

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KIPP FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 135 MAIN STREET 1875 City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94105	D Employer identification number 94-3362724 E Telephone number (415) 399-1556
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 141,580,480.
J Website: WWW.KIPP.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2000 M State of legal domicile: CA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO CREATE PUBLIC SCHOOLS THAT EQUIP EDUCATIONALLY UNDERSERVED STUDENTS WITH SKILLS TO SUCCEED.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	263
	6	Total number of volunteers (estimate if necessary)	6	15
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 81,513,835.
9		Program service revenue (Part VIII, line 2g)	6,709,169.	7,158,680.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	307,152.	596,684.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,861.	16.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	88,532,017.	130,699,963.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,646,824.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,459,866.	31,826,632.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,900,721.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,438,089.	17,380,091.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	79,544,779.	95,902,128.
	19	Revenue less expenses. Subtract line 18 from line 12	8,987,238.	34,797,835.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 101,389,797.	End of Year 136,274,072.
	21	Total liabilities (Part X, line 26)	17,547,813.	20,065,252.
	22	Net assets or fund balances. Subtract line 21 from line 20	83,841,984.	116,208,820.

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.

Sign Here	Signature of officer CAROLYN HACK, INTERIM CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MAGA E. KISRIV	Preparer's signature Date 03/30/23
	Firm's name ▶ HOOD & STRONG LLP Firm's address ▶ 60 SO. MARKET ST, STE 200 SAN JOSE, CA 95113	Check if self-employed <input type="checkbox"/> PTIN P01008919 Firm's EIN ▶ 94-1254756 Phone no. 408.998.8400

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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.

Type or print	Name of exempt organization or other filer, see instructions. KIPP FOUNDATION	Taxpayer identification number (TIN) 94-3362724
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 135 MAIN STREET, 1875	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94105	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

GARFIELD BYRD

- The books are in the care of ▶ 135 MAIN STREET, SUITE 1700 - SAN FRANCISCO, CA 94105

Telephone No. ▶ 415-513-4106

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III 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: TOGETHER WITH FAMILIES AND COMMUNITIES, WE CREATE JOYFUL, ACADEMICALLY EXCELLENT SCHOOLS THAT PREPARE STUDENTS WITH THE SKILLS AND CONFIDENCE TO PURSUE THE PATHS THEY CHOOSE - COLLEGE, CAREER, AND BEYOND - SO THEY CAN LEAD FULFILLING LIVES AND BUILD A MORE JUST WORLD.

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 by expenses. 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.

4a (Code:) (Expenses \$ 40,696,983. including grants of \$ 31,039,407.) (Revenue \$ 5,766,926.) NETWORK GROWTH & SUSTAINABILITY: THE KIPP FOUNDATION SUPPORTS STRONGER, MORE CAPABLE KIPP REGIONS THAT ARE DELIVERING ON ALL ASPECTS OF KIPP'S MISSION. THE KIPP FOUNDATION PARTNERS WITH REGIONAL EXECUTIVE DIRECTORS AND SENIOR LEADERS TO UNDERSTAND THEIR UNIQUE CONTEXT TO SUPPORT THEM ON GROWTH, REGIONAL SCALE, AND PRIORITY PLANNING. THE KIPP FOUNDATION OFFERS KIPP REGIONS: - COACHING FOR EXECUTIVE DIRECTORS; - FINANCIAL AND OPERATIONAL SUPPORT; - INTEGRATION AND SCALE SUPPORT; - STRATEGIC LEADERSHIP AROUND NEW SITE DEVELOPMENT; - LEGAL AND TECHNOLOGY SUPPORT.

4b (Code:) (Expenses \$ 15,571,368. including grants of \$ 6,475,647.) (Revenue \$ 351,067.) ACADEMICS & CULTURE: TO ENSURE ALL KIPPSTERS EXPERIENCE A JOYFUL, ACADEMICALLY EXCELLENT, ANTI-RACIST EDUCATION, THE KIPP FOUNDATION PARTNERS WITH KIPP SCHOOLS AND REGIONS TO BUILD SYSTEMS THAT PROMOTE ACADEMIC EQUITY, ESTABLISH A HEALTHY AND EQUITABLE SCHOOL CULTURE, AND ENSURE TEACHERS ARE EFFECTIVELY SUPPORTED IN EXPANDING THEIR CONTENT KNOWLEDGE AND CULTURALLY RESPONSIVE PEDAGOGY. THE KIPP FOUNDATION ALSO PROVIDES KIPP SCHOOLS AND REGIONS WITH CURRICULUM, ASSESSMENT, AND OTHER INSTRUCTIONAL RESOURCES; AS WELL AS TRAINING AND IMPLEMENTATION SUPPORT TO MAXIMIZE INSTRUCTIONAL EFFECTIVENESS AND STUDENT OUTCOMES.

