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22 Net assets or fund balances. Subtract line 21 from line 20 18,168,755. 19,681,940. Part II Signature Block Under penalties of perkery, 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 Dicharation of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Firm's name (or yours if self-employed), address, and to the preparer is self-employed, address, and it is strue. CPAS Yue Only HOOD & STRONG LLP, CPAS 100 FIRST STREET, 14TH F SAN FRANCISCO, CA 94105 May the IRS discuss this return with the preparer shown above? (see instruc 832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Noti	sets	20	Total assets (F	Part X, line 16)		29,990,063.
Part II Signature Block Under penalties of perury. 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 prepare (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Paid Preparer's Preparer's Type or print name and title Preparer's HOOD & STRONG LLP, CPAS Signature 100 FIRST STREET, 14TH F Side the RS discuss this return with the preparer shown above? (see instruc Bay the IRS discuss this return with the preparer shown above? (see instruc	tAse	21	Total liabilities	(Part X, line 26)		
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Preparer's Signature V View C CPAS Self-employed, address, and ZIP + 4 Back Signature V View C CPAS Self-employed, address, and ZIP + 4 Back Signature V View C CPAS Self-employed, address, and ZIP + 4 SAN FRANCISCO, CA 94105 May the IRS discuss this return with the preparer shown above? (see instruc B32001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice	D-:		Preparer's	1 11.		
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May the IRS discuss this return with the preparer shown above? (see instruc 832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Not		-	address, and			
832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Not	Mar	the If	L			
	55201					

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Pa	t III Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION		
	THE PURPOSE OF THE KIPP FOUNDATION IS TO CREATE A RESPECTED	<u> </u>	
	INFLUENTIAL, AND NATIONAL NETWORK OF FREE, OPEN ENROLLMENT,	COLLEGE	3
	PREPARATORY PUBLIC SCHOOLS (KIPP SCHOOLS) THAT ARE SUCCESSF	UL IN	
	HELPING STUDENTS FROM EDUCATIONALLY UNDERSERVED COMMUNITIES		>
2	Did the organization undertake any significant program services during the year which were not listed on		
-	the prior Form 990 or 990 EZ?	Yes	. 5
		[] res	
-	If "Yes", describe these new services on Schedule O.	Yes	٦
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. LYes	
	If "Yes", describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a	and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
	SEE SCHEDULE O FOR CONTINUATION(S)		
4a	(Code:) (Expenses \$ 8,170,200. including grants of \$) (Revenue	\$ 4,206,	. 98
	LEADERSHIP DEVELOPMENT - THE KIPP FOUNDATION TRAINS TEACHER		
		LONG KIP	D
		FISHER	<u> </u>
	FELLOWSHIP AND THE LEADERSHIP PATHWAYS PROGRAM. THE FISHER		SH1
	IS A YEAR-LONG TRAINING FOCUSED ON OPENING AND LEADING A NE	W KIPP	
	SCHOOL AND INCLUDES:		
	- A SIX-WEEK INTENSIVE PROGRAM OF COURSEWORK AT NEW YORK UN	<u>IVERSITY</u>	<u> </u>
	COVERING INSTRUCTIONAL, ORGANIZATIONAL, AND OPERATIONAL LEA	DERSHIP	
	- RESIDENCIES, TO OBSERVE AND PARTICIPATE IN THE LEADERSHI	P AND	
	OPERATION OF HIGH-PERFORMING KIPP SCHOOLS		
	- SEVERAL TRAINING CONFERENCES ARE HELD DURING THE YEAR.	CONFEREN	ICE
	ARE LED BY KIPP STAFF AND PROFESSIONALS OUTSIDE OF THE KIPP		
4h	(Code:) (Expenses \$ 6,628,691. including grants of \$ 2,392,026.) (Revenue		
	ON-GOING SCHOOL SUPPORT - THE FOUNDATION PROVIDES ON-GOING		
	TO EXISTING KIPP SCHOOLS IN THE AREA OF PROFESSIONAL DEVELO		102
	CURRICULUM, INSTRUCTIONAL SUPPORT, SCHOOL OPERATIONS, REAL		
	FUNDRAISING, AND MARKETING.	BOIAID,	
	FUNDATIONG, AND MARKETING.		
4c	(Code:) (Expenses \$ 2,122,943. including grants of \$) (Revenue	\$ 1,020,	37
		TEGRATIO	
	DATA-DRIVEN DECISION MAKING AT THE KIPP FOUNDATION AND KIPP		
		DATA SHO	
		TRUCTION	
	OPERATIONS, EXTERNAL MESSAGING AND GROWTH. SMART DECISIONS		TE
	INTO IMPROVED EDUCATIONAL OUTCOMES AND SCHOOL SUSTAINABILIT	Y	
	······································		
			. <u> </u>
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ 572, 442. including grants of \$) (Revenue \$)		
	Total program service expenses ►\$ 17,494,276. (Must equal Part IX, Line 25, column (B))		
<u>4e</u>			
32002		Form 9	90
32002	28	Form 9	90
32002 2-18-1		Form 9	

_	<u>m 990 (2008) KIPP FOUNDATION 94-3362</u>	724	P	age 3
P	art 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)?		ł	
	If "Yes," complete Schedule A	1	X	
2	ls the organization required to complete Schedule B, Schedule of Contributors?	2	X	L
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5				
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6				
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Ļ	X
7				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8				
	Schedule D, Part III	8	 	<u> </u>
9				
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10		10	ļ	<u> </u>
11			l	
	If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11	X	
12				
40	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13		13		X
14		14a		<u>x</u>
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			77
15	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	located outside the United States 2 (f "Ves." complete Schedule E. Dert II			v
16		15		<u> </u>
10	logated outside the United States? If IVes & complete Schedule 5. But III	16		v
17		<u>16</u> 17		<u>X</u>
18		18		X
19		19		X
20		20		X
21		21	x	
22	•	22	X	
23		23	X	·
24	a 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 questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		X
I	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		_X_
I	b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u>X</u>

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Form	n 990 (2008) KIPP FOUNDATION 94-33	62724	P	age 4
Pa	irt IV Checklist of Required Schedules (continued)			
•			Yes	No
28 a		ر و می ا مراکب مراکب		5.
	Indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	17.1	X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		x
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? 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, Parts II, III, IV, and V, line 1	. 34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	. 35	ľ	X
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	. 30		<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		x
		Form	990 /	2000

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Form	990 (2008) KIPP FOUNDATION 94-3362	724	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		171.	
	U.S. Information Returns. Enter -0 if not applicable			· · ·
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ιť.		1 x
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	•	:	1 1
	filed for the calendar year ending with or within the year covered by this return			.: - '
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	•		2
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<u>3a</u>		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>3b</u>	L	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			{
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	- روما د روما	2,7	· , , ;
	Financial Accounts.	``` 1	• -	(<u>5</u> 5
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
р	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		<u>x</u>
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	<u>5c</u>		L
6a	Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			{
	were not tax deductible?	_6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	- 	I.	द ः वी
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	<u>7a</u>		<u>x</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	- <u>-</u> -	X
	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		۰	
	benefit contract?	<u>7e</u>		
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g L	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
n o	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<u>7h</u>		
0	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have		· -	· · · ·
	evenue humans heldings at any time during the year?	8	-	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		- ,	
a	Did the organization make any taxable distributions under section 4966?	9a		-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: N/A	00		
a	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: N/A			
a	Gross income from members or shareholders			Í
	Gross income from other sources (Do not net amounts due or paid to other sources against			1
~	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		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
_		·	000	

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KIPP FOUNDATION

94-3362724 Page 6

Part VI	Governance, Management,	and Disclosure (Sections A,	B, and C request information a	bout policies not required by the
	Internal Revenue Code.)			

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,		-	<u> </u>
	processes, or changes in Schedule O. See instructions.	•	`	۰. ۱ • • •
1a	Enter the number of voting members of the governing body			- 1
b	Enter the number of voting members that are independent 1b 10			
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	X_	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a				
	governing body?	7a _		X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			· ī
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	_13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	1 1. 11
15	Did the process for determining compensation of the following persons include a review and approval by independent			1.51

15	Did the process for determining compensation of the following persons include a review and approval by independent	· ·		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		·	ر جني . اد جن ينس
а	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		\.	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			

List the states with which a copy of this Form 990 is required to be filed CA, IL, NY 17

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for
	public inspection. Indicate how you make these available. Check all that apply.

Own website X Upon request Another's website

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Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19 statements available to the public.

20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	*
	TINA SACHS - 415-874-7387	

			<u> </u>						
135	MAIN	STREET,	SUITE	1700,	SAN	FRANCISCO,	CA	94105	
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						6			

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KIPP FOUNDATION

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average				ition			Reportable	Reportable	Estimated
	hours per		hecl	(aii	that	app	ny)	compensation from	compensation from related	amount of other
	week	individual trustee or director	{		ļ		l	the	organizations	compensation
		ee or d	stee			Highest compensated employee	1	organization	(W-2/1099-MISC)	from the
	1	trust	tal tru:		oyee	omper		(W-2/1099-MISC)		organization and related
		vidua	nstitutional trustee	Officer	Key employee	hest ci	ie.			organizations
		Ē	last	Ē	Key	돌	ē			
RICHARD BARTH										
CEO	40.00	X		X					0.	8,142.
MICHAEL FEINBERG						1				
CO-FOUNDER/DIRECTOR	40.00	X	L					145,010.	0.	<u>15,051.</u>
DAVE LEVIN		ł		1						
CO-FOUNDER/DIRECTOR	40.00	X	<u> </u>					148,492.	0.	0.
DONALD FISHER										
CO-FOUNDER/DIRECTOR	1.00	X				ļ		0.	0.	0.
DORIS FISHER		l			l	1	l			
DIRECTOR	1.00	X	L	.	L			0.	0.	0.
JOHN FISHER							}			
DIRECTOR	1.00	X	\vdash			ļ		0.	0.	0.
SCOTT HAMILTON		ĺ								
DIRECTOR	1.00	<u> X</u>			<u> </u>	 	L	0.	0.	0.
REED HASTINGS				ł						_
DIRECTOR	1.00	X					_ _	0.	0.	0.
SHAWN M. HURWITZ										_
DIRECTOR	1.00	X			ļ	}		0.	0.	0.
MICHAEL L. LOMAX	1 00		[ł		(
DIRECTOR	1.00	<u> x</u>	├		<u> </u>			0.	0.	0.
MARK NUNNELLY	1 00						ł		0	•
DIRECTOR SEBHA ALI	1.00	Ā					┣—-	0.	0.	0.
BOARD MEMBER	1.00	v					1	ο.	0.	0
KATHERINE BRADLEY	1.00	⊢ ≏-		<u> </u>		├		0.		0.
BOARD MEMBER	1.00	v						0.	ο.	0.
DAVID LEEBRON	1.00	A					-		0.	<u> </u>
BOARD MEMBER	1.00	x				1		ο.	0.	0.
TINA SACHS	1.00	**				<u> </u>		· · · · ·		<u>v.</u>
CFO	40.00			х			l	161,071.	0.	15,521.
DARRYL COBB										
CHIEF LEARNING OFFICER	40.00				x	Ì		153,334.	0.	21,542.
DAVID WICK						<u> </u>	1			
CHIEF_DVLP_OFFICER	40.00					x		186,992.	0.	<u> 8,873.</u>
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7 2008.05060 KIPP FOUNDATION

