AND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

RESOURCES.

| Name of the organization KIPP FOUNDATION | Employer identification number 94-3362724 |
|--|---|
| POLICY & PUBLIC AFFAIRS: | |
| THE FOUNDATION HAS ADOPTED A POLICY AND PUBLIC AFFAIRS STRATEGY TO DO | |
| THE FOLLOWING: PROACTIVELY SHIFT THE NARRATIVE ABOUT KIPP AND CHARTERS | |
| TO PROTECT AND GROW THE KIPP BRAND, ENGAGE MORE STAKEHOLDERS AND PAVE | |
| THE WAY FOR GROWTH; BUILD AUTHENTIC RELATIONSHIPS ROOTED IN A SHARED | |
| AGENDA TO ADVOCATE NATIONALLY AND LOCALLY ON KEY POLICY PRIORITIES THAT | |
| SUPPORT STUDENTS AND ALUMNI ON THE PATH TO LEADING CHOICE-FILLED LIVES; | |
| CONNECT ADULT ALUMNI TO EACH OTHER AND TO KIPP; BUILD THE CAPACITY OF | |
| KIPP SCHOOLS & REGIONS TO LEVERAGE KIPP'S NATIONAL SCALE AND | |
| COMMUNICATE AND ADVOCATE PROACTIVELY IN A COORDINATED MANNER. | |
| EXPENSES \$ 13,353,537. INCLUDING GRANTS OF \$ 1,325,485. REVENUE \$ 0. | |
| | |
| FORM 990, PART VI, SECTION A, LINE 2: | |
| JACK CHOROWSKY IS THE BROTHER-IN-LAW OF DAVE LEVIN. | |
| | |
| FORM 990, PART VI, SECTION A, LINE 8B: | |
| THE AUDIT COMMITTEE AND FINANCE COMMITTEE DO NOT HAVE AUTHORITY TO ACT ON | |
| BEHALF OF THE GOVERNING BODY. | _ |
| | _ |
| FORM 990, PART VI, SECTION B, LINE 11B: | _ |
| MEMBERS OF THE FINANCE TEAM PREPARED THE 2018 990 ORGANIZER TABS, WHICH | |
| WERE EITHER REVIEWED 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, DIRECTOR OF FINANCIAL PLANNING & ANALYSIS, THE CHIEF FINANCIAL | |
| OFFICER, AND GENERAL COUNSEL REVIEWED THE FIRST DRAFT. THE DRAFT WAS | |
| SUBMITTED TO THE AUDIT COMMITTEE MEMBERS. THE AUDIT COMMITTEE MEMBERS ARE | |

09000228 758661 47000

| KIPP FOUNDATION | 94-3362724 |
|---|------------|
| ENCOURAGED TO REVIEW THE FORM 990 AND DIRECT THEIR QUESTIONS TO THE CFO | |
| AND/OR GENERAL COUNSEL. UPON SATISFACTION OF ANY QUESTIONS, THE FORM 990 IS | |
| DISTRIBUTED TO THE ENTIRE BOARD PRIOR TO FILING. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| OFFICERS AND DIRECTORS ARE REQUIRED TO ANNUALLY DISCLOSE INTERESTS THAT | |
| COULD GIVE RISE TO CONFLICTS, AS DEFINED IN THE CONFLICT OF INTEREST | |
| POLICY. KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT OF | |
| INTEREST ON AN ONGOING BASIS IN ACCORDANCE WITH THE CONFLICT OF INTEREST | |
| POLICY AND KIPP FOUNDATION CODE OF ETHICS, WHICH REQUIRE DISCLOSURE | |
| WHEREVER A POTENTIAL CONFLICT ARISES. IF THE BOARD DETERMINES THERE IS A | |
| CONFLICT OF INTEREST, THE CHAIRMAN OF THE BOARD SHALL, IF APPROPRIATE, | |
| REQUEST AN INVESTIGATION OF ALTERNATIVES TO THE PROPOSED TRANSACTION OR | |
| ARRANGEMENT. THE BOARD WILL THEN VOTE ON WHETHER OR NOT TO ENTER INTO THE | |
| TRANSACTION OR ARRANGEMENT. THE INTERESTED PERSON MAY NOT VOTE ON WHETHER | |
| THE TRANSACTION OR ARRANGEMENT IS A CONFLICT OF INTEREST NOR WHETHER IT | |
| SHOULD BE APPROVED. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| THE PROCESS FOR APPROVAL INVOLVES AN INDEPENDENT THIRD PARTY ORGANIZATION | |
| PROVIDING INFORMATION WHICH: | |
| | |
| * PROVIDES MARKET COMPARABILITY DATA TO ASSIST THE BOARD IN MAKING | |
| DECISIONS REGARDING ANY POTENTIAL CHANGES TO THE CURRENT COMPENSATION | |
| PROGRAM, | |
| | |
| * EVALUATES THE COMPETITIVENESS OF THE CURRENT COMPENSATION ARRANGEMENTS | |
| AND ADVISE THE BOARD ON THE RANGE OF COMPETITIVE PRACTICES FOR FUNCTIONALLY | |

| Name of the organization KIPP FOUNDATION | Employer identification number 94-3362724 |
|---|---|
| COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS PROVIDING | |
| SIMILAR SERVICES, | |
| | |
| * PROVIDES OPINION ON THE REASONABLENESS OF THE PROPOSED COMPENSATION | |
| ARRANGEMENTS, TAKING ALL RELEVANT FACTORS INTO CONSIDERATION, TO ASSIST THE | |
| BOARD WITH ITS GOVERNANCE RESPONSIBILITIES UNDER INTERNAL REVENUE CODE | |
| SECTION 4958 AND APPLICABLE REGULATIONS, COMMONLY REFERRED TO AS THE | |
| "INTERMEDIATE SANCTIONS" LEGISLATION, AND | |
| * FINALLY, SAID COMPENSATION IS APPROVED BY THE KIPP FOUNDATION'S BOARD. | |
| FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: | |
| AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,ID,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NV,NH,NJ | |
| NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST | |
| POLICY ARE AVAILABLE FOR THE SAME PERIOD OF TIME SET FORTH IN IRC 6104(D). | |
| DOCUMENTS MAY BE VIEWED AT WWW.KIPP.ORG AND UPON REQUEST. | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| COMPUTER/SOFTWARE CONSULTING: | |
| PROGRAM SERVICE EXPENSES 45,116. | |
| MANAGEMENT AND GENERAL EXPENSES 66,820. | |
| FUNDRAISING EXPENSES 0. | |
| TOTAL EXPENSES 111,936. | |
| OPERATIONS CONSULTING: | |

| Name of the organization KIPP FOUNDATION | | Employer identification number 94-3362724 |
|--|------------|---|
| PROGRAM SERVICE EXPENSES | 3,001,569. | |
| MANAGEMENT AND GENERAL EXPENSES | 390,360. | |
| FUNDRAISING EXPENSES | 107,997. | |
| TOTAL EXPENSES | 3,499,926. | |
| TEMPORARY ASSISTANCE: | | |
| PROGRAM SERVICE EXPENSES | 89,785. | |
| MANAGEMENT AND GENERAL EXPENSES | 75,085. | |
| FUNDRAISING EXPENSES | 35,479. | |
| TOTAL EXPENSES | 200,349. | |
| INSTRUCTIONAL CONSULTING: | | |
| PROGRAM SERVICE EXPENSES | 2,683,904. | |
| MANAGEMENT AND GENERAL EXPENSES | 143,831. | |
| FUNDRAISING EXPENSES | 0. | |
| TOTAL EXPENSES | 2,827,735. | |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 6,639,946. | |
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