

# **Instructions**

Included in this DocuSign are the assembled copies of the filings for the organization's records as follows:

- 1. **Internal Copy:** Includes all letters, instructions, and return pages without any redaction. Please review this file, sign, and date where indicated and submit back to CLA.
- 2. **Public Inspection Copy:** Redacted to just the information that is required for public inspection. If anyone from the public were to request a copy of the return or if the return were to be posted, the Public Inspection Copy should be used.

#### Please note:

After the documents have been e-signed and you click 'Finish' - DocuSign will give you the option to log-in - you can log-in at that time and download the executed documents; alternatively, DocuSign will send you another email indicating that the documents have been 'finished' and you can click that link to download and/or print the documents. **Downloading is important as you will not be receiving a paper copy. You have 120 days to download.** 

CLA cannot e-file any return until its signed e-file authorization is returned to CLA.

CLA does recommend all returns included in each PDF be signed and dated for your records.

CLA is not making any payments as part of the e-file or submitting any paper returns on your behalf.

Please initial to indicate that you have read and understand the above:



## CLAconnect.com

CPAs | CONSULTANTS | WEALTH ADVISORS

CLA (CliftonLarsonAllen LLP) is an independent network member of CLA Global. See <u>CLAglobal.com/disclaimer</u>. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.





CliftonLarsonAllen LLP CLAconnect.com

# FOR YEAR ENDED JUNE 30, 2022



CliftonLarsonAllen LLP CLAconnect.com

May 5, 2023

KIPP Socal Public Schools 1933 S. Broadway St. 1144 Los Angeles, CA 90007 Attention: Kyle Salyer

Dear Kyle:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

## **FORM 990 RETURN:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by May 15, 2023 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

## **CALIFORNIA FORM 199 RETURN:**

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

## A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial
  accounts and foreign activity. Please make sure you have informed us of any foreign financial
  accounts or foreign activity so that we have the necessary information to complete any required
  disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

DocuSign Envelope ID: 9E039FBC-1865-448E-8B82-D186F4A2B10C

Sincerely,

CliftonLarsonAllen LLP

## TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

## FOR THE YEAR ENDING

June 30, 2022

Pre	pared	For:

KIPP Socal Public Schools 1933 S. Broadway St. 1144 Los Angeles, CA 90007

## Prepared By:

CliftonLarsonAllen LLP 2210 East Route 66 Glendora, CA 91740

## **Amount Due or Refund:**

Not applicable

## Make Check Payable To:

Not applicable

## Mail Tax Return and Check (if applicable) To:

Not applicable

## Return Must be Mailed On or Before:

Not applicable

## **Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2023

Form **8879-TE** 

## **IRS e-file Signature Authorization** for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning  $\ JUL\ 1$  , 2021, and ending  $\ JUN\ 30$  , 20  $\ 22$ 

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

▶ Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

KIPP SOCAL PUBLIC SCHOOLS KYLE SALYER Name and title of officer or person subject to tax

