Form <b>990</b>	
-----------------	--

Assets or Balances

Vet

21

22

### PUBLIC DISCLOSURE COPY **Return of Organization Exempt From Income Tax**

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

Departme Internal Re nt of the Treasury Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 **Open to Public** 

Inter	nal Rev	Go to www.irs.gov/Form990 for instructions and the	e latest in	formation.	Inspection						
AI	For th	ne 2022 calendar year, or tax year beginning JUL 1, 2022 and en	nding JU	N 30, 2023							
B	Check i applical	f C Name of organization		D Employer identification	ation number						
	Addr	ress KIPP FOUNDATION									
	Nam Char		94-3362724								
	Initia		oom/suite	E Telephone number							
	Final	135 MATN CODEED 18'		(415)399-1556							
	term	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	91,497,070.						
	Ame retur	nded CAN FRANCISCO CA 94105		H(a) Is this a group ret							
	Appl tion	F Name and address of principal officer: KINNARI PATEL-SMYTH		for subordinates?							
	pend	SAME AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No						
1	Tax-e	xempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527		st. See instructions						
	Webs			H(c) Group exemption	number						
		of organization: X Corporation Trust Association Other	L Year o	of formation: 2000 M	State of legal domicile: CA						
Pa	art I	-									
Ø	1	Briefly describe the organization's mission or most significant activities:	E PUBLI	C SCHOOLS THAT							
Ŭ		EQUIP EDUCATIONALLY UNDERSERVED STUDENTS WITH SKILLS TO SUCCEE	D.								
Governance	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net asse	ets.						
ove	3	Number of voting members of the governing body (Part VI, line 1a)			16						
	4	Number of independent voting members of the governing body (Part VI, line 1b) $\dots$			14						
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			287						
iti	6	Total number of volunteers (estimate if necessary)			14						
Acti		a Total unrelated business revenue from Part VIII, column (C), line 12			0.						
_	k	> Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.						
				Prior Year	Current Year						
e	8	Contributions and grants (Part VIII, line 1h)		122,944,583.	68,065,791.						
ent	9	Program service revenue (Part VIII, line 2g)		7,158,680.	7,732,803.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		596,684.	2,547,571.						
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16.	352.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		130,699,963.	78,346,517.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		46,695,405.	41,408,205.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		31,826,632.	0.						
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	41,082,945.							
Expenses	168	a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.							
Ä	. r	<b>5</b>		17 380 091	22 139 616						
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		17,380,091.	22,139,616. 104,630,766.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)									
u	19	Revenue less expenses. Subtract line 18 from line 12		34,797,835. Jinning of Current Year	-26,284,249. End of Year						
ets or	~	Tatel accets (Dart V. Jing 16)	Def	136,274,072.	116,066,149.						
<u> </u>	<b>2</b> U	Total assets (Part X. line 16)		1JU, 4/4, U/4.	····, ····, ····, ··4.9.						

Part II Signature Block

Total liabilities (Part X, line 26)

Net assets or fund balances. Subtract line 21 from line 20

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	Signature of officer	Da	te	
Here	LEANNE HERNANDEZ, CFO			
	Type or print name and title			
	Print/Type preparer's name	Prep#re#'s signature	Date	Check PTIN
Paid	MAGA E. KISRIEV	Majikon	03/12/2024	self-employed P01008919
Preparer	Firm's name HOOD & STRONG LLP		Fir	m's EIN 94-1254756
Use Only	Firm's address 60 SO. MARKET ST, STE 200			
	SAN JOSE, CA 95113		Ph	one no.408.998.8400
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
				000

LHA For Paperwork Reduction Act Notice, see the separate instructions. 232001 12-13-22

25,895,291.

90,170,858.

20,065,252.

116,208,820.

(Rev. January 2022)

### 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	Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)								
print	KIPP FOUNDATION	94-3362724								
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 135 MAIN STREET, 1875	ee instruct	ions.	<u> </u>						
return. See instructions.										
Enter the	Return Code for the return that this application is for (file	e a separa	e application for each return)			0 1				
Applicati	ion	Return	Application			Return				
ls For		Code	Is For			Code				
Form 990	) or Form 990-EZ	01	Form 1041-A			08				
Form 472	20 (individual)	03	Form 4720 (other than individual)			09				
Form 990	)-PF	04	Form 5227			10				
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 990	0-T (trust other than above)	06	Form 8870			12				
Form 990	D-T (corporation)	07								
<ul> <li>If the o</li> <li>If this</li> <li>box</li> <li>1 I re</li> <li>the</li> </ul>	hone No. ►       415-513-4106         organization does not have an office or place of business         is for a Group Return, enter the organization's four digit (         . If it is for part of the group, check this box ►         equest an automatic 6-month extension of time until         e organization named above. The extension is for the organization and above. The extension is for the organization named above. The extension is for the organization and above. JUL 1, 2022         me tax year beginning       JUL 1, 2022         me tax year entered in line 1 is for less than 12 months, comparison         Change in accounting period	Group Exe and atta <u>MAY 1</u> anization's	mption Number (GEN) ch a list with the names and TINs of 5, 2024 , to file return for: d endingJUN 30, 2023	If this is fo all memb	r the whole ers the extension opt organiz	e group, check this				
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 / nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.				
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and							
	imated tax payments made. Include any prior year overp			Зb	\$	0.				
	lance due. Subtract line 3b from line 3a. Include your pa									
usi	ng EFTPS (Electronic Federal Tax Payment System). See	<u>instruct</u> io	ns.	3c	\$	0.				
instructio	If you are going to make an electronic funds withdrawal ns.		· ·	453-TE and		79-TE for payment				

Form	1990 (2022) KIPP FOUNDATION	94-3362724	Page <b>2</b>
Pa	rt 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?		s 🛛 No
	prior Form 990 or 990-EZ? 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	s X No
Ŭ	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 m	easured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.		
4a	(Code:         ) (Expenses \$43,282,772.         including grants of \$30,578,887.         ) (Revenue)	\$5,85	54,478.)
	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 \$15,277,736. including grants of \$2,982,602. ) (Revenue	\$20	58,150.)
	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 \$10,874,873including grants of \$1,262,252. ) (Revenue	\$	0.)
	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		
	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.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 24,233,101. including grants of \$ 6,584,464.) (Revenue \$	1,610,527.)	
4e	Total program service expenses 93,668,482.	,	
		Form	<b>990</b> (2022)

16250308 758661 47000

	990 (2022) KIPP FOUNDATION 94-33627	24	Р	age <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0		8		x
~	Schedule D, Part III	•		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<b> </b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			ĺ
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			ĺ
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	
232003	12-13-22		990	(2022)

Form **990** (2022)

Form	990 (2022) KIPP FOUNDATION 94-33627	24	Р	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
<b>.</b> -	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	_		
Da	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X	L
Fai				
	Check if Schedule O contains a response or note to any line in this Part V			
		7	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 102	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		x	
000000	(gambling) winnings to prize winners?	_ 1c		(2022)
232004	۱ 12-13-22 5	FOLU	000	(2022)

	990 (2022) KIPP FOUNDATION 94-3362	2724	F	Page <b>5</b>								
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			1								
			Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return 2a 2a	87										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	X									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		Х								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b										
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х								
b	If "Yes," enter the name of the foreign country											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a												
b												
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		1									
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit											
ou	any contributions that were not tax deductible as charitable contributions?	6a		x								
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	. 00	+									
D	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).	40										
7		7 70		x								
a h	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo											
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		x								
	to file Form 8282?	7c										
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			-								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C'	? <b>7h</b>										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the											
	sponsoring organization have excess business holdings at any time during the year?	. 8										
9	Sponsoring organizations maintaining donor advised funds.											
а	Did the sponsoring organization make any taxable distributions under section 4966?											
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9</b> b	_									
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12	_										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_										
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders	_										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?	. <b>13</b> a										
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans 13b											
С	Enter the amount of reserves on hand 13c											
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. <b>14</b> a		X								
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or											
	excess parachute payment(s) during the year?	. 15		Х								
	If "Yes," see the instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		X								
	If "Yes," complete Form 4720, Schedule O.											
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities											
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17										
	If "Yes," complete Form 6069.											
		For	, 990	(2022)								

232005 12-13-22

Form **990** (2022)