4c (Code:) (Expenses \$ 10,152,346. including grants of \$ 6,265,673.) (Revenue \$ 0.) KIPP FORWARD: THE KIPP FOUNDATION SUPPORTS KIPP SCHOOLS AND REGIONS IN STRENGTHENING THEIR COLLEGE COUNSELING AND ALUMNI ADVISING TO ENSURE THAT KIPP ALUMNI ARE PREPARED FOR THE EDUCATIONAL AND CAREER PATH THAT FITS THEIR GOALS AND SENSE OF PURPOSE. THE KIPP FOUNDATION HAS CREATED A SET OF NATIONAL INITIATIVES AND PROGRAMS DESIGNED TO SUPPORT AND PROVIDE RESOURCES TO LOCAL KIPP FORWARD PROGRAMS ACROSS THE COUNTRY. THESE PROGRAMS INCLUDE: - COLLEGE PARTNERSHIPS; - SUPPORT FOR KIPP ALUMNI ON COLLEGE CAMPUSES; - CAREER EXPOSURE AND EXPLORATION; - AND PROFESSIONAL DEVELOPMENT FOR SCHOOL LEADERS THROUGH TRAINING,

4d Other program services (Describe on Schedule O.) (Expenses \$ 19,800,975. including grants of \$ 2,914,678.) (Revenue \$ 1,040,703.)

4e Total program service expenses 86,221,672.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 16; 1b Enter the number of voting members included on line 1a... 14; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 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? X; 16b 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?

Section 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) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records ZOLA RODGERS - 415-513-4106 135 MAIN STREET, SUITE 1875, SAN FRANCISCO, CA 94105

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD BARTH CHIEF EXECUTIVE OFFICER	40.00	X		X				509,878.	0.	10,800.
(2) DAVE LEVIN CO-FOUNDER	40.00	X						453,336.	0.	45,222.
(3) SHELLEY GOODE CHIEF DEVELOPMENT OFFICER	40.00					X		344,172.	0.	38,270.
(4) JONATHAN COWAN CHIEF RESEARCH, DESIGN & INNOVATION	40.00					X		274,020.	0.	50,077.
(5) JOHN ALFORD CHIEF NETWORK GROWTH OFFICER	40.00					X		254,744.	0.	47,309.
(6) CAROLYN HACK EXECUTIVE COACH, SCALE & INTEGRATION	40.00					X		251,297.	0.	49,328.
(7) GARFIELD BYRD CHIEF FINANCIAL OFFICER, BOARD TREAS	40.00			X				259,360.	0.	37,828.
(8) ENRIQUE CHAURAND SR. DIR. COMM. (THRU 9/17/21)	40.00					X		258,293.	0.	35,704.
(9) WILLIAM N. HIGHBAUGH GEN. COUNSEL/BOARD SEC (THRU 3/31/22)	40.00			X				239,527.	0.	47,647.
(10) KINNARI PATEL-SMYTH PRESIDENT	40.00			X				250,010.	0.	19,249.
(11) NEYHA RAJAN ACTING GEN. COUNSEL/SEC (FROM 5/22)	40.00			X				35,680.	0.	2,205.
(12) EMMA BLOOMBERG BOARD MEMBER	1.00	X						0.	0.	0.
(13) KATHERINE BRADLEY CHAIRMAN	1.00	X						0.	0.	0.
(14) JESSICA CUNNINGHAM AKOTO BOARD MEMBER	1.00	X						0.	0.	0.
(15) JOHN FISHER BOARD MEMBER	1.00	X						0.	0.	0.
(16) REED HASTINGS BOARD MEMBER	1.00	X						0.	0.	0.
(17) SHAVAR JEFFRIES BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARTHA KARSH BOARD MEMBER	1.00	X					0.	0.	0.	
(19) MICHAEL LOMAX BOARD MEMBER	1.00	X					0.	0.	0.	
(20) MARK NUNNELLY BOARD MEMBER	1.00	X					0.	0.	0.	
(21) A'DORIAN MURRAY-THOMAS BOARD MEMBER	1.00	X					0.	0.	0.	
(22) CARRIE PENNER BOARD MEMBER	1.00	X					0.	0.	0.	
(23) ABIGAIL WEXNER BOARD MEMBER	1.00	X					0.	0.	0.	
(24) MARIA ANGUIANO BOARD MEMBER	1.00	X					0.	0.	0.	
(25) CHARLES PHILLIPS BOARD MEMBER	1.00	X					0.	0.	0.	
(26) JOSE VILLARREAL BOARD MEMBER (THRU 7/31/21)	1.00	X					0.	0.	0.	
1b Subtotal							3,130,317.	0.	383,639.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							3,130,317.	0.	383,639.	

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 121

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
TOGETHER EDUCATION, INC 25 BROADWAY, 3RD FLOOR, NEW YORK, NY 10004	CURRICULUM RESEARCH & DEVELOPMENT	1,088,200.
RENAISSANCE 2911 PEACH STREET, WISCONSIN, WI 54494	DATA COLLECTION SUPPORT	539,650.
WST PROMOTIONS 151 DAWSON CREEK LANE, SANTA ROSA, CA 95407	EVENT GIVEAWAYS	480,799.
KAH CONSULTING LLC 5731 45TH AVENUE, HYATTSVILLE, MD 20781	CONSULTING SERVICES	438,333.
ON-RAMPS SERVICES 307 7TH AVE, SUITE 901, NEW YORK, NY 10001	RECRUITING SERVICES	377,602.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 29

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	24,522,277.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	98,422,306.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 7,994,973.				
	h	Total. Add lines 1a-1f		122,944,583.				
Program Service Revenue	2 a	LICENSE FEES	Business Code	900099	5,689,965.	5,689,965.		
	b	LEADERSHIP INCOME	Business Code	900099	1,468,715.	1,468,715.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			7,158,680.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			964,748.		964,748.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	10,512,453.			
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	10,880,517.				
c	Gain or (loss)	7c	-368,064.					
d	Net gain or (loss)			-368,064.		-368,064.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	Business Code	900099	16.	16.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			16.			
12	Total revenue. See instructions			130,699,963.	7,158,696.	0.	596,684.	