26-1607268

CHIEF FINANCIAL OFFICER/TREASURER Type of Return and Return Information

raiti	Type of heturn and he	turn iniormation		
Form 53	30 filers may enter dollars and cents.	For all other forms, enter whole dollar	the applicable amount, if any, from the retur ars only. If you check the box on line 1a, 2a was blank, then leave line 1b, 2b, 3b, 4b, 5i	, 3a, 4a, 5a, 6a, 7a, 8a, 9a,
whichev			rn, then enter -0- on the applicable line below	
1a	Form 990 check here > X	<b>b Total revenue,</b> if any (Form 99	0, Part VIII, column (A), line 12)	<b>1b</b> 192,640,939.
	Form 990-EZ check here		0-EZ, line 9)	
За	Form 1120-POL check here		22)	
4a	Form 990-PF check here >		ome (Form 990-PF, Part V, line 5)	
	Form 8868 check here		3c)	
6a	Form 990-T check here		line 4)	
	Form 4720 check here		ine 1)	
	Form 5227 check here	b FMV of assets at end of tax y		8b
	Form 5330 check here	<b>b Tax due</b> (Form 5330, Part II, lir		9b
	Form 8038-CP check here	b Amount of credit payment re	quested (Form 8038-CP, Part III, line 22)	10b
Part I		ure Authorization of Officer		
Under p	enalties of periury. I declare that	I am an officer of the above entity of	or I am a person subject to tax with res	spect to (name
of entity	* * *	-	(EIN) and that I have	
complet intermed acknowled any reentry to financial later that paymen persona	e. I further declare that the amount in diate service provider, transmitter, or a edgement of receipt or reason for reje fund. If applicable, I authorize the U.S the financial institution account indica- institution to debit the entry to this a n 2 business days prior to the payme t of taxes to receive confidential informations.	Part I above is the amount shown of electronic return originator (ERO) to section of the transmission, <b>(b)</b> the resection of the transmission, <b>(b)</b> the resection of the transmission, <b>(b)</b> the resection of the tax preparation software occount. To revoke a payment, I must not (settlement) date. I also authorize mation necessary to answer inquiries gnature for the electronic return and,	best of my knowledge and belief, they are tro n the copy of the electronic return. I consent send the return to the IRS and to receive fror ason for any delay in processing the return of cial Agent to initiate an electronic funds with for payment of the federal taxes owed on this contact the U.S. Treasury Financial Agent a the financial institutions involved in the process and resolve issues related to the payment. if applicable, the consent to electronic funds to enter my	to allow my m the IRS (a) an or refund, and (c) the date idrawal (direct debit) s return, and the at 1-888-353-4537 no essing of the electronic I have selected a s withdrawal.
		ERO firm name		Enter five numbers, but do not enter all zeros
	, ,	charities as part of the IRS Fed/State	indicated within this return that a copy of th program, I also authorize the aforementione	9
	return. If I have indicated within this IRS Fed/State program, I will enter		ter my PIN as my signature on the tax year 2 eing filed with a state agency(ies) regulating nsent screen.	,
Signature o		<u>Salur</u> <b>nucation</b>	Dat	te
ERO's E	FIN/PIN. Enter your six-digit electror	ic filing identification		
	(EFIN) followed by your five-digit self-		95405291740 Do not enter all zeros	
submitti			1 electronically filed return indicated above. I ized e-File (MeF) Information for Authorized I	
ERO's siç	nature <u>WADE MCMULLEN</u>	I, CPA	Date ▶05/05/23	
		ERO Must Retain This Form	- See Instructions	

102521 01-11-22

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

Form **8879-TE** (2021)

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Α	For the	= 2021 calendar year, or tax year beginning $$ JUL $1,$ $2021$ and ending	JUN 30, 2022	•
	Check if	C Name of organization	D Employer identific	cation number
	applicable			
Σ	Addres	KIPP SOCAL PUBLIC SCHOOLS		
F	Name change		26-16072	68
F	Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/st		
F	Final return/	1933 G BROADWAY CT 11//	213-489-	
_	termin ated		G Gross receipts \$	227,054,015.
Г	Ameno		H(a) Is this a group re	
F	Applic		for subordinates	
	pendir	1933 S. BROADWAY ST. SUITE 1144, LOS ANGELE		
$\overline{\mathbf{I}}$	Tax-exe		<del></del>	list. See instructions
		te: NWW.KIPPSOCAL.ORG	H(c) Group exemptio	
				A State of legal domicile; CA
	art I	Summary	our or formation, — • • • [ ]	a ciato or logar dominono,
	1	Briefly describe the organization's mission or most significant activities: TOGETHER	WITH FAMILIES	S AND
9		COMMUNITIES, WE CREATE JOYFUL, ACADEMICALLY E		
Governance	2	Check this box if the organization discontinued its operations or disposed of m		
ķ	3	Number of voting members of the governing body (Part VI, line 1a)	_	13
မ်	4	Number of independent voting members of the governing body (Part VI, line 1b)		13
oč v	'I _	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		1594
<u>i</u>	6	Total number of volunteers (estimate if necessary)		189
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
Ă	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
		, , ,	Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)	137,699,095.	190,335,523.
Revenue	9	Program service revenue (Part VIII, line 2g)	664.	0.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	589,216.	272,291.
ă	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,621,157.	2,033,125.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	140,910,132.	192,640,939.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	6,000,000.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	82,022,626.	95,082,555.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ē	ь	Total fundraising expenses (Part IX, column (D), line 25) 1,157,741.		
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	50,222,582.	71,598,152.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		172,680,707.
	1	Revenue less expenses. Subtract line 18 from line 12	8,664,924.	19,960,232.
or	í		Beginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	124,148,972.	153,373,380.
Ass	21	Total liabilities (Part X, line 26)	20,539,187.	26,799,839.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	103,609,785.	126,573,541.
P	art II	Signature Block		
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowlegge	022
		DocuSigned by:	5/11/2	023
Sig	n	Signature of Officer	Date	
Не	re	KYLE SALYER, CHIEF FINANCIAL OFFICER/TREAS	URER	
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	WADE MCMULLEN, CPA WADE MCMULLEN, CPA	05/05/23 self-employ	ed P00541671
Pre	parer	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN ▶	41-0746749
Use	Only	Firm's address 2210 EAST ROUTE 66		
_		GLENDORA, CA 91740	Phone no. (6	
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No