Form 990 (2008) KIPP FOUN Part VII Section A Officers Directors Tr										<u>2724</u> Ра	age 8	
· · · · ·		mple 	oyee			High	est	Compensated Employ		(E)		
- (A) Name and title	(B) Average							(D) Reportable	(E) Reportable	(F) Estimate	he	
	hours	l (c				app	N)	compensation	compensation		amount of	
	per		1		F		Ľ.	from	from related	other		
	week	Individual trustee or director			İ			the	organizations	compensat		
		ce or	stee			Highest compensated employee		organization	(W-2/1099-MISC)	1		
		trust	al tru		oyee	ompe		(W-2/1099-MISC)		organizati and relate		
		vidua	Institutional trustee	į.	Key employee	hest c	Ē			organizatio		
		Ē	Inst	Officer	Key	Empt	For					
JOHN KANBERG			<u>†</u>		1							
DIR. BOARD RELATIONS & I	40.00	Ì				x		166,121.	C	10,1	93.	
MIKE WRIGHT												
REGIONAL DIRECTOR	40.00					X		165,156.	C	12,8	62.	
DIANE ROBINSON												
DIR. RECRUITMENT	40.00					X		147,469.	C	. 11,2	18.	
LINDA BELANS												
DIRECTOR, COACHING	40.00	L				X		144,180.	0	9,5	<u>75.</u>	
		<u> </u>	<u> </u>			<u> </u>						
			<u> </u>	ļ		ļ						
		F										
						-						
					-							
1b Total			!	L	I			1,719,655.		. 112,9	77	
2 Total number of individuals (including those	in 1a) who rea			<u></u>	tha		00	· · · · · · · · · · · · · · · · · · ·	<u>_</u>	<u> </u>	<u> </u>	
compensation from the organization		0014	cu n	1010	una	ΠψΓ	00,			•	10	
	<u>· </u>			·	·	·	<u>· ·</u>	<u>.</u>	······	Yes	No	
3 Did the organization list any former officer,	director or tru	stee	. ke	v em	olar	vee.	or t	highest compensated en	no eevola			
line 1a? If "Yes," complete Schedule J for s										3	X	
4 For any individual listed on line 1a, is the su									he organization	~		
and related organizations greater than \$150									-	4 X		
5 Did any person listed on line 1a receive or a										، د	, <u>• Ē</u> l	
the organization? If "Yes," complete Schedu								-		5	X	
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	lepe	ende	nt c	onti	racto	ers t	that received more than \$	\$100,000 of compe	nsation from		
the organization												
(A)								(B)		(C)		
Name and business								Description of se	ervices	Compensation	<u>n</u>	
GRAND HYATT SAN ANTONIO (
<u>600 E. MARKET STREET, SAN</u>				<u>rx</u>	_78	820)5	HOTEL		907,0	<u>79.</u>	
MATHEMATICA POLICY RESEAF											• -	
P.O. BOX 2393, PRINCETON,								CONSULTING		523,34	<u>49.</u>	
DELL MARKETING LP, 1990 N					-					202.01		
BLVD., STE 300, WALNUT CF	CEEK, CA	<u> </u>	14:	996)		_	CONSULTING		323,2	56.	
DELL INC	C 2 01	111	10							206 1	<i>~</i> -	
P.O. BOX 910916, PASADENA	1, CA 91						-	COMPUTER COMI		206,10	00.	
ΝΈΨ ΥΛΡΚ ΙΝΙΤΩΓΡΟΓΤΟΥ							- 1					
NEW YORK UNIVERSITY 726 BROADWAY ROOM 238 N		7	۸TS	7 1		102	۱ <u>۱</u>	ייסגמים משער/גמיו	7 I	176 01	56	
726 BROADWAY, ROOM 238, N										176,99	<u>56.</u>	
										176,99	<u>56.</u>	

|

	n 990 (ON			94-3362	724 Page 9
	irt VII	I Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	c d f f	All other contributions, gifts, grants, and	25,499. 810017.	• 21635516.			
			Business Code				
e	2 a	LICENSE FEES	900099	920,644.	920,644.		
e zic	ь	SERVICE FEES & CONFERE	900099	897,549.			
s nua	c			L			
Program Service Revenue	ď		·				
rog	е						
Ъ	f	All other program service revenue	L	1 010 100			
	g			1,818,193.		·	
	3	Investment income (including dividends, intere	•	142,167.			142,167.
I		other similar amounts) Income from investment of tax-exempt bond p		142,107.	· · · · · · · · · · · · · · · · · · ·		142,107.
	4	Royatties					
	5	(i) Real	(ii) Personal				
	ßa	Gross Rents		····			
		Less: rental expenses			· ·		
		Rental income or (loss) 203,257.				4 · · · ·	
		Net rental income or (loss)		203,257.			203,257.
	7 a	Gross amount from sales of (i) Securities	(ii) Other			3	
		assets other than inventory	507.				
	b	Less: cost or other basis					، ``` يەر ب
		and sales expenses	23,487.	-			1
	c	Gain or (loss)	<u><22,980.</u>			• •	
		Net gain or (loss)	<u></u>	<22,980.	>		<u><22,980.</u>
e	8 a	Gross income from fundraising events (not	,				به میرد انتخاب میزد مد _و انتخاب
Other Revenue		including \$ of		-	• •;	-	
Rev		contributions reported on line 1c). See			· · ·	-	
ler		Part IV, line 18 a					· ,
đ		Less: direct expenses	L	-	· ·	l	
		Net income or (loss) from fundraising events	· · · P	-			
	чa	Gross income from gaming activities. See	Į			ļ	, ,
	F	Part IV, line 19 a Less: direct expenses b	1	1		[
		Less: direct expenses b Net income or (loss) from gaming activities	L	1		{	
		Gross sales of inventory, less returns	[<u> </u>	ć
		and allowances	_				
	Ь	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code	T Contraction of the second seco			,
	11 a	MISCELLANEOUS	900099	5,425.	L		5,425.
	b		ļ				
	с	<u> </u>	ļ	 			
	d	All other revenue	l				
	e	Total. Add lines 11a-11d	•	5,425.		<u>-</u>	
8200	_12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10	oc, and 11e	23781578.	1,818,193.	0.	327,869.
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2008.05060 KIPP FOUNDATION

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Form 990 (2008) KIPP FOUNDATION Part IX Statement of Functional Expenses

	All other organizations must comp	plete column (A) but are	· · · · · · · · · · · · · · · · · · ·	te columns (B), (C), and		
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to governments and		0 000 500			
	organizations in the U.S. See Part IV, line 21	2,289,526.	2,289,526.	`		
2	Grants and other assistance to individuals in	102 500	102 500		+	
•	the U.S. See Part IV, line 22	102,500.	102,500.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.					
	See Part IV, lines 15 and 16				•	
4	Benefits paid to or for members				· · ·	
5	Compensation of current officers, directors,					
Ū	trustees, and key employees	959,994.	148,492.	651,441.	160,061	
6	Compensation not included above, to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)					
7	Other salaries and wages	6,740,073.	5,347,785.	1,102,702.	289,586	
8	Pension plan contributions (include section 401(k)					
	and section 403(b) employer contributions)	242,329.	173,001.	54,086.	15,242	
9	Other employee benefits	694,267.		217,570.	44,116	
10	Payroll taxes	<u>560,782.</u>	391,884.	139,006.	<u> </u>	
11	Fees for services (non-employees):					
а	Management					
b	Legal	<u>27,252.</u>				
С	Accounting	69,500.		69,500.		
d	Lobbying					
e	Professional fundraising services. See Part IV, line 17				······	
f	Investment management fees	2 556 712	2 140 401	205 266	22 055	
g	Other	<u>3,556,712.</u> 283,541.	3,148,491. 250,079.	<u>385,366.</u> 29,539.	<u>22,855</u> 3,923	
12	Advertising and promotion	641,619.	322,060.	294,400.	25,159	
13 14	Office expenses Information technology	252,880.	88,357.	150,734.	13,789	
14 15	Royalties	252,000.	00,337.			
16	Occupancy	789,952.	472,718.	263,016.	54,218	
17	Travel	2,355,709.	2,051,129.	225,729.	78,851	
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	26,691.	26,181.	510.		
20	Interest			•		
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	299,896.	180,759.	98,596.	20,541	
23	Insurance .	32,993.	19,886.	10,847.	2,260	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)					
а	PROFESSIONAL DEVELOPMEN	1,423,231.	1,400,362.	9,630.	13,239	
	SCHOOL LEADER TRAINING	351,088.	351,088.			
	EMPLOYEE RECRUITMENT &	224,667.	127,107.	91,793.	5,767	
	DATA ACQUISITION	104,000.	104,000.			
е	OTHER	84,579.	39,038.	43,086.	2,455	
f	All other expenses					
25	Total functional expenses. Add lines 1 through 24f	22,113,781.	17,494,276.	3,837,551.	781,954	
26	Joint Costs. Check here 🕨 🥅 If following					
	SOP 98-2. Complete this line only if the organization					
	reported in column (B) joint costs from a combined					
	educational campaign and fundraising solicitation					

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10 2008.05060 KIPP FOUNDATION Form 990 (2008)