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			X
Sec	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	6	100	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		.4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			х
6	Did the organization have members or stockholders?	6		х
- 7a				
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		8a	x	
b	Each committee with authority to act on behalf of the governing body?			х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	stion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		I	1
	(mis decion b requests mormation about policies not required by the internal nevenue dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b			x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	. 120		
Ŭ	on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
14			x	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official	15a	x	
b		15a	x	
D.	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	155		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
162		16a		x
16a	tavable entity during the year?			
	taxable entity during the year?	104		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
	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			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
b Sec	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? ction C. Disclosure			
b Sec 17	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? <b>Exempt Status</b> with respect to such arrangements? <b>Exempt Status</b> with which a copy of this Form 990 is required to be filed <u>AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, ID, IL</u>	16b		bla
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>Extion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, ID, IL</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	16b	availa	ble
b Sec 17	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? <b>Extion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, ID, IL</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	16b	availa	ble
b Sec 17 18	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?         Extinct C. Disclosure         List the states with which a copy of this Form 990 is required to be filedAL, AK, AR, CA, CO, CT, DC, FL, GA, HI, ID, IL         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.         X       Own website Another's website Y upon request Other (explain on Schedule O)	<b>16b</b> 3)s only)		ble
b Sec 17 18	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?         ction C. Disclosure         List the states with which a copy of this Form 990 is required to be filedAL, AK, AR, CA, CO, CT, DC, FL, GA, HI, ID, IL         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.         X       Own websiteAnother's websiteX       Upon requestOther (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and so the set space of the set o	<b>16b</b> 3)s only)		ble
b Sec 17 18 19	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?         ction C. Disclosure         List the states with which a copy of this Form 990 is required to be filedAL, AK, AR, CA, CO, CT, DC, FL, GA, HI, ID, IL         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.         X       Own website Another's website Upon request Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year.	<b>16b</b> 3)s only)		ble
b Sec 17 18	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?         ction C. Disclosure         List the states with which a copy of this Form 990 is required to be filedAL, AK, AR, CA, CO, CT, DC, FL, GA, HI, ID, IL         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.         X       Own website Another's website Upon request Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.         State the name, address, and telephone number of the person who possesses the organization's books and records	<b>16b</b> 3)s only)		ble
b <b>Sec</b> 17 18	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?         ction C. Disclosure         List the states with which a copy of this Form 990 is required to be filedAL, AK, AR, CA, CO, CT, DC, FL, GA, HI, ID, IL         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.         X       Own website Another's website Upon request Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year.	<b>16b</b> 3)s only)		ble

Form 990 (20		94-3362724	Page 1					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
E	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							
	this table for all persons required to be listed. Report compensation for the calendar year endi	5	,					
<ul> <li>List all</li> </ul>	of the organization's current officers, directors, trustees (whether individuals or organizations),	regardless of amount of compensation	ation.					
Enter -0- in co	plumns (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, box 6 of 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)	(B)			(0	C)			(D)	(E)	(F)		
Name and title	Average	(do	Position					Reportable	Estimated			
	hours per	box	box, unless		(do not check more than one box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week		cer ar	id a d	lirecto	r/trus	tee)	from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for	or dir	æ			ated		organization	(W-2/1099-MISC/	from the		
	related	Istee	truste			bens		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	ual tru	ional		ploye	t com ee		1099-NEC)		and related		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) DAVE LEVIN	40.00	-	-									
CO-FOUNDER		x						449,403.	0.	45,918.		
(2) KINNARI PATEL-SMYTH	40.00											
PRESIDENT		]		х				438,061.	0.	26,538.		
(3) FEDERICO GONZALEZ	40.00											
CH ACAD/TALENT SYS OFF(THRU 11/1/22)						Х		381,455.	0.	18,355.		
(4) SHELLEY GOODE	40.00											
CHIEF DEVEL OFFICER (THRU 1/1/23)						Х		348,355.	0.	37,820.		
(5) RICHARD BARTH	40.00	-										
CEO (THRU 7/1/22)		X		х				333,414.	0.	17,025.		
(6) JONATHAN COWAN	40.00											
CH RESEARCH, DESIGN & INNO OFFICER						X		281,523.	0.	50,077.		
(7) CAROLYN HACK	40.00											
ACTING CHIEF FINANCIAL OFFICER				x				273,395.	0.	51,532.		
(8) JOHN ALFORD	40.00								_			
CHIEF NETWOK GROWTH OFFICER						Х		269,511.	0.	51,532.		
(9) BETH THOMPSON	40.00	-										
EXECUTIVE COACH						Х		289,411.	0.	26,131.		
(10) NEYHA RAJAN	40.00	-						0.40 - 50 - 5		1 - 001		
SECRETARY (THRU 1/31/23)	10.00			X				240,706.	0.	17,291.		
(11) GARFIELD BYRD	40.00	-						010 610		00 506		
CFO/BOARD TREAS (THRU 12/2/22)	1.00			X				212,618.	0.	29,596.		
(12) JOHN FISHER	1.00								0	0		
BOARD MEMBER	1.00	X						0.	0.	0.		
(13) KATHERINE BRADLEY CHAIRMAN OF THE BOARD	1.00	x		x				0.	0.	0.		
(14) REED HASTINGS	1.00	^		^				0.	0.	<u> </u>		
BOARD MEMBER	1.00	x						0.	0.	0.		
(15) EMMA BLOOMBERG	1.00	^						0.	0.	<u> </u>		
BOARD MEMBER	1.00	x						0.	0.	0.		
(16) MARTHA KARSH	1.00								· ·			
BOARD MEMBER	1.00	x						0.	0.	0.		
(17) MICHAEL LOMAX	1.00								••			
BOARD MEMBER		x						0.	0.	0.		
232007 12-13-22	1		1	1						Form <b>990</b> (2022)		

8

232007 12-13-22

Form 990 (2022)

16250308 758661 47000

Form 990 (2022) KIPP FOUNDATION 94-33627									6272	4	P	age <b>8</b>	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do not check more than one						Reportable Report			Es	timate	эd
	hours per box, unless per				rson i	s both	n an	compensation	compensatio		ar	nount	of
	week	<u> </u>				17443		_ from	from related			other	
	(list any hours for	director						the	organization			pensa	
	related	eord	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	50/		om th anizat	
	organizations	ruste	l trus		ee	npen		1099-NEC)	1033-1120)			d relat	
	below	Individual trustee or	In stitutional trustee	-	nploy	st co	er	· ·				anizati	
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former				Ũ		
(18) MARK NUNNELLY	1.00												
BOARD MEMBER		x						0.		٥.			Ο.
(19) CARRIE WALTON PENNER	1.00												
BOARD MEMBER		х						0.		0.			0.
(20) ABIGAIL WEXNER	1.00												
BOARD MEMBER		х						0.		0.			0.
(21) MARIA ANGUIANO	1.00												
BOARD MEMBER		х						0.		0.			0.
(22) A'DORIAN MURRAY-THOMAS	1.00												
BOARD MEMBER		x						0.		0.			0.
(23) JESSICA CUNNINGHAM AKOTO	1.00												
BOARD MEMBER		х						0.		0.			0.
(24) MARSHA REEVES	1.00												
BOARD MEMBER		x						0.		0.			0.
(25) SHAVAR JEFFRIES	1.00												
BOARD MEMBER		х						0.		0.			0.
(26) CHARLES PHILLIPS	1.00												
BOARD MEMBER (THRU 5/31/23)		х						0.		0.		٥.	
1b Subtotal								3,517,852.		٥.		371,	815.
c Total from continuation sheets to Part VI	, Section A							0.		٥.	0		٥.
d Total (add lines 1b and 1c)								3,517,852.		0.		371,	815.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	•			
compensation from the organization													138
												Yes	No
3 Did the organization list any <b>former</b> officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual										3		Х
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4	X	ļ
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedul	e J f	or sı	ıch ı	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	•	•							•	pensa	tion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)		~	(0		
Name and business	address						_	Description of s		C	ompe	nsatio	n
TOGETHER EDUCATION, INC								CURRICULUM RESEARC	н &		_		
25 BROADWAY, 3RD FLOOR, NEW YORK, NY	10004							DEVELOPMENT			1	,935,	000.
ROBERT HALF													
PO BOX 743295, LOS ANGELES, CA 90074								TEMPORARY & PLACEM				626,	589.
INCOMM INCENTIVES, 100 SOUTH FIFTH ST	r. STE							MICROGRANT DISBURS	EMENTS &			<b>CO A</b>	0.45
1100, MINNEAPOLIS, MN 55402								FEES				604,	945.
CAPITAL HILTON	0000							CONFERENCE CERT				E 1 7	700
1001 16TH STREET NW, WASHINGTON, DC 2	20036							CONFERENCE SERVICE	5			517,	720.
KAH CONSULTING LLC	791								q			100	277
5731 45TH AVENUE, HYATTSVILLE, MD 201		- 4 1'		J I -	4 <b>1</b>			CONSULTING SERVICE				400,	377.
2 Total number of independent contractors (ir \$100,000 of componentian from the organization		ot IIr	niteo	1 [0	thos 42		ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	allun					-					<b>F</b>	000 /	0000