Form	990 (2021) KIPP SOCAL PUBLIC SCHOOLS	26-1607268	Page 2
Pai	rt III   Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	TOGETHER WITH FAMILIES AND COMMUNITIES, WE CREATE JOYFU	II. ACADEMICAI.	T.V
	EXCELLENT SCHOOLS THAT PREPARE STUDENTS WITH THE SKILLS		
	TO PURSUE THE PATHS THEY CHOOSE - COLLEGE, CAREER AND I		
			EI
	CAN LEAD FULFILLING LIVES AND CREATE A MORE JUST WORLD		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s?Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or		
	revenue, if any, for each program service reported.	,	
4a	(Code:) (Expenses \$149, 235, 926 •	18	364.)
4a	KIPP SOCAL PUBLIC SCHOOLS OPERATES PUBLIC CHARTER SCHOOL		<del>301.</del> )
			<del></del>
		SCHOOLS PROVID	
	EDUCATIONAL OPPORTUNITIES TO SURROUNDING COMMUNITIES. I		гтс
	SCHOOLS CURRENTLY OPERATES 20 TUITION-FREE SCHOOLS, EDU		
	APPROXIMATELY 10,200 STUDENTS AND SUPPORTS AN ADDITIONAL	<u>AL 5,930 ALUMN</u>	Ί
	TO AND THROUGH COLLEGE.		
4b	(Code:) (Expenses \$ including grants of \$) (R	evenue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (R	evenue \$	)
4d	Other program services (Describe on Schedule O.)		
₩u		1	
	(Expenses \$\text{ including grants of \$}\tag{Revenue \$}		

Form **990** (2021)

# Form 990 (2021) KIPP SOCAL P Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	٣		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	-		
10		40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			, .
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	L
		_		_

I ai	Officerist of nequired Scriedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			- v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	Х	
24.0	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Λ	<del>                                     </del>
<b>24</b> a	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.10		
·	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		X
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25	- 25	<del>                                     </del>
00	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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	l		37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Pai	Note: All Form 990 filers are required to complete Schedule O  't V   Statements Regarding Other IRS Filings and Tax Compliance	38		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 162			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
			$\Delta \Delta \Delta$	

# Form 990 (2021) KIPP SOCAL PUBLIC SCHOOLS Part V Statements Regarding Other IRS Filings and Tax Compliance

26-1607268

Page 5

ı aı	Statements negarining other in 3 mings and rax compliance (continued)										
•	Establishment of containing the form WO Town Web (West and To Obtained)			Yes	No						
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 155	94									
				х							
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		,	21							
За	•				Х						
	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3t	1								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	48			Х						
	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	58	а		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		)		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 50	>								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	. 6	a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	. 6l	<b>.</b>								
7	Organizations that may receive deductible contributions under section 170(c).										
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	or? <b>7</b>	а		X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7t	<b>)</b>		<u> </u>						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				37						
	to file Form 8282?	. 70			X						
	If "Yes," indicate the number of Forms 8282 filed during the year				v						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?										
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	<b>7</b> 9									
Ū	sponsoring organization have excess business holdings at any time during the year?										
9	Sponsoring organizations maintaining donor advised funds.	8									
	Did the sponsoring organization make any taxable distributions under section 4966?	98	a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	91	5								
	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders 11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	а								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_									
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40									
а	Is the organization licensed to issue qualified health plans in more than one state?	13	а								
b	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the										
b	organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand										
	Did the organization receive any payments for indoor tanning services during the tax year?	14	а		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O										
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15	5		Х						
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	3		Х						
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	7								
	If "Yes," complete Form 6069.										