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	tΧ	Balance Sheet			(D)
			(Å) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing		1	775
	2	Savings and temporary cash investments		2	18,814,166
	3	Pledges and grants receivable, net	8,774,528.	3	7,080,586
		Accounts receivable, net		4	2,450,793
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L	L	5	
	6	Receivables from other disqualified persons (as defined under section			the star
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
ខ	7	Notes and loans receivable, net	89,415.	7	43,167
Assets	8	Inventories for sale or use		8	
ά	9	Prepaid expenses and deferred charges	312,936.	9	186,566
	10a	Land, buildings, and equipment: cost basis 10a 2,076,41	7.		<u>2</u>
	b-	Less: accumulated depreciation. Complete			ب
		Part VI of Schedule D	9670,988.	10c	1,245,948
	11	Investments - publicly traded secunties		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	168,062
	16	Total assets, Add lines 1 through 15 (must equal line 34)	28,725,478.		29,990,063
	17	Accounts payable and accrued expenses	1 051 000		1,883,344
	18	Grants payable	962 010		342,441
	19	Deferred revenue	834,163.		672,242
	20	Tax-exempt bond liabilities		20	
ر م	21	Escrow account liability. Complete Part IV of Schedule D		21	
LIADIIITIES		Payables to current and former officers, directors, trustees, key employees,	· · · · · · · · · · · · · · · · · · ·		
	~	highest compensated employees, and disqualified persons. Complete Part II	-		
Ĕ		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	·····
		Unsecured notes and loans payable	•	24	
		Other liabilities. Complete Part X of Schedule D	7,006,652.		7,410,096
		Total liabilities. Add lines 17 through 25	10,556,723.		10,308,123
╡	20	Organizations that follow SFAS 117, check here X and complete			2070007123
ا م		lines 27 through 29, and lines 33 and 34.		l	-
Net Assets or Fund Balances		Unrestricted net assets	7,114,420.	27	11,318,836
		Temporanly restricted net assets	11,054,335.	28	8,363,104
	20 29	Permanently restricted net assets		29	0,000,104
	29	Organizations that do not follow SFAS 117, check here and		25	
Ξl		-			
	20	complete lines 30 through 34. Capital stock or trust principal, or current funds		30	-
			•		
₹		Paid in or capital surplus, or land, building, or equipment fund		31 32	
Ĩ Z		Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	18,168,755.		19,681,940
	33	· · · · · · · · ·	28,725,478.		29,990,063
Dar		Total liabilities and net assets/fund balances Financial Statements and Reporting		34	49,990,003
4		Tinalicial Statements and Reporting			Yes N
1		unting method used to prepare the Form 990: Cash X Accrual	L] Other		
		the organization's financial statements compiled or reviewed by an independ		•	2a X
		the organization's financial statements audited by an independent accountain			<u>2b X</u>
С		s" to lines 2a or 2b, does the organization have a committee that assumes re		e audit	
		v, or compilation of its financial statements and selection of an independent a	=		<u>2c X</u>
_		result of a federal award, was the organization required to undergo an audit o	audits as set forth in the Sing	jle Auc	
3a		nd OMB Circular A-133?			<u>3a X</u>
		• • • • • • •			
		s," did the organization undergo the required audit or audits?			
b		s," did the organization undergo the required audit or audits?		<u>.</u> .	

SCHEDULE A	
(Form 990 or 990-E	Z)

;

Department of the Treasury

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

2008 Open to Public Inspection

nternal Rever	nue Service	► At	ttach to Form 990 o	r Form 990-EZ. 🕨 See separate instructions.	ļ	Inspec	ction	
Name of t	the organizat	ion			Employer	identificatio	n nui	mber
	_	KIPP FC	UNDATION		9.	4-3362'	724	
Part I	Reason			anizations must complete this part.) (see instruction				
The organ	ization is not	a private foundation	because it is: (Please	e check only one organization.)				
1	A church, co	nvention of churche	s, or association of c	hurches described in section 170(b)(1)(A)(i).				
2	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach	Schedule E)				
3 🗔	A hospital or	a cooperative hosp	tal service organizati	ion descnbed in section 170(b)(1)(A)(iii). (Attach Sc	hedule H.)			
4 🗔	A medical re	search organization	operated in conjunct	tion with a hospital described in section 170(b)(1)(A)(iii). Enter t	the hospital's	s nam	ie,
	city, and stat	te:	<u> </u>					
5 🗔	An organizat	ion operated for the	benefit of a college of	or university owned or operated by a governmental i	unit describ	ed in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)					
6 🛄	A federal, sta	ate, or local governm	ent or governmental	unit described in section 170(b)(1)(A)(v).				
7 X	An organizat	ion that normally rec	eives a substantial p	part of its support from a governmental unit or from t	he general j	public descri	ibed i	n
	section 170	(b)(1)(A)(vi). (Comple	te Part II.)					
8 🖵	A community	y trust described in s	ection 170(b)(1)(A)(vi). (Complete Part II.)				
9 🛄	An organizat	ion that normally rec	erves: (1) more than	33 1/3% of its support from contributions, members	ship fees, ar	nd gross rec	eipts	from
	activities rela	ated to its exempt fur	nctions - subject to c	ertain exceptions, and (2) no more than 33 1/3% of	its support	from gross i	nvest	ment
			•	section 511 tax) from businesses acquired by the o	ganization a	after June 30), 197	5.
		509(a)(2). (Complete	•					
10 드리				o test for public safety. See section 509(a)(4). (see				
11	•		•	or the benefit of, to perform the functions of, or to c	•	• •		or
				ection 509(a)(1) or section 509(a)(2). See section 50	99(a)(3). Che	eck the box t	that	
				mplete lines 11e through 11h.	· . –	1		
	а Туре		_ Type II	c Type III - Functionally integrated] Type III · O		
e []				not controlled directly or indirectly by one or more of				n
		-		blicly supported organizations described in section s	509(a)(1) or	section 509(a)(2).	
f				om the IRS that it is a Type I, Type II, or Type III				
_		rganization, check th						
g				d any gift or contribution from any of the following p		Г	Yes	Ne
			upported organizatio	er alone or together with persons described in (ii) an		11g(i)	105	No
	-	• •		ve?				
		controlled entity of a	nerson described in	(i) or (ii) above?	· · ···	. <u>11g(ii)</u> 11g(iii)		
h				ons the organization supports.		<u>() (9(117)</u>		
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the organization (v) Did you notify the (vi) is the	(vii) Amo		 f
(1) 140116		(1) - 11	organization	in col. (i) listed in your organization in col. organiz	ation in col.			1

(i) Name of supported organization	(ii) EIN	(iii) I ype of organization (described on lines 1-9 above or IRC section	in col. (i) h	sted in vour	(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support	
		(see instructions))	Yes	No	Yes	No	Yes	No		
Total										

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

Schedule A (Form 990 or 990-EZ) 2008

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:							
	edule A (Form 990 or 990-EZ) 2008 K	IPP FOUND	ATION			94-336	2724 Page 2
Pa	irt II Support Schedule for	-			(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
:	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I	.)			
See	ction A. Public Support				,		
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and				,		
	membership fees received. (Do not	i					
	include any "unusual grants.")			33070917.	15320750.	<u>21635516.</u>	70027183.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 - 3			33070917.	15320750.	21635516.	70027183.
5	The portion of total contributions		-				l
	by each person (other than a				- ·		
	governmental unit or publicly		-		-		
	supported organization) included						1
	on line 1 that exceeds 2% of the				· ·		
	amount shown on line 11,						
	column (f)						30471877.
	Public Support. Subtract line 5 from line 4		. <u></u>	· · · · ·		<u> </u>	<u>39555306.</u>
Sec	ction B. Total Support			· · · · · · · · · · · · · · · · · · ·	···		
Cale	endar year (or fiscal year beginning in)	_(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4			33070917.	15320750.	21635516.	70027183.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			532,156.	729,979.	345,424.	1607559.
9	Net income from unrelated business			1			
	activities, whether or not the						
	business is regularly carned on			+			
10	Other income. Do not include gain				ł		
	or loss from the sale of capital			(
	assets (Explain in Part IV.)						·
11	Total support. Add lines 7 through 10				l		71634742.
12	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, th	ird, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	·
<u> </u>	organization, check this box and stor			<u></u>	<u></u>	<u></u>	
	ction C. Computation of Publ					<u> </u>	
14	Public support percentage for 2008 (I		•	column (f))		14	55.22 %
15	Public support percentage from 2007				•••••	15	<u> 56.82 %</u>
16a	33 1/3% support test - 2008. If the c	-			14 is 33 1/3% or n	nore, check this b	
	stop here. The organization qualifies		-	• • • •			> [X]
b	33 1/3% support test - 2007. If the c				t line 15 is 33 1/3%	or more, check t	
	and stop here. The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2008. 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 IV how the organization						
						rt IV how the orga	nization
	meets the "facts-and-circumstances"	-			-		▶
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th				-		e
	organization meets the "facts-and-circ		-		• • • •	-	▶∟
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 1	<u>6a, 16b, 17a, or 17</u>	b, check this box a	and see instruction	

Schedule A (Form 990 or 990-EZ) 2008

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Sch	edule A (Form 990 or 990-EZ) 2008	Organizationa	Describedin	Castien E00/a			Page 3
	art III Support Schedule for (ction A. Public Support	Jrganizations	Described in	Section 509(a	(Complete only	if you checked the box	on line 9 of Part I.
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and			10/2000	<u></u> (u/200/	(0) 2000	
•	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				1		
_	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	zation's benefit and either paid to					ľ	
	or expended on its behalf						
5	The value of services or facilities		1				
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 - 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)				ويتعرب المتشرق والمسترين		
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10 <i>a</i>	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)				· · ·		
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	tion,
	check this box and stop here		· · ·				
Sec	ction C. Computation of Publ	ic Support Pe	rcentage		· · · · · · · · · · · · · · · · · · ·		
15	Public support percentage for 2008 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2007	Schedule A, Part	IV-A, line 27g			16	%
Sec	tion D. Computation of Inves	stment Incom	e Percentage			·····	
17	Investment income percentage for 20	08 (line 10c, colui	mn (f) dıvıded by li	ne 13, column (f))		17	%
18	Investment income percentage from	-	· · ·			18	%
	33 1/3% support tests - 2008. If the		-	• • •	e 15 is more than 3	······	
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2007. If the line 18 is not more than 33 1/3%, che	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, ar	nd L
20	Private foundation. If the organizatio		-			•	
	- Thate roundation. It the organizatio		<u></u>	a, or 100, chock th	10 DOX and 300 Ins		

Schedule A (Form 990 or 990-EZ) 2008

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Schedule I	D
(Form 990)	

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.