art	t VIII									_
		Check if Schedule O	conta	ains a respo	nse	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 5
2	1 a	Federated campaigns		1a						
Inc		Membership dues								
	с	Fundraising events		1c						
	d	Related organizations .		1d						
	е	Government grants (contr	ibuti	ons) <b>1e</b>		19,803,743.				
5	f	All other contributions, gifts,								
		similar amounts not included				48,262,048.				
p	-	Noncash contributions included in				9,893.	69 06E 701			
σ	h	Total. Add lines 1a-1f				68,065,791.				
	• •	LICENSE FEES				Business Code 900099	5,768,670.	5,768,670.		
	2a b	LEADERSHIP INCOME				900099	1,964,133.	1,964,133.		
an						300033	1,501,100.	1,501,100,		
Revenue	c d									
Ĕ	e									
		All other program service	reve	nue						
		Total. Add lines 2a-2f					7,732,803.			
	3	Investment income (inclue								
		other similar amounts)					3,287,571.			3,287,5
	4	Income from investment of	of tax	k-exempt bo	nd p	roceeds				
	5	Royalties								
				(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses $\dots$	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss	)							
	7 a	Gross amount from sales of		(i) Securit		(ii) Other				
	la la	assets other than inventory	<u>/a</u>	12,410,5	55.					
	b	Less: cost or other basis and sales expenses	76	13,150,5	53					
	c	Gain or (loss)								
		Net gain or (loss)					-740,000.			-740,0
		Gross income from fundraisi					,			,
	_	including \$								
		contributions reported on								
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
	С	Net income or (loss) from	fund	Iraising ever	nts					
	9 a	Gross income from gamin								
		Part IV, line 19			9a					
		Less: direct expenses			9b					
.		Net income or (loss) from			s					
	iu a	Gross sales of inventory,			10-					
	h	and allowances Less: cost of goods sold			10a 10b					
		Net income or (loss) from								
+	U		Jaida		у	Business Code				
-	11 a	MISCELLANEOUS REVEN	IUE			900099	352.	352.		
Revenue	b									
eve	c									
ŕ	d	All other revenue								
		Total. Add lines 11a-11d					352.			
_		-		-	-		78,346,517.	7,733,155.	0.	2,547,5

KIPP FOUNDATION

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

Do no	Check if Schedule O contains a response ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	b, 9b, and 10b of Part VIII.	וסנמו פאטפרושפש	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	38,876,332.	38,876,332.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,531,873.	2,531,873.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	4 595 999	0 005 001	050.045	
	trustees, and key employees	4,706,229.	2,835,231.	872,315.	998,683.
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	20 721 400	24, 220, 040	2 246 051	1 145 500
	Other salaries and wages	28,731,498.	24,339,049.	3,246,851.	1,145,598.
	Pension plan accruals and contributions (include	926,082.	784,529.	111,221.	30,332,
	section 401(k) and 403(b) employer contributions)	,		,	,
	Other employee benefits	4,434,934.	3,747,912. 1,861,391.	547,272. 293,974.	139,750. 128,837.
	Payroll taxes	2,204,202.	1,001,391.	295,974.	120,057,
	Fees for services (nonemployees):				
	Management	201,289.	201,289.		
		250,553.	201,205.	250,553.	
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees	571,122.		571,122.	
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch O.)	8,779,405.	8,036,605.	395,271.	347,529,
	Advertising and promotion	945,926.	924,596.	9,029.	12,301.
	Office expenses	1,924,376.	1,275,398.	632,153.	16,825.
	Information technology	644,738.	422,243.	206,714.	15,781.
	Royalties	, -	,	, -	, , , , , , , , , , , , , , , , , , ,
	Occupancy	954,937.	759,193.	158,661.	37,083,
	Travel	3,366,671.	3,202,328.	148,528.	15,815,
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	538,859.	433,200.	84,527.	21,132.
	Insurance	166,336.	133,721.	26,092.	6,523.
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 0.)				
а	TRAINING & EVENT PRODUC	2,809,860.	2,777,473.	17,197.	15,190.
b	EMPLOYEE RECRUITING COS	681,805.	252,230.	245,865.	183,710
с	DATA ACQUISITION	271,925.	271,925.		
d	OTHER EXPENSES	31,814.	1,964.	27,043.	2,807.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	104,630,766.	93,668,482.	7,844,388.	3,117,896
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)				

KIPP FOUNDATION

		Check if Schedule O contains a response or note	,,		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			36,156,612.	2	46,235,103
	3	Pledges and grants receivable, net			27,391,338.	3	16,289,168
	4	Accounts receivable, net			6,463,439.	4	6,527,286
	5	Loans and other receivables from any current or t					
		trustee, key employee, creator or founder, substa	ntial contrib	utor, or 35%			
		controlled entity or family member of any of these	e persons			5	
	6	Loans and other receivables from other disqualified	ed persons	as defined			
		under section 4958(f)(1)), and persons described	in section 4	958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			8,016,667.	7	7,133,334
Assets	8	Inventories for sale or use				8	
As	9				1,478,533.	9	637,423
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,885,958.			
	b	Less: accumulated depreciation	10b	6,550,400.	1,598,049.	10c	1,335,558
	11	Investments - publicly traded securities	I		54,250,578.	11	33,965,088
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			918,856.	15	3,943,189
	16	Total assets. Add lines 1 through 15 (must equa			136,274,072.	16	116,066,149
	17	Accounts payable and accrued expenses	12,231,269.	17	14,238,275		
	18	Grants payable	, ,	18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
	22	Loans and other payables to any current or forme					
Liabilities	LL	trustee, key employee, creator or founder, substa					
ilia		controlled entity or family member of any of these		22			
Lia	23	Secured mortgages and notes payable to unrelat	-			23	
	23 24	Unsecured notes and loans payable to unrelated				23	
	24 25	Other liabilities (including federal income tax, pay				24	
	25	parties, and other liabilities not included on lines					
		of Schedule D	17-24). Com		7,833,983.	25	11,657,016
	26				20,065,252.	25	25,895,291
	20			X	20,003,232.	20	23,053,251
ŝ		Organizations that follow FASB ASC 958, chec	k nere				
n n	07	and complete lines 27, 28, 32, and 33.			48,524,869.	27	43,371,946
ala	27			67,683,951.		46,798,912	
а р	28		L	07,003,551.	28	40,750,512	
5		Organizations that do not follow FASB ASC 95	в, спеск пе	re 🔄			
5	00	and complete lines 29 through 33.				00	
ŝ	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			116 000 000	31	00 170 050
ž	32	Total net assets or fund balances			116,208,820.	32	90,170,858
	33	Total liabilities and net assets/fund balances			136,274,072.	33	116 , 066 , 149 Form <b>990</b> (202)

Form **990** (2022)

Form	990 (2022) KIPP FOUNDATION	94-336272	24	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				4
	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	78,	346,	517.
2	Total expenses (must equal Part IX, column (A), line 25)	2	104,	630,	766.
3	Revenue less expenses. Subtract line 2 from line 1	3	-26,	284,	249.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	116,	208,	820.
5	Net unrealized gains (losses) on investments	5		246,	287.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	90,	170,	858.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Owner to Datella