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 13									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		x						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	(The social Disquisite information as sat policies to require a plant of the information as social		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble						
	for public inspection. Indicate how you made these available. Check all that apply.	• •								
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	KYLE SALYER - 213-489-4461									
	1933 S. BROADWAY ST. SUITE 1144, LOS ANGELES, CA 90007									

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Form **990** (2021)

## Form 990 (2021) KIPP SOCAL PUBLIC SCHOOLS

26-1607268

<u> Page</u> **7** 

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

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

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

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

See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	npen	sat	ed any current officer, di	rector, or trustee.	
(A)	(B)			((	<b>C)</b>			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	ordi	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ruste	l trus		99/	neu		1099-NEC)	1099-NEC)	organization and related
	below	ndividual trustee or director	Institutional trustee		Key employee	st col	-i-	1000 1120)		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			J
(1) ANGELLA MARTINEZ	45.00									
CEO IN RESIDENCE	1.00			X				306,457.	0.	22,202.
(2) KYLE SALYER	45.00									
CFO/TREASURER	1.00			X				250,978.	0.	29,361.
(3) CESAR BOCANEGRA	45.00									
CHIEF OPERATING OFFICER						Х		257,407.	0.	22,776.
(4) MARCIA AARON	45.00	ŀ								
FORMER CEO	1.00						Х	211,655.	0.	16,122.
(5) AMBER MEDINA	45.00									0.4.650
INTERIM CHIEF OF SCHOOLS	45.00					Х		200,584.	0.	24,679.
(6) BELEN SANCHEZ	45.00							154 653	•	14 000
CHIEF OF STAFF	45.00					Х		174,653.	0.	14,888.
(7) ERIK HAGSTROM	45.00							175 147	_	11 200
DIRECTOR OF REAL ESTATE	45.00					Х		175,147.	0.	11,309.
(8) KEVIKA AMAR	45.00					,,		175 000		F 407
CHIEF ACADEMIC OFFICER	2 00					X		175,098.	0.	5,487.
(9) JULIE MILLER	2.00	7.7		37					0	0
CHAIR	1 00	Х		X				0.	0.	0.
(10) LUIS RODRIGUEZ VICE CHAIR	1.00	Х		х				0.	0.	0.
(11) HEATHER LORD	1.00	Δ						0.	0.	0.
SECRETARY	1.00	Х		Х				0.	0.	0.
(12) FRANK REDDICK	1.00	25		22				0.	<b>.</b>	<u></u>
MEMBER	1.00	х						0.	0.	0.
(13) NORMA PARRAZ	1.00							•	•	
MEMBER		х						0.	0.	0.
(14) RANDY BISHOP	1.00								•	•
MEMBER		х						0.	0.	0.
(15) MEL CARLISLE	1.00							-	-	
MEMBER		Х						0.	0.	0.
(16) JON BERG	1.00									
MEMBER		Х						0.	0.	0.
(17) PHILIP FEDER	1.00									
MEMBER		Х						0.	0.	0.

132007 12-09-21 Form **990** (2021)

KIDD COCAL DIBLITO COHOOLS

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	/ al a		Pos		<b>)</b> than c		Reportable	Reportable	Esti	imate	d
		hours per	box	, unle	ss pe	rson i	s both	an	compensation	compensation	amo	ount o	of
		week	offi	cer ar	nd a d	lirecto	r/trust	tee)	from	from related	0	ther	
		(list any	ector						the	organizations	comp	ensa	tion
		hours for	or dir	ap.			ted		organization	(W-2/1099-MISC/		m the	
		related	stee	truste		a.	bens		(W-2/1099-MISC/	1099-NEC)	ı -	nizati	
		organizations below	ıal tr.	onal		ploye	com		1099-NEC)			relate	
		line)	Individual trustee or director	nstitutional trustee	Officer	sey employee	Highest compensated employee	Former			orgar	nzatio	ons
(18)	EJ KAVOUNAS	1.00	드	드	ō	3	E E	H.					
MEMB	ER		Х						0.	0.			0.
(19)	CARLOS BERMUDEZ	1.00											
MEMB	ER		Х						0.	0.			0.
(20)	NANCY MALDONADO	1.00											
MEMB	ER		Х						0.	0.			0.
(21)	COURTNEY CRISWELL	1.00											
MEMB	ER		Х						0.	0.			0.
									1 751 070	0	110	0.	2.4
	Subtotal								1,751,979.	0.	146	, 0 4	
	Total from continuation sheets to Part V								0. 1,751,979.	0.	146	0.	0.
	Total (add lines 1b and 1c)										140	, 8 4	44.
2	Total number of individuals (including but r	ot limited to th	ose	liste	dab	oove	) wh	o re	ceived more than \$100,	000 of reportable			73
	compensation from the organization										١,	Yes	No
•	Did the americation list and formal officer	alia.ka kak	1					ابد : ما				163	NO
3	Did the organization list any <b>former</b> officer											х	
	line 1a? If "Yes," complete Schedule J for s										3	Δ	
4	For any individual listed on line 1a, is the su	•							•	•		х	
_	and related organizations greater than \$15										4	^	
5	Did any person listed on line 1a receive or	•				•			•				Х
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors	npiete Schedule	e J f	or sı	ıch į	oers	on .				5		Λ
	·	mnonostad i = =	lons	nds.	ot o:	nt.	2010	-1-	act received mare their f	100 000 of composes	tion from	<u> </u>	
1	Complete this table for your five highest co	•	•							•	rion itor	11	