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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	45,044,096.	45,044,096.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,651,309.	1,651,309.		
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	3,933,795.	2,788,257.	454,109.	691,429.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	21,692,191.	17,570,753.	2,977,336.	1,144,102.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	790,916.	644,748.	104,346.	41,822.
9 Other employee benefits	3,604,059.	2,950,913.	468,009.	185,137.
10 Payroll taxes	1,805,671.	1,446,483.	234,277.	124,911.
11 Fees for services (nonemployees):				
a Management				
b Legal	178,980.	178,890.	90.	
c Accounting	248,122.	2,500.	245,622.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	71,339.		71,339.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	9,154,406.	7,678,251.	958,155.	518,000.
12 Advertising and promotion	281,601.	237,905.	1,186.	42,510.
13 Office expenses	2,038,441.	1,465,264.	536,873.	36,304.
14 Information technology	663,017.	447,661.	200,054.	15,302.
15 Royalties				
16 Occupancy	1,046,795.	813,918.	183,283.	49,594.
17 Travel	1,425,949.	1,329,186.	84,434.	12,329.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	585,340.	453,478.	102,917.	28,945.
23 Insurance	155,645.	102,844.	46,236.	6,565.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TRAINING & EVENT PRODUC	1,006,858.	973,898.	32,423.	537.
b EMPLOYEE RECRUITING COS	282,638.	209,793.	72,740.	105.
c DATA ACQUISITION	225,779.	225,779.		
d BAD DEBT EXPENSE	5,270.		5,270.	
e All other expenses	9,911.	5,746.	1,036.	3,129.
25 Total functional expenses. Add lines 1 through 24e	95,902,128.	86,221,672.	6,779,735.	2,900,721.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	38,257,973.	2	36,156,612.
	3 Pledges and grants receivable, net	24,700,787.	3	27,391,338.
	4 Accounts receivable, net	5,851,153.	4	6,463,439.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	7,300,000.	7	8,016,667.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	541,848.	9	1,478,533.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,674,561.		
	b Less: accumulated depreciation	10b 6,076,512.	1,744,374.	10c 1,598,049.
	11 Investments - publicly traded securities	21,780,641.	11	54,250,578.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,213,021.	15	918,856.
16 Total assets. Add lines 1 through 15 (must equal line 33)	101,389,797.	16	136,274,072.	
Liabilities	17 Accounts payable and accrued expenses	9,748,271.	17	12,231,269.
	18 Grants payable		18	
	19 Deferred revenue	37,500.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,762,042.	25	7,833,983.
	26 Total liabilities. Add lines 17 through 25	17,547,813.	26	20,065,252.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	37,249,141.	27	48,524,869.
	28 Net assets with donor restrictions	46,592,843.	28	67,683,951.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	83,841,984.	32	116,208,820.
33 Total liabilities and net assets/fund balances	101,389,797.	33	136,274,072.	

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Part 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	130,699,963.
2	Total expenses (must equal Part IX, column (A), line 25)	2	95,902,128.
3	Revenue less expenses. Subtract line 2 from line 1	3	34,797,835.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	83,841,984.
5	Net unrealized gains (losses) on investments	5	-2,442,893.
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 on Schedule O)	9	11,894.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	116,208,820.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
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? _____
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2021)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62,815,001.	56,666,723.	90,984,402.	81,513,835.	122,944,583.	414,924,544.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	62,815,001.	56,666,723.	90,984,402.	81,513,835.	122,944,583.	414,924,544.
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)						151,491,064.
6 Public support. Subtract line 5 from line 4.						263,433,480.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	62,815,001.	56,666,723.	90,984,402.	81,513,835.	122,944,583.	414,924,544.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	322,671.	746,682.	547,153.	358,277.	1,507,624.	3,482,407.
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.)	38,674.	62,730.	3,960.	1,861.		107,225.
11 Total support. Add lines 7 through 10						418,514,176.
12 Gross receipts from related activities, etc. (see instructions)					12	34,531,965.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	62.94 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	66.84 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2017 AMOUNT: \$ 38,674.

2018 AMOUNT: \$ 62,730.

2019 AMOUNT: \$ 3,960.

2020 AMOUNT: \$ 1,861.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

KIPP FOUNDATION

Employer identification number

94-3362724

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization KIPP FOUNDATION	Employer identification number 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
1	<hr/> <hr/> <hr/>	\$ <u>34,800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>10,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>8,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>7,696,607.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>7,322,317.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>13,717,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KIPP FOUNDATION	Employer identification number 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	<hr/> <hr/> <hr/>	\$ 3,333,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 24,522,277.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part 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
4	18,175 SHARES HOME DEPOT _____ _____ _____	\$ 6,996,607.	12/22/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization KIPP FOUNDATION	Employer identification number 94-3362724
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations 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.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **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) organizations: Complete Part III.

Name of organization <p style="text-align: center;">KIPP FOUNDATION</p>	Employer identification number <p style="text-align: center;">94-3362724</p>
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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) 2021

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)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		11,074.
e Publications, or published or broadcast statements?	X		17,051.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		60,179.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		70,040.
i Other activities?		X	
j Total. Add lines 1c through 1i			158,344.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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 the prior year?	3	

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1:

THE FOUNDATION HAS A SENIOR DIRECTOR, DIRECTOR, AND ASSOCIATE OF

GOVERNMENT AFFAIRS AND POLICY WHO LOBBIES TO MODERNIZE THE CHARTER SCHOOLS

PROGRAM ON THE NATIONAL LEVEL. EXPENSES IN LINES 1C, 1D, 1E, AND 1G

INCLUDE A PORTION OF THE SALARY OF THIS INDIVIDUAL.