Open to Public Inspection

Name of the organ	ization
-------------------	---------

Name of the organization							identification number
	DUNDATION						94-3362724
Part I Reason for Public C	narity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	i.	
The organization is not a private founda	tion because it is: (F	For lines 1 through 12, cl	neck only	one box.)			
<b>1</b> A church, convention of chu	rches, or associatio	n of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2 A school described in section	on 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)				
<b>3</b> A hospital or a cooperative h	nospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).		
4 A medical research organiza	tion operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	iii). Enter	the hospital's name,
city, and state:							
<b>5</b> An organization operated for		lege or university owned	or operat	ed by a go	overnmental un	it describe	ed in
section 170(b)(1)(A)(iv). (Co	omplete Part II.)						
6 A federal, state, or local gove	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X An organization that normall	y receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the	e general p	public described in
section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8 A community trust described	d in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	t II.)				
9 An agricultural research orga	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a l	and-grant	college
or university or a non-land-gr	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of t	he college	or
university:							
<b>10</b> An organization that normall	y receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershij	o fees, and	d gross receipts from
activities related to its exemption	pt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross investment
income and unrelated busine	ess taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the orga	anization a	Ifter June 30, 1975.
See section 509(a)(2). (Com	nplete Part III.)						
<b>11</b> An organization organized a	nd operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).		
<b>12</b> An organization organized a	-	-				•	
more publicly supported org							Check the box on
lines 12a through 12d that d				-		-	
a Type I. A supporting organ		-	• • • •	-			
the supported organization	n(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustee	s of the su	ipporting
organization. You must co	omplete Part IV, Se	ections A and B.					
<b>b Type II.</b> A supporting orga	-				•		•
control or management of	the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported
organization(s). <b>You must</b>	•						
c Type III functionally integ						/ integrate	ed with,
its supported organization		-					
d Type III non-functionally	•					•	
that is not functionally inte			•		-	an attentiv	/eness
requirement (see instructio		-					
e Check this box if the organ					Type I, Type II	, Type III	
functionally integrated, or		nally integrated supporting	ng organiz	ation.			
f Enter the number of supported or		-1					
g Provide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetarv	(vi) Amount of other
organization	()	(described on lines 1-10	Yes	ing document? No	support (see ins	-	support (see instructions)
		above (see instructions))	103	NO			
Total							

KIPP FOUNDATION

94-3362724

Page 2

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) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 90,984,402. 81,513,835. 122,944,583 68,065,791. 420,175,334. 56,666,723. 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 56,666,723. 90 984 402. 81,513,835. 122,944,583. 68,065,791. 420,175,334. 4 Total. Add lines 1 through 3 The portion of total contributions 5 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) 154,825,844. 265,349,490. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2020 (e) 2022 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (d) 2021 (f) Total 56,666,723. 90,984,402. 81,513,835. 122,944,583. 68,065,791. 420,175,334. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 746,682. 358,277. 3,287,571. 547,153. 1,507,624. 6,447,307. and income from similar sources 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.) 62,730 3,960 1,861 68,551 426,691,192. **11 Total support.** Add lines 7 through 10 35,533,501. **12** Gross receipts from related activities, etc. (see instructions) 12 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 62.19 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 62.94 15 % 16a 33 1/3% support test - 2022. 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 X b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. 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 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

Schedule A (Form 990) 2022

232022 12-09-22

16250308 758661 47000

# Schedule A (Form 990) 2022 KIPP FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
-							
Э	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
l.	3 received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
9	Amounts from line 6						
	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						
	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.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orga	nization,
							·
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2022 (	line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	e Percentage				
17	Investment income percentage for 2	022 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2022.</b> If the					3 1/3%, and	
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						/3%, and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						
	23 12-09-22		·				dule A (Form 990) 2022
			16	5			· · · ·

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

Part	IV Supporting Organizations (continued)			
			Yes	N
1 ⊦	las the organization accepted a gift or contribution from any of the following persons?			
	person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	1c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	335% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	letail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	N
<b>1</b> D	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	nore supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	lirectors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	ffectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	rganization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the upported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	rganization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
	upervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
			Yes	N
1 \	Vers a majority of the examination's directors or tructure during the tay year also a majority of the directors		163	IN
	Vere a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	r trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	r management of the supporting organization was vested in the same persons that controlled or managed			
t. Acti	he supported organization(s). on D. All Type III Supporting Organizations	1		
500	on D. An Type in Supporting Organizations		N.	
			Yes	N
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	rganization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	ear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	rganization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Vere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
c	rganization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
t	he organization maintained a close and continuous working relationship with the supported organization(s).	2		
3 E	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
S	ignificant voice in the organization's investment policies and in directing the use of the organization's			
i	ncome or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
s	upported organizations played in this regard.	3		
ecti	on E. Type III Functionally Integrated Supporting Organizations			
1 (	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructior	1 <u>s).</u>	
2 /	Activities Test. Answer lines 2a and 2b below.		Yes	N
	id substantially all of the organization's activities during the tay year directly further the exempt nurnoses of			

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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? *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.*
- **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? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( <i>explain ir</i>	Part VI). See inst	ruction
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	(D) Oursen	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (option)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (option:	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 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			
Sect	ion C - Distributable Amount			Current Y	Ƴear
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			

Schedule A (Form 990) 2022

232026 12-09-22

Sche	dule A (Form 990) 2022 KIPP FOUNDATION				94-3362724	Page 7
Pa	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	<b>nizations</b> <sub>(continu</sub>	ed)		
Sect	ion D - Distributions		· · · · · · · · · · · · · · · · · · ·		Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3		
4	Amounts paid to acquire exempt-use assets			4		
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	(1)	(::)	10	(:::)	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
-	Applied to 2022 distributable amount					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	Applied to underdictable tions of prior voors					
_	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
J	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
•	and 4b from line 1. For result greater than zero, <i>explain in</i>					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2018					
b	Excess from 2019					
	Excess from 2020					
d	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 KIPP FOUNDATION	94-3362724	Page <b>8</b>
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 7 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, I 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; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section ( Part V, Section B, line 1e; Part	C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
MISCELLANEOUS INCOME		
2018 AMOUNT: \$ 62,730.		
2019 AMOUNT: \$ 3,960.		
2020 AMOUNT: \$ 1,861.		
2021 AMOUNT: \$ 0.		
2022 AMOUNT: \$ 0.		
232028 12-09-22 21	Schedule A (Form 99	90) 2022

# Schedule B

## 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

2022

Employer identification number

94-3362724

Department of the Treasury
Internal Revenue Service

(Form 990)

Name of the organization

...

brganization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total s

**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).

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

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page
Name of or	rganization	E	mployer identification number
KIPP FOU	NDATION		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		\$10,000,00	Person       X         Payroll          Noncash          (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$8,000,00	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$7,467,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$3,720,00	D0.       Person X         Payroll       Noncash         (Complete Part II for noncash contributions.)         Schedule B (Form 990) (2022

47000\_\_1

	B (Form 990) (2022)		Page 2
Name of o	rganization	Emp	oloyer identification number
KIPP FOU	INDATION		94-3362724
Part I	Contributors (see instructions). Use duplicate copies of Part I	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$3,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$2,000,000.	Person       X         Payroll       □         Noncash       □         (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
9	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll       Image: Contribution         Noncash       Image: Contribution         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

223452 11-15-22

ame of or	ganization	E	mployer identification numb
PP FOU	NDATION		94-3362724
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

223453 11-15-22

|--|

ame of o	organization		Employer identification number
IPP FOU	JNDATION		94-3362724
Part III		ns to organizations described in set	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
	completing Part III, enter the total of exclusively religious, ch	naritable, etc., contributions of \$1,000 or I	less for the year. (Enter this info. once.)
	Use duplicate copies of Part III if additional s	pace 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 gif	 t
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	 t
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<b>-</b>	(e) Transfer of gif	
	Transferee's name, address, an	<u>d ZIP + 4</u>	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ť
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
3454 11-15	5-22		Schedule B (Form 990) (20