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. He port compensation for the outertain your ortaining with or within	T the organization of tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
	Description of services	Compensation
SCOOT EDUCATION INC		
3839 MAIN STREET, CULVER CITY, CA 90232	SUBSTITUTE SERVICES	1,426,752.
LA CENTRAL IRON WORKS	FACILITIES	
7413 S. CENTRAL AVE., LOS ANGELES, CA 90001	MAINTENANCE CONTRACT	1,147,349.
NEW MEDISCAN II, LLC DBA CROSS COUNTRY EDUC	SPED SUBSTITUTE	
PO BOX 743425, LOS ANGELES, CA 90074	SERVICE PROVIDER	957,017.
AMERICAN GUARD SERVICES, INC.	SECURITY GUARD	
P.O. BOX 6534, PASADENA, CA 91109	SERVICE PROVIDER	665,791.
ONTARIO REFRIGERATION SERVICE, INC.	HVAC MAINTENANCE	
635 S. MOUNTAIN AVE, ONTARIO, CA 91762	PROVIDER	570,205.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization  22		
		000

Form **990** (2021)

KIPP SOCAL PUBLIC SCHOOLS

Form 990 (2021) KIE

7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses	Pa	rt v	<u> </u>	Statement of Re	ven	ue						
Total revenue   Falested carepaigns   Total revenue   Falested carepaigns   Total revenue				Check if Schedule O	cont	ains a res	ponse	or note to any lin			(0)	
Total									, ,			
1 a Federated campaigns   1a									l otal revenue			
b												sections 512 - 514
Business Code	ts ts	1	а	Federated campaigns		1	a					
Business Code	ra M		b	Membership dues		1	0					
Page	Ω, Ħ		С									
Business Code	ifts ar A						d					
Business Code	ni,e						9	179,811,976.				
Business Code	Sign											
Business Code	le E						,	10,523,547.				
Business Code	Ęŏ		а									
Business Code	Š		_						190335523.			
2 a   b	<u> </u>		<u></u>	Totali / Ga iii ico Ta Ti								
B		9	_					Business sous				
11 a REPUND/OVERPAYMENT   11 a REPUND/OVERPAYMENT   5   259   120   12	ice		_									
11 a REPUND/OVERPAYMENT   11 a REPUND/OVERPAYMENT   5   259   120   12	er ne											
11 a REPUND/OVERPAYMENT   11 a REPUND/OVERPAYMENT   5   259   120   12	n S		_									
3   Total. Add lines 2a-2f	gra Be											
11 a REPUND/OVERPAYMENT   11 a REPUND/OVERPAYMENT   5   259   120   12	r Jor											
3   Investment income (including dividends, interest, and other smillar amounts)   259,562.   259	<u>-</u>											
259,562.   259,562.								·····				
1		3		· ·	_		,	,	050 560			050 560
10									259,562.			259,562.
10   10   10   10   10   10   10   10		4						•				
Sa Gross rents   Ga   17,080,040.		5		Royalties								
December   Company   Com						<del></del>		(ii) Personal				
Rental income or (loss)   6c   120,000.		6	а	Gross rents	6a							
Total Add lines 11a-11d   Total Add lines			b	Less: rental expenses	6b	16,960	,040.					
7 a Gross amount from sales of assets other than inventory 7 a   17,360,454.    b Less: cost or other basis and sales expenses   7b   17,347,725.    c Gain or (loss)   7c   12,729.    d Net gain or (loss)   12,729.    8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18   8a   313,498.    b Less: direct expenses   8b   105,311.    c Net income or (loss) from fundraising events   9a    Gross income from gaming activities. See Part IV, line 19   9a    b Less: direct expenses   9b    c Net income or (loss) from gaming activities. See Part IV, line 19   9a    b Less: cost of goods sold   10b    c Net income or (loss) from sales of inventory   ≥    10 a Gross sales of inventory, less returns and allowances   10a    b Less: cost of goods sold   10b    c Net income or (loss) from sales of inventory   ≥    8 Business Code      611110   1,201,412.   1201412.    611110   58,226.   58,226.    64 All other revenue   611110   18,364.   18,364.    17,704,938.			С	Rental income or (loss)	6с	120	,000.					
Assets other than inventory   b   Less: cost or other basis and sales expenses   7b   17,347,725.			d	Net rental income or (loss)	) <u></u>			<u></u>	120,000.			120,000.