Nam	e of the organization			Employer identification number
Pa	KIPP FOUNDATION	d Funda av Othav Similar Fund		94-3362724
Pa			s or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6. (a) Donor advised funds		.) Fine do and other approximate
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (dunng year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed fund	dsat
	are the organization's property, subject to the organization's	exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds may be	e used d	only
	for charitable purposes and not for the benefit of the donor	or donor advisor or other impermissible pr	riv <u>ate</u> be	enefit?
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, I	Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g, recreation or		storicall	y important land area
	Protection of natural habitat	Preservation of certif		
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qualified con-	servation contribution in the form of a con	servatio	n easement on the last day
-	of the tax year.		1001 Valie	in easement on the last day
	of the tax year.		Ì	Held at the End of the Year
~	Total number of conservation easements			2a
d 5	Total acreage restricted by conservation easements	· · · · · · · · · · · · · · · · · · ·		2b
	Number of conservation easements on a certified historic st		• ••	
С 	Number of conservation easements included in (c) acquired			2c 2d
a				
3	Number of conservation easements modified, transferred, re	heased, extinguished, or terminated by th	e organ	ization during the taxable
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe	nodic monitoring, inspection, violations, a	ina	
	enforcement of the conservation easements it holds?			Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a		-	
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170)(h)(4)(B	
	and section 170(h)(4)(B)(II)?			
9	In Part XIV, describe how the organization reports conservat	-		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the org	anization's accounting for
	conservation easements.	And Illinka de l'England		
Pa	t III. Organizations Maintaining Collections of		viner :	Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and b	balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	iblic ser	vice, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	rtems.		
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balar	nce she	et works of art, historical treasures,
	or other similar assets held for public exhibition, education, edu	or research in furtherance of public service	e, provid	de the following amounts relating to
	these items:			
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of art, historical tre		al gain, j	provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X		-	▶ \$
-	,	• • •	•	
LHA	For Privacy Act and Paperwork Reduction Act Notice, se	e the Instructions for Form 990.		Schedule D (Form 990) 2008
	· · · · · · · · · · · · · · · · · · ·			
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		UNDATION	ut Linterio al T		Others			<u>6272</u>		
- 3	Using the organization's accession and othe	er records, check an	y of the following th	iat are a significa	int use of	its collection	on iter	ns (chec	k all	
	that apply):									
а	Public exhibition	•	d 🔄 Loan or ex	change program	S					
b	Scholarly research		e 🛄 Other							
С	Preservation for future generations									
4	Provide a description of the organization's of	ollections and expla	in how they further	the organization	's exemp	t purpose i	n Part	XIV.		
5	During the year, did the organization solicit									
	to be sold to raise funds rather than to be m] Yes] No
Pa	rt IV Trust, Escrow and Custodia				d "Yes" t	o Form 990). Part	IV. line	9. or	<u> </u>
	reported an amount on Form 990, Pa								.,	
	Is the organization an agent, trustee, custoo	lian or other interme	diary for contributio	ns or other asso	te not inc	luded				
	on Form 990, Part X?		-					Yes		
h	If "Yes," explain the arrangement in Part XIV				• • ••	•••••	L	Jies	L	JINU
0		and complete the it	olowing table.					A		<u>. </u>
-	Designing heleses							Amount		
C.	Beginning balance					1c				
a	Additions during the year			• •• • •• •	• •••	1d			····	
e		· ··· · · ·		··· ··· ·· ·	•	<u>1e</u>				
f	Ending balance				•••••	1f		1		1
	Did the organization include an amount on F		∋21?					Yes] No
-	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete	if organization answ	ered "Yes" to Form	990, Part IV, line) 10.	<u>-</u>				
		(a) Current year	(b) Prior year	(c) Two years b	ack (d)	Three years	back	(e) Four	years	back
1a	Beginning of year balance		· · · · · · · · · · · · · · · · · · ·		· 12 ·	· · · · · ·	·, · ·			<u> </u>
b	Contributions		· · · · · · · · · · · · · · · · · · ·							. <u>, , ,</u>
С	Investment earnings or losses				· · · ·				 	
d	Grants or scholarships			115-2			,		-) : ()	~
е	Other expenditures for facilities			1. 1. 1. 1. 1.		<i>5</i> %	• .		64 - X 7 	, 'e' '
	and programs			,						
f	Administrative expenses			-	· · ·		1	: ;		3
g	End of year balance		5, F			, ,	÷	. · ·		<u>.</u>
2	Provide the estimated percentage of the year	ar end balance held a	as:							·
а	Board designated or quasi-endowment		%							
Ь	Permanent endowment	%								
c	Term endowment	<u></u>								
3a	Are there endowment funds not in the posse	 assion of the organiz	ation that are held :	and administered	d for the d	organizatio	n			
	by					Jigamzatio	••	Г	Yes	No
	(i) unrelated organizations							3a(i)	165	110
	(ii) related organizations	••••		•••••••	• •• ••		••••			
h	If "Yes" to 3a(ii), are the related organization		 	•••••		••• • ••	•	<u>3a(ii)</u>		
4	Describe in Part XIV the intended uses of the				• •	•• •	••	3b		
Par				Dent V Luc 40				-		
l'ai							T		·	
	Description of investment	(a) Cost or o basis (investr		t or other (other)	(c) Depr	eciation		(d) Book	value	•
1a	Land		, , , , , , , , , , , , , , , , , , , ,				1			
	Buildings									
	Leasehold improvements	152,	837.		5	9,480		01	3,3	57
	Equipment	885,				2,176.			3,4	
	Other	1,037,				<u>2,170</u> 8,813			$\frac{1}{2}, \frac{1}{2}$	
	. Add lines 1a 1e. (Column (d) should equal Fe			I		<u>0,013</u>	+			
TUTAL	. Too intes ra re. (Column (d) should equal Fi	JIII 990, Part X, COL	inin (B), ine (U(C))			🖻		L, 24:	5 <u>,9</u> 4	<u>40.</u>

Schedule D (Form 990) 2008

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(including name of security) Cost of end-of-year market value selp-held equity interests	(a) Description of security or category	ee Form 990, Part X, line (b) Book value	(c) M	ethod of valuation:
al. (Column fc) should equal form 990, Part X, col (6) line 15.) al. (Column fc) should equal form 990, Part X, col (6) line 15.) al. (Column fc) should equal form 990, Part X, col (6) line 25.) b. (Column fc) should equal form 990, Part X, col (6) line 25.) b. (Column fc) should equal form 990, Part X, col (6) line 25.) b. (Column fc) should equal form 990, Part X, col (6) line 25.) b. (Column fc) should equal form 990, Part X, col (6) line 25.) b. (Column fc) should equal form 990, Part X, col (6) line 25.) b. (Column fc) should equal form 990, Part X, col (6) line 25.) b. (Column fc) should equal form 990, Part X, col (6) line 25.) c. (Column fc) should equal form 990, Part X, col (6) line 25.) c. (Column fc) should equal form 990, Part X, col (6) line 25.) c. (Column fc) should equal form 990, Part X, col (6) line 25.) c. (Column fc) should equal form 990, Part X, col (6) line 25.)	(including name of security)		Cost or er	nd-of-year market value
er L (Col (b) should equal form \$90, Part X, col (B) line 12.) L (Col (b) should equal form \$90, Part X, col (B) line 12.) (a) Description of investment type (b) Book value Cost or end of year market value (cost or end of year market value (ancial derivatives and other financial products			
i. (Gil (b) should equal form 990, Part X, col (B) line 12,) (c) Method of valuation: (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value i. (Gol (b) should equal form 990, Part X, col (B) line 13.) it (Gol (b) should equal form 990, Part X, col (B) line 13.) it (Gol (b) should equal form 990, Part X, col (B) line 13.) it (Gol (b) should equal form 990, Part X, col (B) line 15.) it (Col (b) should equal form 990, Part X, col (B) line 15.) it (Col (b) should equal form 990, Part X, col (B) line 15.) it (Col (b) should equal form 990, Part X, col (B) line 15.) it (Col (b) should equal form 990, Part X, col (B) line 15.) it (Col (b) should equal form 990, Part X, col (B) line 15.) it (Col (b) should equal form 990, Part X, col (B) line 25.) it (Column (b) should equal form 990, Part X, col (B) line 25.) it (Column (b) should equal form 990, Part X, col (B) line 25.)	sely-held equity interests			
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(a) Lescription of investment type (b) Cox value Cost or end-of-year market value Cost or end-of-y				ethod of valuation:
Art IX.] Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Book	(a) Description of investment type	(b) Book value		
Art IX.] Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Book				
Art IX.] Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Book		<u> </u>	1	
Art IX.] Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Book				
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	art X Other Liabilities. See Form 990, Part X (a) Description of liability eral income taxes PITAL LEASE ARANTEES OVERNMENT ADVANCE		62,630. 68,455. 6,970,613.	· · · · · · · · · · · · · · · · · · ·
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	art X Other Liabilities. See Form 990, Part X. (a) Description of liability leral income taxes APITAL LEASE VARANTEES OVERNMENT ADVANCE		62,630. 68,455. 6,970,613.	
art XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax position of the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax position of the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax position.	art X Other Liabilities. See Form 990, Part X. (a) Description of liability leral income taxes APITAL LEASE JARANTEES OVERNMENT ADVANCE		62,630. 68,455. 6,970,613. 308,398.	
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Sche	edule D (Form 990) 2008 KIPP FOUNDATION				94-	3362724	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Financ	cial State	ements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		23,781	578.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		22,113	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		1,667	
4	Net unrealized gains (losses) on investments	••••		4			
5	Donated services and use of facilities	• •• •		5			
6	Investment expenses		• •	6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8		<154	,612.>
9	Total adjustments (net). Add lines 4-8			9			612.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10		1,513	
Pa	t XII Reconciliation of Revenue per Audited Financial Statemer	nts Wi	th Rever	nue per F	Retur		
1	Total revenue, gains, and other support per audited financial statements				1	24,524	941.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a					
ь	Donated services and use of facilities	2b	74	3,363.			
С	Recoveries of prior year grants	2c				· ·	
d	Other (Describe in Part XIV)	2d]		
е	Add lines 2a through 2d				2e	743	363.
3	Subtract line 2e from line 1				3	23,781	578.
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					
b	Other (Describe in Part XIV)	4b					
c	Add lines 4a and 4b			••	4c		0.
_5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		•	<u> </u>	5	23,781,	<u>578.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expe	nses per	Retu		
1	Total expenses and losses per audited financial statements				1	23,011,	756.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a	74	<u>3,363.</u>	-		
b	Prior year adjustments	2b			· .		
С	Losses reported on Form 990, Part IX, line 25	<u>2c</u>					
d	Other (Describe in Part XIV)	2d	<u> </u>	4,612.			
е	Add lines 2a through 2d				2e		<u>975.</u>
3	Subtract line 2e from line 1				3	22,113,	<u>781.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			ľ		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			Į		
b	Other (Describe in Part XIV)	4b			4		_
С				•••	4c		0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	••	<u> </u>	<u></u>	5	22,113,	781.
Pai	t XIV Supplemental Information						