	For Org	anizations Exempt From Incon	ne Tax Under section	501(c) and section 52	7	_ <b>∠</b> ∪∠	
Department of the Treasury	Complete	if the organization is described	d below. Attach to F	orm 990 or Form 990	-EZ.	Open to P	ublic
Internal Revenue Service	Go	o to www.irs.gov/Form990 for	instructions and the la	atest information.		Inspecti	on
If the organization and	wered "Yes," or	n Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, liı	ne 46 (Political Campa	aign Activi	ities), then	
<ul> <li>Section 501(c)(3) or</li> </ul>	ganizations: Com	plete Parts I-A and B. Do not co	mplete Part I-C.				
<ul> <li>Section 501(c) (other</li> </ul>	er than section 50	01(c)(3)) organizations: Complete	Parts I-A and C below.	. Do not complete Part	I-B.		
<ul> <li>Section 527 organiz</li> </ul>		-					
If the organization and	wered "Yes," or	n Form 990, Part IV, line 4, or Fo	orm 990-EZ, Part VI, li	ine 47 (Lobbying Activ	ities), the	n	
	-	have filed Form 5768 (election ur			-		
	-	have NOT filed Form 5768 (elect				-	
If the organization ans Tax) (See separate ins		n Form 990, Part IV, line 5 (Prox	(y Tax) (See separate	instructions) or Form	990-EZ, P	Part V, line 35c	(Proxy
		tions: Complete Part III.					
Name of organization	), or (o) organizat				Emplover	identification	number
Ũ	KIPP FOUND	ATION				94-3362724	
Part I-A Comp	lete if the org	anization is exempt und	er section 501(c)	or is a section 527	7 organi	ization.	
1 Provide a descript	ion of the organiz	ation's direct and indirect politic	al campaign activities i	in Part IV.			
		ures			\$		
		gn activities					
Part I-B Comp	lete if the org	anization is exempt und	er section 501(c)(	3).			
		incurred by the organization unc					
		incurred by organization manage					
		n 4955 tax, did it file Form 4720				Yes	No No
						Yes	No No
b If "Yes," describe		onization is avampt und	ar a a ation 501(a)	avaant agation El	01/0//2)		
-		anization is exempt und		-			
		by the filing organization for se			\$		
	0 0	ization's funds contributed to ot	0		•		
					. \$		
•	•	. Add lines 1 and 2. Enter here a			¢		
		1120-POL for this year?				Yes	No
		nployer identification number (Ell					
		tion listed, enter the amount paid		-			
	•	omptly and directly delivered to a					
political action cor	nmittee (PAC). If	additional space is needed, prov	vide information in Part	IV.			
(a) Nam	le	(b) Address	(c) EIN	(d) Amount paid fr	om (	e) Amount of p	olitical
				filing organization	n's cor	tributions rece	ived and
				funds. If none, ente		promptly and d elivered to a se	
						political organiz	ation.
						If none, enter	· -0
For Paperwork Reduc	tion Act Notice,	see the Instructions for Form 9	990 or 990-EZ.		Schee	dule C (Form 9	90) 2022

**Political Campaign and Lobbying Activities** 

(Form 990)

SCHEDULE C

232041 11-08-22

LHA

OMB No. 1545-0047

2022

	KIPP FOUL					3362724	Page 2
Part II-A Complete if the org	ganizatio	n is exen	npt under sectio	n 501(c)(3) and file	d Form 5768 (el	ection und	ler
section 501(h)).							
				n Part IV each affiliated g	group member's nam	ne, address, E	EIN,
expenses, and sha			• •				
B Check if the filing organiza	ation checke	ed box A ar	d "limited control" pr	ovisions apply.			
Lim	its on Lobb	ying Exper	nditures		<b>(a)</b> Filing organization's	(b) Affiliate	
(The term "expen	ditures" me	eans amou	nts paid or incurred.	)	totals		
1a Total lobbying expenditures to infl	uence publi	c opinion (g	rassroots lobbying)				
<b>b</b> Total lobbying expenditures to infl	uence a legi	slative bod	y (direct lobbying)				
c Total lobbying expenditures (add l	ines 1a and	1b)		[			
d Other exempt purpose expenditur							
e Total exempt purpose expenditure	es (add lines	1c and 1d					
f Lobbying nontaxable amount. Ent	er the amou	nt from the	following table in bot	h columns.			
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable an	nount is:			
Not over \$500,000		20% of t	he amount on line 1e				
Over \$500,000 but not over \$1,00	0,000	\$100,00	0 plus 15% of the exc	cess over \$500,000.			
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	0 plus 10% of the exc	cess over \$1,000,000.			
Over \$1,500,000 but not over \$17	,000,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000.			
Over \$17,000,000		\$1,000,0	000.				
j If there is an amount other than ze reporting section 4911 tax for this (Some organizations t	year? hat made a	4-Year Ave section 50	raging Period Under 01(h) election do not	r Section 501(h) have to complete all or		Yes	No
		•	ate instructions for li				
		ying Exper	ditures During 4-Ye	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2	019	<b>(b)</b> 2020	(c) 2021	( <b>d)</b> 2022	(e) ⊤	otal
2a Lobbying nontaxable amount							
<b>b</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) 2022

232042 11-08-22

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

For e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		)	(b)
	e lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or			
	local legislation, including any attempt to influence public opinion on a legislative matter			
	or referendum, through the use of:			
а	Volunteers?	X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? $\dots$	X		
	Media advertisements?		X	
	Mailings to members, legislators, or the public?	X		20,735.
е	Publications, or published or broadcast statements?	X		10,184.
	Grants to other organizations for lobbying purposes?		X	= 1 . 0.0 1
-	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		74,294.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		45,798.
-	Other activities?		X	1 5 1 0 1 1
	Total. Add lines 1c through 1i		v	151,011.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
	If "Yes," enter the amount of any tax incurred under section 4912			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	501(c)(5	i) or sec	tion
Fai	501(c)(6).	1 30 1(0)(3	y, or sec	
	361(6)(6).			Yes No
	Mana substantially all (000/, an association reasing the state to the second such as			163 110
1	Were substantially all (90% or more) dues received nondeductible by members?			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3 Pai	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			tion
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '			
	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 politic		•	
~	expenses for which the section 527(f) tax was paid).	-ui		
а	Current year		2a	
	Carryover from last year			
c				
3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce			
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po			
	expenditures next year?		4	
5	Taxable amount of lobbying and political expenditures. See instructions		5	
Pa	t IV Supplemental Information			
Prov	ide 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 ar	nd 2 (See
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.			
PAR	FII-B, LINE 1:			
THE	FOUNDATION HAS A SENIOR DIRECTOR, DIRECTOR, AND ASSOCIATE OF			
GOVI	ERNMENT AFFAIRS AND POLICY WHO LOBBIES TO MODERNIZE THE CHARTER SCHOOLS			
_				
PRO	GRAM ON THE NATIONAL LEVEL. EXPENSES IN LINES 1D, 1E, 1G, AND 1H			
INCI	UDE A PORTION OF THE SALARY OF THIS INDIVIDUAL.			

232043 11-08-22

Department of the Treasury

Internal Revenue Service

Part I

1

2

3 4

### **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.



No

No

Name of the organization

**Organizations Maintaining Donor Advised Funds** organization answered "Yes" on Form 990, Part IV, line 6.

KIPP FOUNDATION

Total number at end of year \_\_\_\_\_

Aggregate value of contributions to (during year)

Aggregate value of grants from (during year)

Employer identification number

			94-3362724
ds or Other Similar Funds or Accounts.		Complete if the	
(a) Donor advised funds	(	<b>b)</b> Funds ar	nd other account

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 advis	ed funds	
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes	
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	
			Yes	
Pa	t II Conservation Easements. Complete if the o	rganization answered "Yes" on Form 990, I	Part IV, line 7.	

1	Purpose(s) of conservation easements held by the organization (check all that a	pply).
	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		
~	Tatal number of concernation accompany	20			

a		Za		
b	Total acreage restricted by conservation easements	2b		
с	Number of conservation easements on a certified historic structure included in (a)	2c		
d	Number of conservation easements included in (c) acquired after July 25,2006, 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 organi	zation du	uring 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	n easem	nents during the yea	ar
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements	during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 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.
4 - 16.41-	

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 shee	t works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pu	ıblic service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990. Part VIII, line 1	\$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	le
	(ii) Assets included in Form 990, Part X	\$
	()	*

16250308 758661 47000

232051 09-01-22

<u>Sche</u>	dule D (Form 990) 2022 KIPP FOUND						94-336		P	age <b>2</b>
Par	t III Organizations Maintaining C	Collections of Ar	t, Historica	al Treasures, c	or Othe	r Similar	r Assets	(contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any	of the following tha	it make s	ignificant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	l 📃 Loan	or exchange progr	ram					
b	Scholarly research	e	e 🗌 Othe	r						
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	n how they fu	ther the organizati	on's exer	mpt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historic	al treasures, or oth	er similar	r assets		_		_
_	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orga	nization answered	"Yes" or	n Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	art X, line 21.								
1a	Is the organization an agent, trustee, custod							_	_	_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:			[]				
								Amoun	t	
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance					<b>1</b> f				
	Did the organization include an amount on F		-			lity?	L	Yes		
Par	If "Yes," explain the arrangement in Part XIII					10				
Fai	<b>t V</b> Endowment Funds. Complete					10. (d) Three y	ware back		r voore	back
4.	Device in a factor balance	(a) Current year	(b) Prior y		als Dauk	<b>(u)</b> 11166 y	Cal S Dack	(e) i oui	years	Dauk
1a	Beginning of year balance									
D	Contributions									
C A	Net investment earnings, gains, and losses									
a	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance Provide the estimated percentage of the cur		lina 1 a colu							
2	Board designated or quasi-endowment	,	e (iine 19, coi %	unin (a)) neiù as.						
a b	Permanent endowment	%	70							
0	Term endowment	%								
C	The percentages on lines 2a, 2b, and 2c sho									
39	Are there endowment funds not in the posse		ation that are	held and administe	red for th	פר				
ou	organization by:							[	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the									1
Par	t VI Land, Buildings, and Equipn									
	Complete if the organization answere	ed "Yes" on Form 990	), Part IV, line	11a. See Form 990	), Part X,	line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr		) Cost or other basis (other)		Accumulate	ed	<b>(d)</b> Boo	k valu	e
1a	Land		·							
	Buildings									
	Leasehold improvements			1,384,455.		604,	480.		779	975.
	Equipment			643,870.		643,				0.
	Other			5,857,633.		5,302,			555	583.
	. Add lines 1a through 1e. (Column (d) must e		V column (D)	, ,				1	,335,	
Total	i Add mico ra through re. [Column (d) must e	<u>equal FOITT 990, Part</u>	<u>л. соштт (В)</u>				<u>  </u>	- /-	,	