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

2021

Open to Public Inspection

Name of the organization KIPP FOUNDATION	Employer identification number 94-3362724
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements 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 section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,404,069.	453,830.	950,239.
d Equipment		643,870.	614,749.	29,121.
e Other		5,626,622.	5,007,933.	618,689.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,598,049.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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) Federal income taxes	
(2) GUARANTEES	100,000.
(3) GOVERNMENT ADVANCE	7,733,983.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,833,983.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	128,210,775.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,442,893.
b	Donated services and use of facilities	2b	25,044.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-2,417,849.
3	Subtract line 2e from line 1	3	130,628,624.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	71,339.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	71,339.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	130,699,963.

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

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

1	Total expenses and losses per audited financial statements	1	95,843,939.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	25,044.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-11,894.
e	Add lines 2a through 2d	2e	13,150.
3	Subtract line 2e from line 1	3	95,830,789.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	71,339.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	71,339.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	95,902,128.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION HAS RECEIVED DETERMINATION FROM THE INTERNAL REVENUE

SERVICE UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM THE

STATE OF CALIFORNIA FRANCHISE TAX BOARD GRANTING EXEMPTION FROM TAXATION

ON RELATED INCOME. THE FOUNDATION MAY BE SUBJECT TO TAX ON UNRELATED

BUSINESS INCOME, IF ANY, GENERATED BY ITS INVESTMENTS.

MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT

THE FOUNDATION HAS MAINTAINED ITS TAX-EXEMPT STATUS AND HAS TAKEN NO

UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THESE FINANCIAL

STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN

INCLUDED IN THESE FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RETURNED GRANTS -11,894.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

2021

**Open to Public
Inspection**

Name of the organization **KIPP FOUNDATION** Employer identification number **94-3362724**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
KIPP ALBANY PUBLIC SCHOOL 321 NORTHERN BLVD. ALBANY, NY 12210	20-1347748	501(C)(3)	1,282,363.	0.			NEW SCHOOL START-UP FUNDING; MENTAL-HEALTH & HEALING ASSISTANCE
KIPP BALTIMORE 2000 EDGEWOOD ST. BALTIMORE, MD 21216	52-2342513	501(C)(3)	278,485.	0.			COVID-19 EMERGENCY FUNDING; EARLY LITERACY; MENTAL-HEALTH & HEALING ASSISTANCE
KIPP CHICAGO 2007 SOUTH HALSTED ST. CHICAGO, IL 60608	30-0075271	501(C)(3)	1,240,372.	0.			COVID-19 EMERGENCY FUNDING; MENTAL-HEALTH & HEALING ASSISTANCE; EARLY LITERACY; NEW KIPP SITE
KIPP COLORADO SCHOOLS 1390 LAWRENCE ST. DENVER, CO 80204	80-0037534	501(C)(3)	335,350.	0.			POSTSECONDARY MATCH, PERSISTENCE, AND TRANSFER & RE-ENROLLMENT WORK; EARLY LITERACY; DIRECTOR
KIPP COLUMBUS 2900 INSPIRE DRIVE COLUMBUS, OH 43224	20-8627107	501(C)(3)	332,972.	0.			MENTAL-HEALTH ASSISTANCE; POSTSECONDARY MATCH; EARLY LITERACY
KIPP COOPER NORCROSS ACADEMY 60 PARK PLACE, STE 802 NEWARK, NJ 07102	45-5040456	501(C)(3)	219,170.	0.			MENTAL-HEALTH ASSISTANCE; POSTSECONDARY MATCH; FOUNDING SCHOOL LEADER DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 29.