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

TO UNCONSOLIDATE KCEP MORTGAGE FROM KIPP FOUNDATION

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

KCEP MORTGAGE'S PORTION OF PROGRAM SERVICES EXPENSE

Schedule D (Form 990) 2008

12570505 758661 47000

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SCHEDULE I							OMB No 1545-0047
(Form 990)			d Other Assistance ments, and Individ	-	s,		2008
Department of the Treasury	Com	plete if the organization	on answered "Yes	," on Form 990, P	art IV, lines 21 or 22		Open to Public
Internal Revenue Service	=		Attach to For	m 990.			Inspection
Name of the organization KIPP FOUN							Employer identification number 94-3362724
Part I General Information on Grants a							
1 Does the organization maintain records criteria used to award the grants or assi	istance?				y for the grants or as	sistance, and the selec	tion 🗶 Yes 🗔 No
2 Describe in Part IV the organization's pr Part II Grants and Other Assistance to							····
	Governments an	nd Organizations in th	e United States. C	complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than 1 (a) Name and address of organization						1	
or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIPP GASTON COLLEGE PREPARATORY							
320 PLESANT HILL ROAD							
GASTON NC 27832	20-5664061	501(C)(3)	4,000,	0			GENERAL SUPPORT
			_		· · · · · · · · · · · · · · · · · · ·		SENERAL SUFFORI
NEW PROFIT INC.							
2 CANAL PARK							
CAMBRIDGE, MA 02141	04-3396766	501(C)(3)	15,000.	0.			GENERAL SUPPORT
KIPP DELTA COLLEGE PREPA							
215 CHERRY ST							
HELENA, AR 72342	31-1807400	501(C)(3)	7,000,	ο.			GENERAL SUPPORT
FOUNDATIONS, INC.							
2 EXECUTIVE DR., SUITE 1							
MOORESTOWN NJ 08057	52-1801849	501(C)(3)	4,900.	0.			GENERAL SUPPORT
NATIONAL ALLIANCE FOR PUBLIC							
CHARTER SCHOOLS - P.O. BOX 2690 -							
VASHON, WA 98070	30-0274709	501(C)(3)	7,500,	0			GENERAL SUPPORT
,,,,,,,,,			, <u>, , , , , , , , , , , , , , , , , , </u>				MAMANU BUFFURI
KIPP DELTA COLLEGE PREP							
215 CHERRY ST							
HELENA, AR 72342	31-1807400	501(C)(3)	7,000.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) a					······································		▶ 40.
3 Enter total number of other organization				•	·	······	0.
LHA For Privacy Act and Paperwork Redu	ction Act Notice	, see the Instructions	for Form 990.				Schedule I (Form 990) 2008

832101 12-18-08

Schedule (Form 990) 2008 KIPP FOUNDAT				······	94-3362724 Page 2
Part III Grants and Other Assistance to Individuals in th Use Schedule I-1 (Form 990) if additional space is r	e United States. Con needed.	nplete if the organiz	ation answered "Yes	" on Form 990, Part IV, line 22.	
(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 non-cash assistance
EXCELLENCE IN TEACHING AWARD	10	100,000,	0.		GENERAL SUPPORT
KIPPSTER OF THE YEAR GRANT	1	2,500,	0.		GENERAL SUPPORT
Part IV Supplemental Information. Complete this part to p	provide the information	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE	MAJORITY O	F GRANTS A	ND AWARDS	DISTRIBUTED	
FROM KIPP FOUNDATION DURING THE	2008-09 FI	SCAL YEAR	WERE REQUI	RED TO COMPLY	
WITH SPECIFIC GRANT CRITERIA SET	FORTH BY	THE DONATI	NG FOUNDAT	IONS.	
ASSURANCE THAT AWARDED FUNDS WEF	<u>RE SPENT IN</u>	ACCORDANC	<u>E WITH THE</u>	TERMS OF THE	1976
GRANT AGREEMENT WAS OBTAINED BY	SENDING THI	E MONEY DI	RECTLY TO	THE	
RECIPIENT'S SCHOOLO AS OPPOSED T	TO THE INDIV	VIDUAL. I	N ADDITION	<u>, THE</u>	·····
FOUNDATION WAS SUBJECT TO A ANNU	JAL SINGLE A	AUDIT AND	REVIEW OF	SCHOOL	
FINANCIAL STATEMENTS TO ENSURE T	THAT EACH SO	CHOOL RECE	IVED AN UN	QUALIFIED	
OPINION AND WAS DEEMED TO BE FRE	E OF MATER	LAL WEAKNE	SSES IN IT	S INTERNAL	

832102 12-18-08

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SCHEDULE I-1		Continu	uation Sheet for Sc	hedule I (Form 99	10)			OMB No 1545-0047 2008		
(Form 990) Department of the Treasury Internal Revenue Service	Attach to Form 990 to list additional information for Open to Put Part II and Part III, Schedule I (Form 990). Inspection									
Name of the organization							Employe	r identification number		
KIPP FOUN				···			و	4-3362724		
Part I Continuation of Grants and Other	Assistance to Go	overnments and Org	anizations in the U	.S. (Schedule I (Fo	orm 990), Part II.)	-		·····	<u> </u>	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descri non-cash as		(h) Purpose of grant or assistance		
KIPP ENDEAVOR ACADEMY 2700 EAST 18TH STREET, STE 115 B								TEAM & FAMILY GRANTS -	то	
KANSAS CITY MO 64127	20-8552002	501(C)(3)	1,000.	0.				VISIT OTHER KIPP SCHOOI		
KIPP METRO ATLANTA COLLABORATIVE 191 PEACHTREE STREET, NE SUITE 810 ATLANTA, GA 30303	<u>11-3723114</u>	501(C)(3)	666.	0.				TEAM & FAMILY GRANTS - VISIT OTHER KIPP SCHOOI		
KIPP DC: LEAP 4801 BENNING ROAD SE WASHINGTON, DC 20019	74-2974642	501(C)(3)	1,000.	0.				TEAM & FAMILY GRANTS - VISIT OTHER KIPP SCHOOI		
KIPP MINNESOTA 1601 LAUREL AVENUE MINNEAPOLIS, MN 55403	20-8877750	501(C)(3)	996	0.				TEAM & FAMILY GRANTS - VISIT OTHER KIPP SCHOOL		
KIPP NORTH CAROLINA 320 PLESANT HILL ROAD GASTON, NC 27832	20-5664061	501(C)(3)	1,000.					TEAM & FAMILY GRANTS - VISIT OTHER KIPP SCHOOI		
KIPP SUNSHINE PEAK ACADEMY 375 SOUTH TEJON STREET DENVER, CO 80223	13-4230051	501(C)(3)	863.					TEAM & FAMILY GRANTS - VISIT OTHER KIPP SCHOOI		
KIPP PHILADELPHIA CHARTER SCHOOL 2709 NORTH BROAD STREET, 4TH FLOOR PHILADELPHIA, PA 19132	05-0546103	501(C)(3)	1,000.	0.				TEAM & FAMILY GRANTS - VISIT OTHER KIPP SCHOOI		
KIPP POLARIS ACADEMY 9634 MESA DRIVE HOUSTON_TX 77078 2 Enter total number of Section 501(c)(3) ar	<u>13-3875888</u> nd government or		946.	0.				TEAM & FAMILY GRANTS - VISIT OTHER KIPP SCHOOL		

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instruction 4 for Form 990.

Schedule I-1 (Form 990) 2008

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SCHEDULE I-1

(Form 990) Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). OMB No 1545-0047 2008

Open to Public

Inspection

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Name of the organization

KIPP FOUNDATION

Employer identification number 94-3362724

Part I Continuation of Grants and Othe		warnmanta and Ora	onizations is the L	C (Cabadula I / Ca			14-3362/24
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIPP PRIDE HIGH SCHOOL 320 PLESANT HILL ROAD GASTON, NC 27832	20-5664061	501(C)(3)	1,000.	0.			TEAM & FAMILY GRANTS - VISIT OTHER KIPP SCHOOL
KIPP ASCEND CHARTER SCHOOL 1616 S. AVERS AVE. CHICAGO, IL 60623	30-0135927	501(C)(3)	75,000.	0.			SUBGRANT FROM ATLANTIC PHILANTHROPIES
KIPP UJIMA VILLAGE ACADEMY 4701 GREENSPRING AVE, ROOM 115 BALTIMORE, MD 21209	52-2342513	501(C)(3)	75,000.				SUBGRANT FROM ATLANTIC PHILANTHROPIES
KIPP BRIDGE COLLEGE PREP 991 14TH STREET Dakland, CA 94607	01-0585829	501(C)(3)	75,000.	0.			SUBGRANT FROM ATLANTIC PHILANTHROPIES
THE CHILDREN'S AID SOCIETY 105 EAST 22ND STREET NEW YORK, NY 10010	13-5562191	501(C)(3)	125,000.	0.			SUBGRANT FROM ATLANTIC PHILANTHROPIES
CIPP JOURNEY ACADEMY 406 MYRTLE AVENUE COLUMBUS, OH 43211	20-8627107	501(c)(3)	100,000.	0.			SUBGRANT FROM ATLANTIC PHILANTHROPIES
TPP UJIMA VILLAGE ACADEMY 701 GREENSPRING AVE, ROOM 115 MALTIMORE, MD 21209	52-2342513	501(c)(3)	37,500.	0.			SUBGRANT FROM ATLANTIC PHILANTHROPIES
IPP LEAD COLLEGE PREP CHARTER CHOOL - 6060 MILLER AVENUE - ARY, IN 46403	20-4523652		37,500,	0.			SUBGRANT FROM ATLANTIC PHILANTHROPIES
 Enter total number of Section 501(c)(3) a Enter total number of other organization 	•	ganizations	• • •			· · ···	········· • • • • • • • • • • • • • • •

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instruction Stor Form 990.