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes" or	n 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)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(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)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.			
Complete if the organization answered "Yes" or	Form 990 Part IV line	11d See Form 990 Part X line 15	
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 1	5.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
I. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) GUARANTEES			100,000
(3) GOVERNMENT ADVANCE			7,962,824
(4) LEASE OBLIGATION			3,594,192
(5)			
(6)			
(7)			
(8)			
(9)			
		ł	11,657,016

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 ... X

Schedule D (Form 990) 2022

232053 09-01-22

<u>Sch</u> e	dule D (Form 990) 2022 KIPP FOUNDATION			94-33	62724	Page '
Pa	t XI Reconciliation of Revenue per Audited Financial St	atements With F	Revenue per Re	turn.		
	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	82,4	488,603
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1				
а	Net unrealized gains (losses) on investments	2a	246,287.			
b	Donated services and use of facilities	2b	4,466,921.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	4,7	713,208
3	Subtract line 2e from line 1			3	77,7	775,395
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	571,122.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>		4c	Ę	571,122	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1.		5	78,3	346,517	
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With	Expenses per R	leturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.				
1	Total expenses and losses per audited financial statements			1	108,5	526,565
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	4,466,921.			
b	Prior year adjustments					
с	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	4,4	466,921
3	Subtract line 2e from line 1			3	104,0	059,644
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а		4a	571,122.			
	Other (Describe in Part XIII.)					
	Add lines 4a and 4b			4c	ŗ	571,122
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990. Part I. line</i>			5		, 530,766
	rt XIII Supplemental Information.	<i>10.)</i>		J.	,	,
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			; Part X, I	ine 2; Part	XI,
PAR'	YX, LINE 2:					
THE	FOUNDATION HAS RECEIVED DETERMINATION FROM THE INTERNAL	REVENUE				
SERV	TICE UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE COD	E AND FROM THE				
STAT	E OF CALIFORNIA FRANCHISE TAX BOARD GRANTING EXEMPTION D	FROM TAXATION				
ON F	ELATED INCOME. THE FOUNDATION MAY BE SUBJECT TO TAX ON U	JNRELATED				

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.

232054 09-01-22

SCHEDULE I (Form 990)	Go	Grants and Otl vernments, and lete if the organization	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Attach to Form				Open to Public Inspection
Name of the organization		Go to www.ir	s.gov/Form990 for	the latest informa	ation.		Employer identification number
KIPP FOUNDATIC	DN						94-3362724
Part I General Information on Grants an							
<ol> <li>Does the organization maintain records to criteria used to award the grants or assis</li> </ol>							
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
KIPP BALTIMORE 321 NORTHERN BLVD.							SCHOOL START-UP, COVID-19
ALBANY, NY 12210	20-1347748	501(C)(3)	77,407.	0.			ASSISTANCE
KIPP CAPITAL REGION PUBLIC SCHOOLS (FKA ALBANY) - 2000 EDGEWOOD ST							COVID-19 ASSISTANCE, POSTSECONDARY, K-12
BALTIMORE, MD 21216	52-2342513	501(C)(3)	2,350,435.	0.			ACADEMICS-EARLY LITERACY
KIPP CHICAGO 2007 SOUTH HALSTED ST. CHICAGO, IL 60608	30-0075271	501(C)(3)	717,000.	0.			COVID-19 ASSISTANCE, SCHOOL START-UP, MARKETING
KIPP COLORADO SCHOOLS 1390 LAWRENCE ST. DENVER, CO 80204	80-0037534	501(C)(3)	131,402.	0.			COVID-19 ASSISTANCE, GPA ACADEMIC HEALTH, POSTSECONDARY MATCH, MARKETING, K-12
KIPP COLUMBUS 2900 INSPIRE DRIVE							COVID-19 ASSISTANCE, GPA ACADEMIC HEALTH, K-12 ACADEMICS-COMPUTER
COLUMBUS, OH 43224 KIPP COOPER NORCROSS ACADEMY 60 PARK PLACE, STE 802 NEWARK, NJ 07102	20-8627107 45-5040456		341,945.	0.			SCIENCE, MARKETING MENTAL HEALTH ASSISTANCE; POSTSECONDARY MATCH; FOUNDING SCHOOL LEADER DEVELOPMENT
2 Enter total number of section 501(c)(3) ar	nd government or	ganizations listed in th	ne line 1 table				
3 Enter total number of other organizations							
LHA For Paperwork Reduction Act Notice,	see the Instructi	ons for Form 990.					Schedule I (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other					( ,	,	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
							COVID-19 ASSISTANCE, GPA
KIPP DC PUBLIC SCHOOLS							ACADEMIC HEALTH, CAREER
2600 VIRGINIA AVE NW, STE 900							INTEGRATION, K-12
WASHINGTON, DC 20037	74-2974642	501(C)(3)	1,660,700.	0.			ACADEMICS-COMPUTER
KIPP DELTA PUBLIC SCHOOLS							
514 MISSOURI							COVID-19 ASSISTANCE,
HELENA, AZ 72342	31-1807400	501(C)(3)	43,726.	0.			MARKETING
							SCHOOL START-UP,
KIPP INDIANAPOLIS							PRINCIPAL PIPELINE &
1740 EAST 30TH STREET							DEVELOPMENT, COVID-19
INDIANAPOLIS, IN 46218	30-0145826	501(C)(3)	270,821.	0.			ASSISTANCE, MARKETING,
							SCHOOL START-UP, COVID-1
KIPP JACKSONVILLE SCHOOLS							ASSISTANCE, MARKETING,
1440 MCDUFF AVENUE NORTH							SCHOOL START-UP,
JACKSONVILLE, FL 32254	26 - 4046741	501(C)(3)	2,095,271.	Ο.			PRINCIPAL PIPELINE &
							COVID-19 ASSISTANCE,
KIPP KANSAS CITY							MARKETING, PRINCIPAL
2700 E 18TH ST							PIPELINE & DEVELOPMENT,
KANSAS CITY, MO 64127	20-8552002	501(C)(3)	593,862.	0.			SCHOOL START-UP
KIPP MASSACHUSETTS							
90 HIGH ROCK STREET							COVID-19 ASSISTANCE,
LYNN, MA 01902	74-3153091	501(C)(3)	222,495.	0.			, MARKETING
			,				COVID-19 ASSISTANCE,
KIPP MEMPHIS PUBLIC SCHOOLS							MARKETING, GPA ACADEMIC
2670 UNION AVENUE EXTENDED #1100							, HEALTH, COLLEGE
MEMPHIS, TN 38112	68-0502820	501(C)(3)	474,510.	0.			PERSISTENCE
			, -				COVID-19 ASSISTANCE,
KIPP METRO ATLANTA							SCHOOL START-UP, K-12
504 FAIR ST, SW							ACADEMICS-EARLY LITERACY
ATLANTA, GA 30313	11-3723114	501(C)(3)	545,863.	0.			MARKETING, PRINCIPAL
KIPP MIAMI, INC.							
6745 NW 23RD AVENUE							SCHOOL START-UP, COVID-19
MIAMI, FL 33147	81-4473475	501(C)(3)	462,634.	0.			ASSISTANCE, MARKETING

Schedule I (Form 990)