3 Enter total number of other organizations listed in the line 1 table ▶ 1.

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIPP DC 2600 VIRGINIA AVE NW, STE 900 WASHINGTON, DC 20037	74-2974642	501(C)(3)	2,028,781.	0.			COVID-19 EMERGENCY FUNDING; MENTAL-HEALTH & HEALING ASSISTANCE; POSTSECONDARY NUDGE,
KIPP DELTA PUBLIC SCHOOLS 514 MISSOURI HELENA, AR 72342	31-1807400	501(C)(3)	276,313.	0.			COVID-19 EMERGENCY FUNDING; MENTAL-HEALTH & HEALING ASSISTANCE; POSTSECONDARY TRANSFER &
KIPP NORTH CAROLINA 1107 HALLOWAY STREET DURHAM, NC 27701	86-1211081	501(C)(3)	820,405.	0.			NEW SCHOOL START-UP FUNDING; MENTAL-HEALTH & HEALING ASSISTANCE; POSTSECONDARY CAREER,
KIPP INDIANAPOLIS 1740 EAST 30TH STREET INDIANAPOLIS, IN 46218	30-0145826	501(C)(3)	184,413.	0.			COVID-19 EMERGENCY FUNDING; GPA & ADVANCE PLACEMENT WORK; MENTAL-HEALTH & HEALING
KIPP JACKSONVILLE 1440 MCDUFF AVENUE NORTH JACKSONVILLE, FL 32254	26-4046741	501(C)(3)	1,456,182.	0.			NEW SCHOOL START-UP; GPA & DATA INFRASTRUCTURE WORK; MENTAL-HEALTH & HEALING ASSISTANCE;
KIPP KANSAS CITY 2700 E 18TH ST KANSAS CITY, MO 64127	20-8552002	501(C)(3)	1,166,929.	0.			NEW SCHOOL START-UP; MENTAL HEALTH & HEALING ASSISTANCE; EARLY LITERACY; GPA & DATA
KIPP MASSACHUSETTS 90 HIGH ROCK STREET LYNN, MA 01902	74-3153091	501(C)(3)	271,343.	0.			FOUNDING SCHOOL LEADER DEVELOPMENT; SUCCESSOR PREP LEADERSHIP DEVELOPMENT;
MATHEMATICA POLICY RESEARCH, INC 1100 FIRST STREET, NE, 12TH FLOOR WASHINGTON, DC 20002	22-2112296		296,609.	0.			PRINCIPAL PIPELINE & DEVELOPMENT-EVALUATION STUDY
KIPP MEMPHIS COLLEGIATE SCHOOLS 2670 UNION AVENUE EXTENDED #1100 MEMPHIS, TN 38112	68-0502820	501(C)(3)	381,831.	0.			POSTSECONDARY CAREER, MATCH, PERSISTENCE, AND TRANSFER & REENROLLMENT WORK; COVID-19 EMERGENCY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIPP METRO ATLANTA 504 FAIR ST, SW ATLANTA, GA 30313	11-3723114	501(C)(3)	1,238,960.	0.			NEW SCHOOL START-UP; GPA & DATA INFRASTRUCTURE; MENTAL-HEALTH & HEALING ASSISTANCE; POSTSECONDARY
KIPP MIAMI INC. 60 PARK PLACE, STE 802 NEWARK, NJ 07102	81-4473475	501(C)(3)	2,390,153.	0.			FOUNDING SCHOOL LEADER DEVELOPMENT; NEW SCHOOL START-UP; MENTAL-HEALTH & HEALING ASSISTANCE
KIPP MICHIGAN (KIPP WHOLE CHILD CENTER) - 2222 W. GRAND RIVER AVE., STE A - OKEMOS, MI 48864	87-3583179	501(C)(3)	1,041,404.	0.			NEW SCHOOL START-UP; EARLY LITERACY
KIPP MINNESOTA 5034 N. OLIVER AVENUE MINNEAPOLIS, MN 55430	20-8877750	501(C)(3)	667,680.	0.			MENTAL-HEALTH & HEALING; REMOTE/ONLINE LEARNING; EARLY LITERACY; NEW SCHOOL START-UP
KIPP NASHVILLE 123 DOUGLAS AVENUE NASHVILLE, TN 37207	20-2799123	501(C)(3)	3,227,415.	0.			MARKETING; GPA & ADVANCE PLACEMENT; MENTAL-HEALTH & HEALING ASSISTANCE; NEW SCHOOL START-UP; EARLY
KIPP NEW JERSEY 60 PARK PLACE, STE 802 NEWARK, NJ 07102	01-0660264	501(C)(3)	3,880,159.	0.			NEW SCHOOL START-UP; DIRECTOR OF LEADERSHIP DEVELOPMENT; MARKETING; COVID-19 EMERGENCY;
KIPP NEW ORLEANS 1307 ORETHA CASTLE HALEY BLVD, STE NEW ORLEANS, LA 70113	20-2277213	501(C)(3)	1,768,238.	0.			NEW SCHOOL START-UP; POSTSECONDARY MATCH AND TRANSFER & REENROLLMENT; GPA, ADVANCED PLACEMENT
KIPP NORCAL PUBLIC SCHOOLS 1000 BROADWAY #460 OAKLAND, CA 94607	20-5010766	501(C)(3)	1,693,270.	0.			GPA & ADVANCED PLACEMENT; MENTAL-HEALTH & HEALING; POSTSECONDARY TRANSFER & REENROLLMENT AND MATCH;
KIPP NYC 470 7TH AVENUE, 10TH FLOOR NEW YORK, NY 10018	20-3971209	501(C)(3)	3,411,696.	0.			DIRECTOR OF LEADERSHIP DEVELOPMENT; SUCCESSOR LEADERSHIP DEVELOPMENT; NEW SCHOOL START-UP;

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIPP OKLAHOMA CITY 8400 N. ROBINSON AVE. OKLAHOMA CITY, OK 73114	30-0005794	501(C)(3)	316,086.	0.			MENTAL-HEALTH & HEALING; POSTSECONDARY MATCH AND TRANSFER & REENROLLMENT; NEW SCHOOL START-UP
KIPP PHILADELPHIA SCHOOLS 5070 PARKSIDE AVE, STE 3500D, MAILBOX 41 - PHILADELPHIA, PA 19131	05-0546103	501(C)(3)	954,697.	0.			DIRECTOR OF LEADERSHIP DEVELOPMENT; NEW SCHOOL START-UP; COVID-19 EMERGENCY; MENTAL-HEALTH
KIPP SOCAL PUBLIC SCHOOLS 3601 E. FIRST STREET LOS ANGELES, CA 90063	26-1607268	501(C)(3)	2,313,036.	0.			NEW SCHOOL START-UP; POSTSECONDARY MATCH; FUNDRAISING
KIPP ST. LOUIS 1310 PAPIN ST. STE 203 ST. LOUIS, MO 63103	01-0916759	501(C)(3)	532,806.	0.			COVID-19 EMERGENCY; MENTAL-HEALTH & HEALING; POSTSECONDARY MATCH; EARLY LITERACY; NEW
KIPP TEXAS PUBLIC SCHOOLS 10711 KIPP WAY HOUSTON, TX 77099	13-3875888	501(C)(3)	10,784,792.	0.			NEW SCHOOL START-UP; COVID-19 EMERGENCY; GPA & ADVANCE PLACEMENT; POSTSECONDARY TRANSFER &
KIPP TULSA COLLEGE PREPARATORY 1661 EAST VIRGIN STREET TULSA, OK 74106	11-3740269	501(C)(3)	247,699.	0.			MENTAL-HEALTH & HEALING; GUN VIOLENCE; POSTSECONDARY TRANSFER & REENROLLMENT AND MATCH