Schedule I-1 (Form 990) 2008

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SCHEDULE I-1

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990) Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047 2008

Open to Public

Inspection

Employer identification number 94-3362724

(h) Purpose of grant

or assistance

KIPP FOUNDATION Part Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC Code (d) Amount of (e) Amount of (f) Method of (g) Description of organization or government section cash grant non-cash valuation non-cash assistance if applicable assistance (book, FMV. appraisal, other) KIPP COLORADO SCHOOLS 375 S. TEJON STREET SUBGRANT FROM ATLANTIC DENVER CO 80223 13-4230051 501(C)(3) 37 500 ٥ PHILANTHROPIES KIPP BAY AREA SCHOOLS 426 17TH STREET, SUITE 200 HIGH SCHOOL START UP OAKLAND CA 94612 20-5010766 501(C)(3) 75 000 ٥ GRANT KIPP DELTA COLLEGIATE 320 MISSOURI ST. HIGH SCHOOL START UP HELENA, AR 72342 31-1807400 501(C)(3) 75 000 ٥ GRANT

. . .

KIPP DC					
910 17TH STREET NW, SUITE 1050					HIGH SCHOOL START UP
WASHINGTON, DC 20006	74-2974642	501(C)(3)	75,000.	0.	GRANT
KIPP NEW YORK					
625 W. 133RD ST, ROOM 345					HIGH SCHOOL START UP
NEW YORK, NY 10027	20-3971209	501(C)(3)	75,000	ο.	GRANT
KIPP BAY AREA SCHOOLS					
426 17TH STREET, SUITE 200					HIGH SCHOOL START UP
OAKLAND CA 94612	20-5010766	501(C)(3)	75,000.	0.	GRANT
KIPP DELTA COLLEGIATE					
320 MISSOURI ST,					HIGH SCHOOL START UP
HELENA AR 72342	31-1807400	501(C)(3)	75,000.	0	GRANT
KIPP DC					
910 17TH STREET NW, SUITE 1050					HIGH SCHOOL START UP
WASHINGTON DC 20006	74-2974642	501(C)(3)	75,000.	0.	GRANT

.. ..

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Schedule I-1 (Form 990) 2008

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SCHEDULE I-1 (Form 990) Department of the Treasury Internal Revenue Service	Continuation Sheet for Schedule I (Form 990) Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).									
Name of the organization								er identificat		
KIPP FOU Part I Continuation of Grants and Oth		overnments and Ora	anizationa in the 11	P. (Cabadula I (Fa			9	4-3362	724	
	-			.S. (Schedule I (Fo	(m 990), Part II)	1		I	<u> </u>	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descr non-cash a			urpose of grant r assistance	
KIPP NEW YORK 625 W. 133RD ST, ROOM 345 NEW YORK, NY 10027	20-3971209	501(C)(3)	75,000.	0.				HIGH SCHO GRANT	OL START UP	
KIPP, INC 10711 KIPP WAY HOUSTON, TX 77099	13-3875888	501(C)(3)		0.				COMMUNITY GRANT	OF PRACTICE	
KIPP LA SCHOOLS 445 S. FIGUEROA ST, SUITE 2580 LOS ANGELES, CA 90071	13-4230051	501(C)(3)	9,750.	0.					ILITY GRANTS	
KIPP ACADEMY OF OPPORTUNITY 7019 SOUTH VAN NESS AVENUE LOS ANGELES, CA 90047	13-4230051	501(C)(3)	9,750,	0.				SUSTAINAB	ILITY GRANTS	
KIPP SF BAY ACADEMY 1430 SCOTT STREET SAN FRANCISCO, CA 94115	20-5010766	501(C)(3)	9,750,					SUSTAINAB	ILITY GRANTS	
KIPP SUMMIT ACADEMY 2005 VIA BARRETT SAN LORENZO, CA 94580	42-1564209	501(C)(3)	19,500,	0.				SUSTAINAB	ILITY GRANTS	
KIPP HEARTWOOD ACADEMY L250 SOUTH KING ROAD SAN JOSE, CA 95122	14-1911383	501(C)(3)	19,500.	0.				SUSTAINAB:	ILITY GRANTS	
AIPP LA SCHOOLS 145 S. FIGUEROA ST, SUITE 2580 105 ANGELES, CA 90071	13-4230051	501(c)(3)	9,750,	0,			•	SUSTAINAR	ILITY GRANTS	
2 Enter total number of Section 501(c)(3)						·			MALLA VINILLO	

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instruction Form 990.

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SCHEDULE I-1

(Form 990) Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047 2008 Open to Public

r •

Inspection

Name of the organization

Employer identification number ·

KIPP FOU	NDATION						er identification number 04-3362724
Part I Continuation of Grants and Othe	er Assistance to G	overnments and Org	anizations in the U	.S. (Schedule I (Fo	orm 990), Part II.)		· · · · · · · · · · · · · · · · ·
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIPP LA SCHOOLS							
445 S. FIGUEROA ST, SUITE 2580							
LOS ANGELES CA 90071	13-4230051	501(C)(3)	9,750.	0.			SUSTAINABILITY GRANTS
							SUSTRAINED DITA GRANTS
KIPP DIAMOND ACADEMY							
2110 HOWELL AVENUE							DEPARTMENT OF EDUCATION
MEMPHIS TN 38108	68-0502820	501(C)(3)	47,653,				SUBGRANT
KIPP ACADEMY NASHVILLE							
123 DOUGLAS AVENUE							DEPARTMENT OF EDUCATION
NASHVILLE, TN 37207	20-2799123	501(C)(3)	10,341.	0.			SUBGRANT
KIPP ACADEMY NASHVILLE							
123 DOUGLAS AVENUE							DEPARTMENT OF EDUCATION
NASHVILLE, TN 37207	20-2799123	501(C)(3)	10,341,	0.			SUBGRANT
KIPP ACADEMY NASHVILLE							
123 DOUGLAS AVENUE							DEPARTMENT OF EDUCATION
NASHVILLE TN 37207	20-2799123	501(C)(3)	15,596.	0.		~	SUBGRANT
KIPP ACADEMY NASHVILLE							
123 DOUGLAS AVENUE							DEPARTMENT OF EDUCATION
NASHVILLE, TN 37207	20-2799123	501(C)(3)	10,421.				SUBGRANT
KIPP DELTA COLLEGE PREP							
215 CHERRY ST							DEPARTMENT OF EDUCATION
HELENA, AR 72342	31-1807400	501(C)(3)	39,617.	0.			SUBGRANT
KIPP DELTA COLLEGE PREP							
215 CHERRY ST							DEPARTMENT OF EDUCATION
HELENA AR 72342 2 Enter total number of Section 501(c)(3)	31-1807400		36,357.	ο.			SUBGRANT

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instruction Stor Form 990.

Schedule I-1 (Form 990) 2008

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(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047 2008

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Open to Public Inspection

Name of the organization

Employer identification number
94-3362724

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

KIPP FOUNDATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIPP DELTA COLLEGE PREP							
215 CHERRY ST							DEPARTMENT OF EDUCATION
HELENA, AR 72342	31-1807400	501(C)(3)	37,475.	0.			SUBGRANT
KIPP DELTA COLLEGE PREP							
215 CHERRY ST							DEPARTMENT OF EDUCATION
HELENA AR 72342	31-1807400	501(C)(3)	30,000.	0.		· · · · · · · · · · · · · · · · · · ·	SUBGRANT
KIPP GASTON COLLEGE PREPARATORY							
320 PLESANT HILL ROAD							DEPARTMENT OF EDUCATION
GASTON, NC 27832	20-5664061	501(C)(3)	19,061,	0.		[SUBGRANT
(IPP GASTON COLLEGE PREPARATORY							
320 PLESANT HILL ROAD							DEPARTMENT OF EDUCATION
GASTON NC 27832	20-5664061	501(C)(3)	19,061.	0.			SUBGRANT
KIPP GASTON COLLEGE PREPARATORY							
320 PLESANT HILL ROAD							DEPARTMENT OF EDUCATION
GASTON, NC 27832	20-5664061	501(C)(3)	28,592.	0.			SUBGRANT
KIPP GASTON COLLEGE PREPARATORY							
20 PLESANT HILL ROAD							DEPARTMENT OF EDUCATION
GASTON, NC 27832	20-5664061	501(C)(3)	28,592.	0.			SUBGRANT
KIPP REACH ACADEMY							
1901 NE 13TH STREET							DEPARTMENT OF EDUCATION
DKLAHOMA CITY, OK 73117	30-0005794	501(C)(3)	52,694.	0.			SUBGRANT
KIPP REACH ACADEMY							
1901 NE 13TH STREET							DEPARTMENT OF EDUCATION
KLAHOMA CITY OK 73117	30-0005794	501(C)(3)	52,994.	0.			SUBGRANT

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instruction 30 Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1

(Form 990) Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047 2008

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Open to Public

Inspection

Name of the organization

KIPP FOUNDATION

Employer identification number 94-3362724

KIPP FOUN							94-3362724
Part I Continuation of Grants and Other	Assistance to G	overnments and Org	anizations in the U	.S. (Schedule I (Fo	orm 990), Part II.)	· · · · · · · · · · · · · · · · · · ·	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIPP REACH ACADEMY							
1901 NE 13TH STREET							
OKLAHOMA CITY, OK 73117	30-0005794	501(C)(3)	75,415.	0.			DEPARTMENT OF EDUCATION SUBGRANT
KIPP REACH ACADEMY							
1901 NE 13TH STREET							
OKLAHOMA CITY OK 73117	30-0005794	501(C)(3)	57,652.	0.			DEPARTMENT OF EDUCATION
		501(0/(3/	<u> </u>		(SUBGRANT
KIPP UJIMA VILLAGE ACADEMY							
4701 GREENSPRING AVE, ROOM 115							DEPARTMENT OF EDUCATION
BALTIMORE MD 21209	52-2342513	501(C)(3)	63,327,	0.			SUBGRANT
				······································			<u> </u>
KIPP UJIMA VILLAGE ACADEMY							
4701 GREENSPRING AVE, ROOM 115							DEPARTMENT OF EDUCATION
BALTIMORE, MD 21209	52-2342513	501(C)(3)	57,017.	0.			SUBGRANT
KIPP UJIMA VILLAGE ACADEMY							
4701 GREENSPRING AVE, ROOM 115							DEPARTMENT OF EDUCATION
BALTIMORE, MD 21209	52-2342513	501(C)(3)	31,517.	0.			SUBGRANT
KIND WITH WITH NOT NONDRY							
KIPP UJIMA VILLAGE ACADEMY 4701 GREENSPRING AVE, ROOM 115							
BALTIMORE MD 21209	52-2342513	E01/01/21	01 007				DEPARTMENT OF EDUCATION
BRITINORI, MD 21203	52-2342513	501(0)(3)	91,807.	0.			SUBGRANT
KIPP TRUTH ACADEMY							
3200 SOUTH LANCASTER ROAD, STE 230							
DALLAS, TX 75216	82-0578155	501(C)(3)	500.	0.			STUDENT LEADERSHIP PROPOSAL WINNER
							LANCORD HIMMER
KIPP GASTON COLLEGE PREPARATORY							
320 PLESANT HILL ROAD							STUDENT LEADERSHIP
GASTON, NC 27832	20-5664061	501(C)(3)	250.	0			PROPOSAL WINNER
2 Enter total number of Section 501(c)(3) an	nd government or	ganizations				· · · · · · · · ·	
3 Enter total number of other organizations					•		