Schedule I (Form 990) KIPP FOUNDATIO				(Caba			94-3362724	Page <sup>-</sup>
Part II         Continuation of Grants and Other A           (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 or assistan	
KIPP MINNESOTA							SCHOOL START-UP,	
5034 N. OLIVER AVENUE							MARKETING, COVID	-19
MINNEAPOLIS, MN 55430	20-8877750	501(C)(3)	36,132.	0.			, ASSISTANCE	
			,				SCHOOL START-UP,	COVID-19
KIPP NASHVILLE							ASSISTANCE, COLL	
123 DOUGLAS AVENUE							, MATCH, GPA ACADE	
NASHVILLE, TN 37207	20-2799123	501(C)(3)	3,191,970.	0.			HEALTH, K-12	
,,			-,,	- •			SCHOOL START-UP,	COVID-19
KIPP NEW ORLEANS SCHOOLS							ASSISTANCE, COLL	
1307 ORETHA CASTLE HALEY BLVD, STE							MATCH, GPA ACADE	
NEW ORLEANS, LA 70113	20-2277213	501(C)(3)	1,044,743.	ο.			HEALTH, K-12	
			,•,*_••				COVID-19 ASSISTA	NCE
KIPP NORTH CAROLINA PUBLIC							CAREER INTEGRATI	,
SCHOOLS, INC - 1107 HOLLOWAY							ACADEMICS-COMPUT	
STREET - DURHAM, NC 27701	86-1211081	501(C)(3)	603,433.	ο.			SCIENCE, MARKETI	
		501(0)(5)		••			SCHOOL START-UP,	
KIPP NORTHERN CALIFORNIA PUBLIC							PRINCIPAL PIPELI	
SCHOOLS - 1000 BROADWAY #460 -							DEVELOPMENT, COV	
OAKLAND, CA 94607	20-5010766	501(C)(3)	1,759,229.	ο.			ASSISTANCE, MARK	
	20 3010,00	501(0)(5)	1,,00,220.	••			SCHOOL START-UP,	
KIPP NYC PUBLIC SCHOOLS							ASSISTANCE, COLL	
470 7TH AVENUE, 10TH FLOOR							PERSISTENCE,	
NEW YORK, NY 10018	20-3971209	501(C)(3)	6,807,527.	0.			POSTSECONDARY MA	тсн
NEW TORR, NI TOOTO	20 3371203	501(0)(3)	0,007,527.				SCHOOL START-UP,	,
KIPP OKLAHOMA CITY							PRINCIPAL PIPELI	
8400 N. ROBINSON AVE.							DEVELOPMENT, COV	
OKLAHOMA CITY, OK 73114	30-0005794	501(C)(3)	532,912.	0.			ASSISTANCE, MARK	
KIPP PHILADELPHIA (KIPP	50 0005754	501(0)(3)	552,512.	· ·			SCHOOL START-UP,	
ADMINISTRATIVE SERVICES) - 5070							PRINCIPAL PIPEL	
PARKSIDE AVE, STE 3500D, MAILBOX							DEVELOPMENT, COV	
41 - PHILADELPHIA, PA 19131	05-0546103	501(C)(3)	1,247,838.	0.			ASSISTANCE, COLL	
41 IIIIIIIIIIII, FR 13131	02 0240102	501(0)(3)	1,247,030.	J.			COVID-19 ASSISTA	
KIPP SOUTHERN CALIFORNIA PUBLIC							SCHOOL START-UP,	
SCHOOLS - 3601 E. FIRST STREET -								
	26-1607269	501(C)(3)	1 732 757	0.			MARKETING, PRINC	
LOS ANGELES, CA 90063	26-1607268	POT(C)(3)	4,732,757.	υ.			PIPELINE & DEVEL	OFMENT,

Schedule I (Form 990)

	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	(h) Purpose of grant or assistance
01-0916759	501(C)(3)	244,337.	0.			COVID-19 ASSISTANCE, MARKETING, SCHOOL START-UP
13-3875888	501(C)(3)		0			SCHOOL START-UP, COVID-1 ASSISTANCE, REGIONAL INTEGRATION SUPPORT, POSTSECONDARY MATCH,
		304,863.	0.			SCHOOL START-UP, COVID-1 ASSISTANCE, GPA ACADEMIC HEALTH, MARKETING, K-12 ACADEMICS-COMPUTER
87-3583179	501(C)(3)	1,117,252.	0.			SCHOOL START-UP, EARLY LITERACY
22-2112296		100,788.	٥.			PRINCIPAL PIPELINE & DEVELOPMENT-EVALUATION STUDY
01-0660264	501(C)(3)	2,269,306.	0.			SCHOOL START-UP, COVID-1 ASSISTANCE, COLLEGE PERSISTENCE, CAREER INTEGRATION, K-12
	501(C)(3)	7,000.	0.			SCHOOL START-UP, COVID-1 ASSISTANCE, COLLEGE PERSISTENCE, CAREER INTEGRATION, K-12
	13-3875888 11-3740269 87-3583179 22-2112296 01-0660264	01-0660264 501(C)(3)	13-3875888       501(C)(3)       4,579,171.         11-3740269       501(C)(3)       304,863.         87-3583179       501(C)(3)       1,117,252.         22-2112296       100,788.         01-0660264       501(C)(3)       2,269,306.	13-3875888       501(C)(3)       4,579,171.       0.         11-3740269       501(C)(3)       304,863.       0.         87-3583179       501(C)(3)       1,117,252.       0.         22-2112296       100,788.       0.         01-0660264       501(C)(3)       2,269,306.       0.	13-3875888       501(C)(3)       4,579,171.       0.         11-3740269       501(C)(3)       304,863.       0.         87-3583179       501(C)(3)       1,117,252.       0.         22-2112296       100,788.       0.         01-0660264       501(C)(3)       2,269,306.       0.	13-3875888       501(C)(3)       4,579,171.       0.         11-3740269       501(C)(3)       304,863.       0.         87-3583179       501(C)(3)       1,117,252.       0.         22-2112296       100,788.       0.         01-0660264       501(C)(3)       2,269,306.       0.

Schedule I (Form 990)

Schedule I (Form 990) 2022

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DREAMSCAPE SCHOLARSHIPS	2	13,627.	0.		
XECUTIVE DIRECTORS MILESTONE RECOGNITION	11	165,000.	0.		
EXCELLENCE AWARD	1	5,000.	0.		
HE FOUNDERS KIPP SIX AWARDS	14	140,000.	0.		
ARRIET BALL EXCELLENCE IN TEACHING AWARD	10	100,000.	0.		
Part IV Supplemental Information. Provide the information				dditional information.	
ART I, LINE 2:					
HE FOUNDATION GIVES GRANTS TO KIPP REGIONS BAS	ED ON NEED OR SP	ECIFICATION			
ROM 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 COLORADO SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 ASSISTANCE, GPA ACADEMIC

HEALTH, POSTSECONDARY MATCH, MARKETING, K-12 ACADEMICS-EARLY LEARNING

40

Schedule I (Form 990) KIPP FOUNDATION	94-3362724	Page				
Part III Continuation of Grants and Other Assistance to Dom	estic Individuals	Schedule I (Form 99	90), Part III.)			
<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of nonc	ash assistance
KIPP FORWARD ANNUAL COMMUNITY AWARD	2.	15,000.	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	898.	1,747,621.	0.			
NUDGE RAFFLE	2.	1,000.	0.			
RALES SCHOLARSHIPS	37.	344,625.	0.			
	57.	511,025.				

Schedule I (Form 990)

NAME OF ORGANIZATION OR GOVERNMENT: KIPP DC PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 ASSISTANCE, GPA ACADEMIC

HEALTH, CAREER INTEGRATION, K-12 ACADEMICS-COMPUTER SCIENCE, MARKETING,

SCHOOL START-UP

NAME OF ORGANIZATION OR GOVERNMENT: KIPP INDIANAPOLIS

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

& DEVELOPMENT, COVID-19 ASSISTANCE, MARKETING, GPA ACADEMIC HEALTH, DATA

INFRASTRUCTURE

NAME OF ORGANIZATION OR GOVERNMENT: KIPP JACKSONVILLE SCHOOLS

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

ASSISTANCE, MARKETING, SCHOOL START-UP, PRINCIPAL PIPELINE & DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: KIPP METRO ATLANTA

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 ASSISTANCE, SCHOOL

START-UP, K-12 ACADEMICS-EARLY LITERACY, MARKETING, PRINCIPAL PIPELINE &

DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: KIPP NASHVILLE

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

ASSISTANCE, COLLEGE MATCH, GPA ACADEMIC HEALTH, K-12 ACADEMICS-COMPUTER

SCIENCE, DATA INFRASTRUCTURE, K-12 ACADEMICS- EARLY LITERACY

NAME OF ORGANIZATION OR GOVERNMENT: KIPP NEW ORLEANS SCHOOLS

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

ASSISTANCE, COLLEGE MATCH, GPA ACADEMIC HEALTH, K-12 ACADEMICS-COMPUTER

232291 04-01-22 KIPP FOUNDATION

SCIENCE, K-12 ACADEMICS- EARLY LITERACY, MARKETING, PRINCIPAL PIPELINE &

DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

KIPP NORTH CAROLINA PUBLIC SCHOOLS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 ASSISTANCE, CAREER

INTEGRATION, K-12 ACADEMICS-COMPUTER SCIENCE, MARKETING, SCHOOL START-UP

NAME OF ORGANIZATION OR GOVERNMENT:

KIPP NORTHERN CALIFORNIA PUBLIC SCHOOLS

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

& DEVELOPMENT, COVID-19 ASSISTANCE, MARKETING, K-12 ACADEMICS-COMPUTER

SCIENCE, K-12 ACADEMICS-EARLY LITERACY

NAME OF ORGANIZATION OR GOVERNMENT: KIPP NYC PUBLIC SCHOOLS

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

ASSISTANCE, COLLEGE PERSISTENCE, POSTSECONDARY MATCH, CAREER INTEGRATION,

POSTSECONDARY COUNSELING COLLABORATIVE, MARKETING

NAME OF ORGANIZATION OR GOVERNMENT:

KIPP PHILADELPHIA (KIPP ADMINISTRATIVE SERVICES)

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

& DEVELOPMENT, COVID-19 ASSISTANCE, COLLEGE PERSISTENCE, GPA ACADEMIC

HEALTH, MARKETING, K-12 ACADEMICS-EARLY LITERACY, DATA INFRASTRUCTURE

NAME OF ORGANIZATION OR GOVERNMENT: KIPP TEXAS PUBLIC SCHOOLS

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

ASSISTANCE, REGIONAL INTEGRATION SUPPORT, POSTSECONDARY MATCH, CAREER

Schedule I (Form 990)

232291 04-01-22

43 2022.05060 KIPP FOUNDATION KIPP FOUNDATION

INTEGRATION, K-12 ACADEMICS-COMPUTER SCIENCE, MARKETING

NAME OF ORGANIZATION OR GOVERNMENT: KIPP TULSA PUBLIC CHARTER SCHOOLS

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

ASSISTANCE, GPA ACADEMIC HEALTH, MARKETING, K-12 ACADEMICS-COMPUTER

SCIENCE

NAME OF ORGANIZATION OR GOVERNMENT:

TEAM ACADEMY CHARTER SCHOOLS - KIPP NEW JERSEY

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

ASSISTANCE, COLLEGE PERSISTENCE, CAREER INTEGRATION, K-12

ACADEMICS-COMPUTER SCIENCE, PRINCIPAL PIPELINE & DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

THE PARTNERSHIP FOR LOS ANGELES SCHOOLS

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

ASSISTANCE, COLLEGE PERSISTENCE, CAREER INTEGRATION, K-12

ACADEMICS-COMPUTER SCIENCE, PRINCIPAL PIPELINE & 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.

Schedule I (Form 990)

Schedule I (Form 990) KIPP FOUNDATION	94-3362724	Page <b>2</b>
Part IV Supplemental Information		
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		
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.		

232291 04-01-22

SCHEDULI	J Compensation Information	c	OMB No. 1545-004			
(Form 990)	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		2022			
			Dpen to	<b>D</b> uki	•	
Department of the Internal Revenue Se		, c	Inspe			
Name of the o		Employer iden	-			
	KIPP FOUNDATION	94-3362				
Part I Q	estions Regarding Compensation					
				Yes	No	
1a Check th	appropriate box(es) if the organization provided any of the following to or for a person listed on Form §	990,				
Part VII, S	ection A, line 1a. Complete Part III to provide any relevant information regarding these items.					
First	class or charter travel Housing allowance or residence for persor	nal use				
Trav	I for companions	sidence				
Tax	ndemnification and gross-up payments	6				
Disc	etionary spending account Personal services (such as maid, chauffeu	r, chef)				
-	e boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	nent or provision of all of the expenses described above? If "No," complete Part III to explain		1b	X		
	ganization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
trustees,	nd officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X		
	hich, if any, of the following the organization used to establish the compensation of the organization's					
	utive Director. Check all that apply. Do not check any boxes for methods used by a related organizatio	on to				
	compensation of the CEO/Executive Director, but explain in Part III.					
	Densation committee Written employment contract					
	endent compensation consultant 990 of other organizations X Compensation survey or study X Approval by the board or compensation co	ommittoo				
		ommittee				
4 During th	year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	on or a related organization:					
0	severance payment or change-of-control payment?		4a	х		
	in or receive payment from a supplemental nonqualified retirement plan?		4b		Х	
-	in or receive payment from an equity-based compensation arrangement?		4c		Х	
-	any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
Only sec	on 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5 For perso	is listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
-	on the revenues of:					
a The orga			5a		X	
	d organization?		5b		X	
	line 5a or 5b, describe in Part III.					
	is listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
-	on the net earnings of:					
a The orga			6a		X	
	d organization?		6b		X	
	line 6a or 6b, describe in Part III.					
=	Is listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		v	
	bed on lines 5 and 6? If "Yes," describe in Part III		7		X	
	amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		_		x	
			8		^	
	line 8, did the organization also follow the rebuttable presumption procedure described in		•			
	is section 53.4958-6(c)? rwork Reduction Act Notice, see the Instructions for Form 990.	Schedule	9	n 000'	2022	
		ocheudle				

232111 10-18-22

94-3362724

## 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	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVE LEVIN	(i)	447,194.	0.	2,209.	5,186.	40,732.	495,321.	0.
CO-FOUNDER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KINNARI PATEL-SMYTH	(i)	436,042.	0.	2,019.	10,800.	15,738.	464,599.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FEDERICO GONZALEZ	(i)	249,064.	0.	132,391.	5,962.	12,393.	399,810.	0.
CH ACAD/TALENT SYS OFF(THRU 11/1/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHELLEY GOODE	(i)	341,445.	0.	6,910.	9,307.	28,513.	386,175.	0.
CHIEF DEVEL OFFICER (THRU 1/1/23)	(ii)	0.	0.	0.	0.	0.	0.	٥.
(5) RICHARD BARTH	(i)	329,665.	0.	3,749.	10,800.	6,225.	350,439.	٥.
CEO (THRU 7/1/22)	(ii)	0.	0.	0.	0.	0.	0.	٥.
(6) JONATHAN COWAN	(i)	279,064.	0.	2,459.	10,800.	39,277.	331,600.	٥.
CH RESEARCH, DESIGN & INNO OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CAROLYN HACK	(i)	271,664.	0.	1,731.	10,800.	40,732.	324,927.	0.
ACTING CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOHN ALFORD	(i)	267,599.	0.	1,912.	10,800.	40,732.	321,043.	0.
CHIEF NETWOK GROWTH OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) BETH THOMPSON	(i)	287,672.	0.	1,739.	10,800.	15,331.	315,542.	0.
EXECUTIVE COACH	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) NEYHA RAJAN	(i)	194,038.	45,034.	1,634.	9,624.	7,667.	257,997.	0.
SECRETARY (THRU 1/31/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) GARFIELD BYRD	(i)	208,908.	0.	3,710.	8,463.	21,133.	242,214.	0.
CFO/BOARD TREAS (THRU 12/2/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

## 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:

FEDERICO GONZALEZ, CHIEF ACADEMIC AND TALENT SYSTEMS OFFICER, RECEIVED

\$130,937 SEVERANCE PAYMENT IN CALENDAR YEAR 2022.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## 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.



Employer identification number 94-3362724

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

KIPP FOUNDATION

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

AND SHARED TOOLS AND RESOURCES.

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;

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 49

Schedule O (Form 990) 2022	
Name of the organization KIPP FOUNDATION	Employer identification numbe 94-3362724
- 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.	
EXPENSES \$ 24,233,101. INCL GRANTS OF \$ 6,584,464. REVENUE \$ 1,610,527.	
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 2022 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	
COULD GIVE RISE TO CONFLICTS, AS DEFINED IN THE CONFLICT OF INTEREST	
POLICY. KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT OF	

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization KIPP FOUNDATION	Employer identification number 94-3362724
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	
SECTION 4958 AND APPLICABLE REGULATIONS, COMMONLY REFERRED TO AS THE	
"INTERMEDIATE SANCTIONS" LEGISLATION, AND	

232212 10-28-22

Schedule O (Form 990) 2022

Name of the organization

KIPP FOUNDATION

Page 2 Employer identification number 94-3362724

\* 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.

Schedule O (Form 990) 2022