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
THE FOUNDERS KIPP SIX AWARDS	18	180,000.	0.		
HARRIET BALL EXCELLENCE IN TEACHING AWARD	21	210,000.	0.		
KIPP FORWARD ANNUAL COMMUNITY AWARD	2	15,000.	0.		
DORIS FISHER KIPPSTER OF THE YEAR AWARD	1	2,500.	0.		
THE KIPP FORWARD NATIONAL MICROGRANT FUND - TO PREVENT UNEXPECTED OR EMERGENCY FINANCIAL GAPS FROM DETERRING THE POSTSECONDARY EDUCATION AND TRAINING PLANS OF KIPP ALUMNI	609	1,233,809.	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 CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 EMERGENCY FUNDING;

MENTAL-HEALTH & HEALING ASSISTANCE; EARLY LITERACY; NEW KIPP SITE

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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
NEW YORK ALUMNI ASSOCIATION ENTREPRENEUR SERIES GRANT WINNER	4.	2,000.	0.		
NUDGE FOR MATCH INCENTIVE	5.	2,000.	0.		
RALES SCHOLARSHIPS	1.	6,000.	0.		

Part IV Supplemental Information

DEVELOPMENT; SUCCESSOR PREP LEADERSHIP DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: KIPP COLORADO SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: POSTSECONDARY MATCH, PERSISTENCE,
AND TRANSFER & RE-ENROLLMENT WORK; EARLY LITERACY; DIRECTOR OF
LEADERSHIP DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: KIPP DC

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 EMERGENCY FUNDING;
MENTAL-HEALTH & HEALING ASSISTANCE; POSTSECONDARY NUDGE, MATCH, CAREER,
AND TRANSFER & RE-ENROLLMENT WORK; DIRECT OF LEADERSHIP DEVELOPMENT; NEW
SCHOOL START-UP

NAME OF ORGANIZATION OR GOVERNMENT: KIPP DELTA PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 EMERGENCY FUNDING;
MENTAL-HEALTH & HEALING ASSISTANCE; POSTSECONDARY TRANSFER &
RE-ENROLLMENT AND MATCH WORK

NAME OF ORGANIZATION OR GOVERNMENT: KIPP NORTH CAROLINA

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW SCHOOL START-UP FUNDING;
MENTAL-HEALTH & HEALING ASSISTANCE; POSTSECONDARY CAREER, MATCH, AND
TRANSFER& REENROLLMENT WORK; GPA & DATA INFRASTRUCTURE MANAGEMENT

NAME OF ORGANIZATION OR GOVERNMENT: KIPP INDIANAPOLIS

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 EMERGENCY FUNDING; GPA &
ADVANCE PLACEMENT WORK; MENTAL-HEALTH & HEALING ASSISTANCE; POSTSECONDARY
MATCH WORK

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: KIPP JACKSONVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW SCHOOL START-UP; GPA & DATA

INFRASTRUCTURE WORK; MENTAL-HEALTH & HEALING ASSISTANCE; POSTSECONDARY

MATCH AND TRANSFER & REENROLLMENT WORK

NAME OF ORGANIZATION OR GOVERNMENT: KIPP KANSAS CITY

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW SCHOOL START-UP; MENTAL HEALTH &

HEALING ASSISTANCE; EARLY LITERACY; GPA & DATA INFRASTRUCTURE;

POSTSECONDARY MATCH AND TRANSFER & REENROLLMENT

NAME OF ORGANIZATION OR GOVERNMENT: KIPP MASSACHUSETTS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOUNDING SCHOOL LEADER DEVELOPMENT;

SUCCESSOR PREP LEADERSHIP DEVELOPMENT; MENTAL-HEALTH & HEALING

ASSISTANCE; POSTSECONDARY MATCH AND TRANSFER & REENROLLMENT

NAME OF ORGANIZATION OR GOVERNMENT: KIPP MEMPHIS COLLEGIATE SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: POSTSECONDARY CAREER, MATCH,

PERSISTENCE, AND TRANSFER & REENROLLMENT WORK; COVID-19 EMERGENCY

FUNDING; EARLY LITERACY

NAME OF ORGANIZATION OR GOVERNMENT: KIPP METRO ATLANTA

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW SCHOOL START-UP; GPA & DATA

INFRASTRUCTURE; MENTAL-HEALTH & HEALING ASSISTANCE; POSTSECONDARY MATCH

AND TRANSFER & REENROLLMENT WORK; ANNIVERSARY SCHOLARSHIP; EARLY

LITERACY; DIRECTOR OF LEADERSHIP DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: KIPP NASHVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: MARKETING; GPA & ADVANCE PLACEMENT;