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instruction Bor Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1 (Form 990) Department of the Treasury Internal Revenue Service			OMB No 1545-0047 2008 Open to Public Inspection					
Name of the organization	KIPP FOUNDATION	· · · · · · · · · · · · · · · · · · ·	=			Em		cation number
	Grants and Other Assistance to (Governments and Org	anizations in the U	.S. (Schedule I (Fo	rm 990), Part II.)	<u>k</u>	94-33	02/24
(a) Name and add organization or go		(c) IRC Code section If applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description non-cash assist	n of (t ance) Purpose of grant or assistance
KIPP DELTA COLLEGE PF 215 CHERRY ST HELENA, AR 72342	31-1807400	501(C)(3)	250.	0.				LEADERSHIP
KIPP GASTON 320 PLESANT HILL ROAD GASTON, NC_27832	20-5664061	501(C)(3)	8,125.	0.				
KIPP ADELANTE 1475 SIXTH AVENUE, 2N LOS ANGELES, CA 92101	ID FLOOR	501(C)(3)	39,000.	0.				NABILITY GRANTS NABILITY GRANTS
KIPP LA PREP 2810 WHITTIER BLVD. LOS ANGELES, CA 90023	13-4230051	501(C)(3)	9,750.	0.			SUSTAI	NABILITY GRANTS
XIPP HEARTWOOD ACADEM 250 SOUTH KING ROAD SAN JOSE, CA 95122	TY 14-1911383	501(C)(3)	19,500.	0.			SUSTAI	NABILITY GRANTS

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Schedule I (Form 990) 2008

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KIPP FOUNDATION Part IV | Supplemental Information

CONTROLS.

DEPARTMENT OF EDUCATION (DOE) SCHOOL GRANTS ARE APPLIED FOR BY THE INDIVIDUAL SCHOOLS THROUGH SUBMISSION OF DETAILED BUDGET REQUESTS, WHICH ARE ULTIMATELY APPROVED FOR FUNDING BY THE DOE. 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 A DOE REPRESENTATIVE AND A REPRESENTATIVE FROM EACH OF THE KIPP SCHOOLS WHO WERE AWARDED FUNDING, TO REVIEW THE AWARD GUIDELINES. COMPLIANCE THROUGHOUT THE YEAR IS MONITORED BY THE KIPP FOUNDATION FINANCE TEAM THROUGH REVIEW OF THE QUARTERLY DRAWDOWN REQUESTS. EACH RECIPIENT SCHOOL IS REQUIRED TO SUBMIT APPROPRIATE DOCUMENTATION AND RECORDS FOR ALL EXPENSES FOR WHICH THEY ARE REQUESTING TO DRAWDOWN FUNDS. KIPP FOUNDATION WILL REVIEW EACH REQUEST FOR ACCURACY, ACCORDANCE WITH THE ORIGINAL BUDGET REQUEST AND LEGITIMACY.

Schedule I (Form 990) 2008

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SCHEDULE J	Compensation Information	L	OMB No	1545-00	947		
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	80	8		
Department of the Treasury	Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.			Open to Public Inspection			
Internal Revenue Service Name of the organizati		Employer id					
	KIPP FOUNDATION	• •	36272				
Part I Question	s Regarding Compensation		<u>50474</u>	<u> </u>			
				Yes	No		
ta Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed in Fo	rm 990		103	1		
· · · ·	line 1a. Complete Part III to provide any relevant information regarding these items.		-				
First-class or c		rsonaluse			1		
Travel for com			}.		Ι.		
	ation and gross-up payments		n				
	spending account						
Discretionary.		i, cheij	,	-			
h If line 1a is checker	d, did the organization follow a written policy regarding payment or reimbursement or prov	usion	1.				
	es described above? If "No," complete Part III to explain	151011	4	1	- [•]		
	n require substantiation phor to reimbursing or allowing expenses incurred by all officers,		. <u>1b</u>		-		
-	EO/Executive Director, regarding the items checked in line 1a?	directors,					
trustees, and the C		· ·· · · · ·	. 2	-			
3 Indicate which, if a	of the following the organization upon to establish the comparentian of the organization						
	ny, of the following the organization uses to establish the compensation of the organization	on s		-	· · '		
<u> </u>	ector. Check all that apply.		1		·		
Compensation			-				
	compensation consultant		,				
	ther organizations	n committee			1		
			٦·		· , ,		
			, °,				
	I any person listed in Form 990, Part VII, Section A, line 1a:						
	e payment or change of control payment?		· 4a		X		
•	ceive payment from, a supplemental nonqualified retirement plan?	• • • • •	. <u>4b</u>		X		
	ceive payment from, an equity-based compensation arrangement?		<u>4c</u>		X		
if "fes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		Ì				
0 h (04/)/0)							
• • • • • •	501(c)(4) organizations must complete lines 5-8.						
	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ation	1				
contingent on the r	evenues of:						
a The organization?			<u>5a</u>	 	X		
b Any related organiz		• • ••	<u>5</u> b	<u> </u>	X		
	or 5b, describe in Part III.				2		
	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ation			5		
contingent on the n	et earnings of:						
a The organization?	···· · · · · · · · · · · · · ·	•	. <u>6a</u>	╂───	X		
b Any related organiz	· · · · · · · · · ·		<u>6</u> b	<u> </u>	X		
	r 6b, describe in Part III.						
	n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payme	nts					
	es 5 and 6? If "Yes," describe in Part III		. 7		<u> </u>		
	reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	o the					
initial contract exce	ption described in Regs_section 53.4958-4(a)(3)? If "Yes," describe in Part III		8 le J (Forr	L	X		

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832112 12-23-08

(i) (ii)

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D)	(E) Total of columns	(F) Compensation	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	Nontaxable benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ	
	(i)	301,830.	0.	0.	8,046.	96.	309,972.	0.	
RICHARD BARTH	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	145,010.	0.	0.	5,782.	9,269.	160,061.	0.	
MICHAEL FEINBERG	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	151,071.	10,000.	0.	5,445.	10,076.	176,592.	0.	
TINA SACHS	(Ü)	0.	0.	0.	0.	0.	0.	0.	
	(i)	153,334.	0.	0.	5,848.	15,694.	174,876.	0.	
DARRYL COBB	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	186,992.	0.	0.	7,385.	1,488.	195,865.	0.	
DAVID WICK	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	166,121.	0.	0.	4,818.	5,375.	176,314.	0.	
JOHN KANBERG	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	165,156.	0.	0.	6,286.	6,576.	178,018.	0.	
MIKE WRIGHT	(ii)	0.	0.	0.	0.	0.	0.	0.	
DIANE BORINGON	(i)	<u>147,469.</u> 0.	0.	0.	5,843.	5,375.	158,687.	0.	
DIANE ROBINSON	(ii)	144,180.	0.	0.	0.	0.	0.	0.	
LINDA BELANS	(i)	<u> 144,180.</u> 0.	0.	0.	4,200.	5,375.	153,755.	0.	
LINDA BELANS	(ii)			0.	0.	0.	0.	0.	
	(i) (ii)								
	(i) (ii)								
· · · · · · · · · · · · · · · · · · ·	(i)								
	(ii)								
	(i)							· · · · · · · · · · · · · · · · · · ·	
	(ii)							,,,,,,,	
	(i)								
	(ii)								
	(i)								
	(ii)								

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

94-3362724

Schedule J (Form 990) 2008 KIPP FOUNDATION

Schedule J (Form 990) 2008

Page 2

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. OMB No 1545-0047 **2008** Open to Public Inspection

KIPP FOUNDATION

Employer identification number 94 - 3362724

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNDERSERVED COMMUNITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE KNOWLEDGE, SKILLS, CHARACTER AND HABITS NEEDED TO SUCCEED IN

COLLEGE AND THE COMPETITIVE WORLD BEYOND.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

THE LEADERSHIP PATHWAYS PROGRAM IS A YEAR-LONG TRAINING WITH FOUR

DIFFERENT COHORTS FOCUSING ON DEVELOPING STAFF TO TAKE OVER LEADERSHIP

ROLES WITHIN THEIR CURRENT KIPP SCHOOL, OR AT ANOTHER EXISTING KIPP

SCHOOL.

FORM 990, PART VI, SECTION A, LINE 2: DONALD FISHER AND DORIS FISHER ARE MARRIED. JOHN FISHER IS THEIR SON.

FORM 990, PART VI, SECTION A, LINE 10: THE TAXPAYER'S ACCOUNTING FIRM PREPARED THE FORM 990. A DRAFT OF THE RETURN WAS FORWARDED TO THE ORGANIZATION'S CFO AND GENERAL COUNSEL. IT WAS THEN FORWARDED TO THE ORGANIZATION'S AUDIT COMMITTEE FOR THEIR REVIEW AND FEEDBACK. BOARD AND COMMITTEE MEMBERS WERE ENCOURAGED TO REVIEW THE FORM 990 AND DIRECT THEIR QUESTIONS TO THE CFO AND GENERAL COUNSEL. IT WAS REVIEWED BY THE BOARD AND VOTED ON FOR APPROVAL.

 FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS AND DIRECTORS RECEIVE A

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

 832211

 12-18-08

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SCHEDULE O

(Form 990)

1

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



KIPP FOUNDATION

Employer identification number 94-3362724

COPY OF THE CONFLICT OF INTEREST POLICY AND UPDATE THEIR DISCLOSURES ON AN

ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION ARRANGEMENTS, INCLUDING BENEFITS, FOR ALL EMPLOYEES ARE BASED ON REGULAR COMPENSATION STUDIES THAT COMPARE DATA FROM SIMILAR ORGANIZATIONS (E.G. INDUSTRY, SIZE, ETC.) REGARDING COMPENSATION PAID FOR SIMILAR POSITIONS. BASED ON THIS INFORMATION, COMPENSATION ARRANGEMENTS FOR THE MAJORITY OF EMPLOYEES ARE REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER. IN ACCORDANCE WITH CALIFORNIA LAW, COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER IS REVIEWED AND APPROVED AS "JUST AND REASONABLE" BY THE BOARD OF DIRECTORS. THESE REVIEWS OCCUR WHEN THE OFFICER IS HIRED; WHEN THE TERM OF EMPLOYMENT OF THE OFFICER IS RENEWED OR EXTENDED; AND WHEN THE OFFICER'S COMPENSATION PACKAGE IS MODIFIED, UNLESS THE MODIFICATION APPLIES TO SUBSTANTIALLY ALL EMPLOYEES.