Part IV Supplemental Information

MENTAL-HEALTH & HEALING ASSISTANCE; NEW SCHOOL START-UP; EARLY LITERACY;

DIRECTOR OF LEADERSHIP DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: KIPP NEW JERSEY

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW SCHOOL START-UP; DIRECTOR OF

LEADERSHIP DEVELOPMENT; MARKETING; COVID-19 EMERGENCY; POSTSECONDARY

MATCH, CAREER, AND TRANSFER & REENROLLMENT; MENTAL-HEALTH & HEALING

NAME OF ORGANIZATION OR GOVERNMENT: KIPP NEW ORLEANS

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW SCHOOL START-UP; POSTSECONDARY

MATCH AND TRANSFER & REENROLLMENT; GPA, ADVANCED PLACEMENT AND DATA

INFRASTRUCTURE; MENTAL-HEALTH & HEALING; EARLY LITERACY; ANNIVERSARY

SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: KIPP NORCAL PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: GPA & ADVANCED PLACEMENT;

MENTAL-HEALTH & HEALING; POSTSECONDARY TRANSFER & REENROLLMENT AND MATCH;

EARLY LITERACY; ANNIVERSARY SCHOLARSHIP; SCHOOL AND SUCCESSOR LEADERSHIP

DEVELOPMENT; NEW SCHOOL START-UP

NAME OF ORGANIZATION OR GOVERNMENT: KIPP NYC

(H) PURPOSE OF GRANT OR ASSISTANCE: DIRECTOR OF LEADERSHIP DEVELOPMENT;

SUCCESSOR LEADERSHIP DEVELOPMENT; NEW SCHOOL START-UP; COVID-19

EMERGENCY; MENTAL-HEALTH & HEALING; POSTSECONDARY TRANSFER &

REENROLLMENT, CAREER, COUNSELING, AND MATCH; ANNIVERSARY SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: KIPP PHILADELPHIA SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: DIRECTOR OF LEADERSHIP DEVELOPMENT;

Part IV Supplemental Information

NEW SCHOOL START-UP; COVID-19 EMERGENCY; MENTAL-HEALTH & HEALING;

POSTSECONDARY TRANSFER & REENROLLMENT, MATCH, AND PERSISTENCE; GPA & DATA

INFRASTRUCTURE; EARLY LITERACY

NAME OF ORGANIZATION OR GOVERNMENT: KIPP ST. LOUIS

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 EMERGENCY; MENTAL-HEALTH &

HEALING; POSTSECONDARY MATCH; EARLY LITERACY; NEW SCHOOL START-UP;

LEADERSHIP AWARD

NAME OF ORGANIZATION OR GOVERNMENT: KIPP TEXAS PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW SCHOOL START-UP; COVID-19

EMERGENCY; GPA & ADVANCE PLACEMENT; POSTSECONDARY TRANSFER &

REENROLLMENT, CAREER, MATCH, AND NUDGE; ANNIVERSARY SCHOLARSHIP; DIRECTOR

OF LEADERSHIP DEVELOPMENT

SCHEDULE I, PART I, LINE 2

U.S. DEPARTMENT OF EDUCATION (US ED) SCHOOL GRANTS ARE APPLIED FOR BY

THE INDIVIDUAL SCHOOLS THROUGH SUBMISSION OF DETAILED BUDGET REQUESTS,

WHICH ARE ULTIMATELY APPROVED FOR FUNDING BY THE U.S. DEPARTMENT OF

EDUCATION. UPON AWARD, GRANT LETTERS ARE PROVIDED TO EACH OF THE

SCHOOLS STATING SPECIFIC TERMS FOR COSTS ACCEPTED FOR FUNDING AND

BUDGET COMPLIANCE. IN ADDITION, A CONFERENCE CALL IS HELD DIRECTLY WITH

THE KIPP FEDERAL GRANTS MANAGEMENT TEAM AND A REPRESENTATIVE FROM EACH

OF THE KIPP SCHOOLS AWARDED FUNDING TO REVIEW THE AWARD GUIDELINES.

COMPLIANCE THROUGHOUT THE YEAR IS MONITORED BY THE KIPP FOUNDATION

FINANCE TEAM THROUGH THE REVIEW OF THE QUARTERLY DRAWDOWN REQUESTS AND

SITE VISITS AS APPLICABLE. EACH RECIPIENT SCHOOL IS REQUIRED TO SUBMIT

APPROPRIATE DOCUMENTATION FOR ALL EXPENSES FOR WHICH THEY ARE

Part IV Supplemental Information

REQUESTING TO DRAWDOWN FUNDS. KIPP FOUNDATION REVIEWS EACH REQUEST FOR

ACCURACY AND ALLOWABILITY, IN ACCORDANCE WITH THE ORIGINAL BUDGET

REQUEST. RECIPIENT SCHOOLS ARE SUBJECT TO AN ANNUAL SINGLE AUDIT AS

APPLICABLE AND REVIEW OF SCHOOL FINANCIAL STATEMENTS TO ENSURE THAT

EACH SCHOOL RECEIVED AN UNQUALIFIED OPINION. FINALLY, KIPP FOUNDATION

PROVIDES AN ANNUAL REPORT TO THE U.S. DEPARTMENT OF EDUCATION REGARDING

FUNDS RECEIVED DURING THE PREVIOUS FISCAL YEAR TO ENSURE COMPLIANCE.

Multiple horizontal lines for supplemental information input.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
KIPP FOUNDATION

Employer identification number
94-3362724

Part I Questions Regarding Compensation

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 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:

- a** Receive a severance payment or change-of-control payment?
b Participate in or receive payment from a supplemental nonqualified retirement plan?
c Participate in or receive payment from an equity-based compensation arrangement?
 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.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?
 If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?
 If "Yes" on line 6a or 6b, describe in Part III.

7 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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD BARTH CHIEF EXECUTIVE OFFICER	(i)	504,686.	2,500.	2,692.	10,800.	0.	520,678.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVE LEVIN CO-FOUNDER	(i)	449,070.	2,500.	1,766.	5,945.	39,277.	498,558.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SHELLEY GOODE CHIEF DEVELOPMENT OFFICER	(i)	327,979.	12,500.	3,693.	10,800.	27,470.	382,442.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JONATHAN COWAN CHIEF RESEARCH, DESIGN & INNOVATION	(i)	269,647.	2,500.	1,873.	10,800.	39,277.	324,097.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOHN ALFORD CHIEF NETWORK GROWTH OFFICER	(i)	250,693.	2,500.	1,551.	8,032.	39,277.	302,053.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CAROLYN HACK EXECUTIVE COACH, SCALE & INTEGRATION	(i)	247,246.	2,500.	1,551.	10,051.	39,277.	300,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GARFIELD BYRD CHIEF FINANCIAL OFFICER, BOARD TREAS	(i)	252,991.	2,500.	3,869.	10,358.	27,470.	297,188.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ENRIQUE CHAURAND SR. DIR. COMM. (THRU 9/17/21)	(i)	156,673.	2,500.	99,120.	6,413.	29,291.	293,997.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) WILLIAM N. HIGHBAUGH GEN. COUNSEL/BOARD SEC (THRU 3/31/22)	(i)	235,140.	2,500.	1,887.	8,370.	39,277.	287,174.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KINNARI PATEL-SMYTH PRESIDENT	(i)	249,163.	0.	847.	3,511.	15,738.	269,259.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE ORGANIZATION PROVIDES A \$200 TOTAL ANNUAL HEALTH AND WELLNESS INCENTIVE
TO ALL ACTIVE/REGULAR STATUS EMPLOYEES WORKING 20 HOURS OR MORE PER WEEK.

PART I, LINE 4A:

ENRIQUE CHAURAND, SR. DIRECTOR COMMUNICATIONS, RECEIVED \$97,869 SEVERANCE
PAYMENT IN CALENDAR YEAR 2021.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization **KIPP FOUNDATION** Employer identification number **94-3362724**

Part 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 determining noncash contribution amounts
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	X	13	7,994,973.	FAIR MARKET VALUE
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 during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2021

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):

THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTORS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

KIPP FOUNDATION

Employer identification number

94-3362724

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

AND SHARED TOOLS AND RESOURCES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NETWORK TALENT & LEADERSHIP DEVELOPMENT: THE KIPP FOUNDATION PARTNERS

WITH KIPP REGIONS TO BUILD AND SUSTAIN HEALTHY TALENT ECOSYSTEMS TO

ENSURE STRONG, EQUITABLE, INCLUSIVE TALENT PLANNING, RECRUITMENT,

SELECTION AND DEVELOPMENT OF TEACHERS AND LEADERS. THE KIPP FOUNDATION

ALSO SUPPORTS THE DEVELOPMENT OF KIPP PRINCIPALS AND DISTRICT LEADERS

THROUGH A SYSTEMIC STRATEGY TO ENSURE HEALTHY PRINCIPAL PIPELINES.

RESEARCH, DESIGN & INNOVATION: THE KIPP FOUNDATION SUPPORTS CONTINUOUS

LEARNING AND IMPROVEMENT AMONG KIPP SCHOOLS & REGIONS BY:

- CREATING ON-GOING VISIBILITY INTO KIPP'S NETWORK-WIDE PERFORMANCE AND

GENERATING ACTIONABLE INSIGHTS;

- ENSURING HIGH QUALITY DATA AND RESEARCH TO SUPPORT NETWORK LEADERS IN

MAKING DATA-DRIVEN DECISIONS; AND

- PROMOTING INNOVATION AND FACILITATING THE EXCHANGE OF IDEAS THROUGH

NETWORK-WIDE RETREATS AND PROFESSIONAL DEVELOPMENT EVENTS.

POLICY & PUBLIC AFFAIRS: THE KIPP FOUNDATION HAS ADOPTED A POLICY AND

PUBLIC AFFAIRS STRATEGY TO:

- 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

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization KIPP FOUNDATION	Employer identification number 94-3362724
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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 \$ 19,800,975. INCL GRANTS OF \$ 2,914,678. REVENUE \$ 1,040,703.

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 2021 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

PRESENTED TO THE AUDIT COMMITTEE MEMBERS DURING VIRTUAL SESSION BY PAID

PREPARERS. THE AUDIT COMMITTEE MEMBERS WERE ENCOURAGED TO REVIEW THE FORM

990 AND DIRECT THEIR QUESTIONS TO THE CFO AND/OR GENERAL COUNSEL. UPON

SATISFACTION OF ANY QUESTIONS, THE FORM 990 WAS 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

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

Name of the organization KIPP FOUNDATION	Employer identification number 94-3362724
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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 XI, LINE 9, CHANGES IN NET ASSETS:

RETURNED GRANTS	11,894.
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