KIPP FOUNDATION DIRECTORS SERVE ON THE BOARD ON A VOLUNTARY BASIS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C

AUDIT COMMITTEE ROLE

THE PROCESS FOR THE OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM THE

PRIOR YEAR.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08 Schedule O (Form 990) 2008

36 2008.05060 KIPP FOUNDATION

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SCHEDULE R Related Organizations and Unrelated Partnerships (Form 990) Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 33 Department of the Treasury Internal Revenue Service See separate instructions.	7.	OMB No 1545-0047 2008 Open to Public Inspection
Name of the organization KIPP FOUNDATION		entification number 62724

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
<u>KCEP MORTGAGE - 26-2301999</u> <u>135 MAIN STREET, #1700</u> <u>SAN FRANCISCO, CA 94105</u>	ACQUIRING OR REFINANCING CONSTRUCTION LOANS FOR OWNED FACILITIES	CALIFORNIA	501(C)(3)	LINE 11A, TYPE I	
	-				

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Name, address, and EIN of related organization	anization (state or entity (related, investment, foreign unrelated)		Share of total income	Share of end-of-year assets	/ear ate allocations?		20 of Schedule	General managir partner		
		country)					Yes	No	K-1 (Form 1065)	Yes N
	•									
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

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Part V Transactions With Related Organization	Part V	Transactions With	n Related Organizations	3
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV.			Yes	No
 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 			163	
		1a		x
	• • • ••• •	1b		X
 Gift grant or capital contribution from other organization(c) 		1c		X
d Loans or loan guarantees to or for other organization(s)		1d	x	
e Loans or loan guarantees by other organization(s)	····· · · · · · · · · · · · · · · · ·	1e	<u> </u>	X
		16		
f Sale of assets to other organization(s)		1f		X
g Purchase of assets from other organization(s)		1g		X
h Exchange of assets		1h		X
i Lease of facilities, equipment, or other assets to other organization(s)		11		X
		,		
j Lease of facilities, equipment, or other assets from other organization(s)		1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k		X
Performance of services or membership or fundraising solicitations by other organization(s)	• • • • • • • • • • • • • • • • • • • •	11		X
m Sharing of facilities, aguinment mailing lists, or other associa		1m		X
n Sharing of paid employees		1n		X
	•••••••	<u> </u>		
o Reimbursement paid to other organization for expenses		10		X
p Reimbursement paid by other organization for expenses		1p		X
q Other transfer of cash or property to other organization(s)		10		x
r Other transfer of cash or property from other organization(s)	• • • • • • • • • • • • • • • • • • • •	1r		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and tra	ansaction thresholds.			
(A)	(B)	10	•	
		n Amount invo		
Name of other organization(s)	type (a·r)			.
(1) KCEP MORTGAGE	D	_15	4,6	12.
(2)	┝─────			
(3)				
(4)	<u>├────</u>			
(5)				
(6)				
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Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A)	(B)	(C)	(D) (E) (F) (G)					(G)	(H)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?			Dispropor- tionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	
		country)	Yes	No		Yes	No	(Form 1065)	Yes	N
· · · · · · · · · · · · · · · · · · ·										
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Schedule R (Form 990) 2008

Department	orm 8868 Rev. April 2009) Application for Extension of Time To File an Exempt Organization Return epartment of the Treasury ternal Revenue Service File a separate application for each return.						
• If you a	are filing for an Add	matic 3-Month Extension, complete only Part I and check this box itional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this f ess you have already been granted an automatic 3-month extension on a previously file					
Part I	Automatic	3-Month Extension of Time. Only submit original (no copies needed).					
A corpora Part I only	-	Form 990-T and requesting an automatic 6-month extension - check this box and com	plete				
	corporations (includ ome tax returns.	ing 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exten	sion of time			
Electron noted be (not autor you must	ic Filing (e-file). Ge ow (6 months for a matic) 3-month exte submit the fully co	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension corporation required to file Form 990-T). However, you cannot file Form 8868 electronic insion or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cor- mpleted and signed page 2 (Part II) of Form 8868. For more details on the electronic fili in e-file for Chanties & Nonprofits.	ally if	(1) you want the additional ated Form 990-T. Instead,			
Type or print	Name of Exempt	Organization	Employer identification nu				
File by the	KIPP FOU	NDATION	9	94-3362724			
due date for filing your		and room or suite no. If a P.O. box, see instructions. R STREET, NO. 510					
return See instructions	City, town or pos	st office, state, and ZIP code. For a foreign address, see instructions. CISCO, CA 94105-1657					
Check ty	pe of return to be	filed(file a separate application for each return):					
For	m 990 m 990-BL m 990-EZ m 990-PF	Form 990-T (corporation) Form 472 Form 990-T (sec. 401(a) or 408(a) trust) Form 522 Form 990-T (trust other than above) Form 600 Form 1041-A Form 882	27 69				
 The bo Teleph If the optimization 	none No. 415	ot have an office or place of business in the United States, check this box		▶□			
 The bo Teleph If the optimized in the o	none No. 415 prganization does n is for a Group Return	of ► 345 SPEAR ST, STE 510 - SAN FRANCISCO, -874-7387 FAX No. ► ot have an office or place of business in the United States, check this box	s is fo	r the whole group, check this			
 The born Teleph If the of this box If this box I re Is fit 	none No. ► 415 organization does n is for a Group Retur If it is for part quest an automatic	of \blacktriangleright 345 SPEAR ST, STE 510 - SAN FRANCISCO, -874-7387 FAX No. \blacktriangleright ot have an office or place of business in the United States, check this box m, enter the organization's four digit Group Exemption Number (GEN) If this of the group, check this box \blacktriangleright and attach a list with the names and EINs of all m 3-month (6-months for a corporation required to file Form 990-T) extension of time until 15, 2010, to file the exempt organization return for the organization named all s return for: Or	s is fo nemb	► □ r the whole group, check this ers the extension will cover			
 The born Teleph If the officiency of the second /li>	tone No. ► 415 organization does n is for a Group Return If it is for part quest an automatic FEBRUARY or the organization's Calendar year X tax year beginn	of \blacktriangleright 345 SPEAR ST, STE 510 - SAN FRANCISCO, -874-7387 FAX No. \blacktriangleright ot have an office or place of business in the United States, check this box m, enter the organization's four digit Group Exemption Number (GEN) If this of the group, check this box \blacktriangleright and attach a list with the names and EINs of all m 3-month (6-months for a corporation required to file Form 990-T) extension of time until 15, 2010 , to file the exempt organization return for the organization named all s return for: or	s is fo memb I bove.	► □ r the whole group, check the the extension will cover The extension 			
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 The born Teleph If the of this box ▶ 1 I refunction in the of the	tone No. ► 415 prganization does n is for a Group Retur If it is for part quest an automatic FEBRUARY or the organization's Calendar year X tax year beginn his tax year is for less his application is for arefundable credits. his application is for	of \blacktriangleright 345 SPEAR ST, STE 510 - SAN FRANCISCO, -874-7387 FAX No. \blacktriangleright ot have an office or place of business in the United States, check this box m, enter the organization's four digit Group Exemption Number (GEN) If this of the group, check this box \blacktriangleright and attach a list with the names and EINs of all r 3-month (6-months for a corporation required to file Form 990-T) extension of time until 15, 2010 , to file the exempt organization return for the organization named all s return for: or ming JUL 1, 2008 , and ending JUN 30, 2009 as than 12 months, check reason: Initial return Final return Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any See instructions. Form 990-PF or 990-T, enter any refundable credits and estimated	s is fo nemb I bove.	The whole group, check this ers the extension will cover The extension . Change in accounting period \$			
 The born Teleph If the control of this box is a second /li>	tone No. ► 415 organization does n is for a Group Return If it is for part quest an automatic FEBRUARY or the organization's Calendar year X tax year is for less his application is for payments made. Ir ance Due. Subtract	of \blacktriangleright 345 SPEAR ST, STE 510 - SAN FRANCISCO, -874-7387 FAX No. ot have an office or place of business in the United States, check this box m, enter the organization's four digit Group Exemption Number (GEN) If this of the group, check this box \blacktriangleright and attach a list with the names and EINs of all r 3-month (6-months for a corporation required to file Form 990-T) extension of time until 15, 2010 , to file the exempt organization return for the organization named all s return for: or ming JUL 1, 2008 , and ending JUN 30, 2009 as than 12 months, check reason: Initial return Final return Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any See instructions.	s is fo nemb l bove.	The extension Change in accounting period			

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् <mark>●</mark> lfy	• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box									
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.										
● If y	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).									
Par	Part 1 Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).									
Туре	Name of Exempt Organization	Employer identification number								
print		04 2262724								
File by	KIPP FOUNDATION	94-3362724								
extende due dat filing th	ed Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only								
instruct	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
	Image: Strain	=	orm 522 orm 606		Form 8870					
STOP	STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.									
	• The books are in the care of ► 135 MAIN STREET, SUITE 1700 - SAN FRANCISCO, CA 94105									
	Telephone No. ► 415-874-7387 FAX No. ► • If the organization does not have an office or place of business in the United States, check this box ►									
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	e is fo	· · · · · · · · · · · · · · · · · · ·		check this					
box										
4	I request an additional 3-month extension of time until MAY 17, 2010									
5	For calendar year, or other tax year beginning JUL 1, 2008 , and ending	JUN	_30,	2009						
6										
7										
	THE TAXPAYER'S AFFAIRS ARE QUITE COMPLEX. ADDITIONAL TIME IS NEEDED TO									
	PREPARE A COMPLETE AND ACCURATE RETURN.		(
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		1.							
Ŀ	nonrefundable credits. See instructions.	8a	\$							
Ь	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid		l							
previously with Form 8868.										
с	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	8b	\$							
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$		N/A					
	Signature and Verification									
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form										
	ture > lug ru C. Decelectitle > CPA	Date		2/12	10					

Jui C. Merelectpile ► CPA Signature

Form 8868 (Rev 4-2009)

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