b Less: cost or other basis and sales expenses   7b   17,347,725.   7c   12,729.   12,729.   12,729.   12,729.   12,729.   4 Net gain or (loss)   5 of contributions reported on line 1c). See Part IV, line 18   8a   313,498.   8b   105,311.   208,187.		7	а	Gross amount from sales of		(i) Sec	urities	(ii) Other				
### and sales expenses				assets other than inventory	7a	17,360	,454.					
C Gain or (loss)			b	Less: cost or other basis								
C Gain or (loss)	ne			and sales expenses	7b	17,347	7,725.					
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	/en		С	Gain or (loss)	7с	12						
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	Re		d	Net gain or (loss)			<u></u>		12,729.			12,729.
Contributions reported on line 1c). See   Part IV, line 18   Ba   313,498.	ē	8										
Part IV, line 18	₹			including \$		o	f					
b Less: direct expenses				contributions reported on	line	1c). See						
b Less: direct expenses   8b   105,311.   208,187.   208,187.   208,187.   208,187.   9 a Gross income from gaming activities. See Part IV, line 19   9a   9a   9b   9a   9b   9a   9b   9b				Part IV, line 18			8a	313,498.				
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  9 b Less: direct expenses  9 c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  11 a REFUND/OVERPAYMENT  b E-RATE  c OTHER REVENUE  d All other revenue  e Total. Add lines 11a-11d  208,187.  20			b					105,311.				
Part IV, line 19									208,187.			208,187.
Part IV, line 19		9	а	Gross income from gamin	g ac	tivities. S	ee					
b Less: direct expenses 9b												
C Net income or (loss) from gaming activities   ▶   10 a Gross sales of inventory, less returns and allowances   10a			b									
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory      11 a REFUND/OVERPAYMENT   611110   1,201,412.   1201412.			С	Net income or (loss) from	gam	ing activi	ties					
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory		10	а	Gross sales of inventory, I	ess	returns						
b Less: cost of goods sold c Net income or (loss) from sales of inventory							10a					
C Net income or (loss) from sales of inventory           Business Code           Business Code           b         E-RATE         611110         1,201,412.         1201412.           c         OTHER REVENUE         611110         58,226.         58,226.           d         All other revenue         611110         18,364.         18,364.           e         Total. Add lines 11a-11d         1,704,938.			b				1					
Total Add lines 11a-11d   Business Code	_							<b>&gt;</b>				
e Total. Add lines 11a-11d				· · ·				Business Code				
e Total. Add lines 11a-11d	snc	11	а	REFUND/OVERPAYMENT				611110	1,201,412.			1201412.
e Total. Add lines 11a-11d	ine Due				•			611110	426,936.			426,936.
e Total. Add lines 11a-11d	ella							611110	58,226.			58,226.
e Total. Add lines 11a-11d	SS B							611110	,	18,364.		,
	≥							<b>&gt;</b>				
12 Total Tevenue. See histractions		12		Total revenue. See instruction				<b>&gt;</b>	192640939.	18,364.	0.	2287052.

Form 990 (2021) KIPP SOCAL PU
Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		this Part IX	·····	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	6,000,000.	6,000,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	622 255		622 255	
	trustees, and key employees	632,055.		632,055.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	75 075 050	CF CF0 400	0 600 010	C1E 010
7	Other salaries and wages	75,975,258.	65,659,429.	9,699,910.	615,919
8	Pension plan accruals and contributions (include	O EOF 411	0 160 615	242 220	22 557
	section 401(k) and 403(b) employer contributions)	<u>4,535,411.</u>	2,168,615.	343,239.	23,557 135,793
9	Other employee benefits		8,176,234.	1,910,757.	135,793
10	Payroll taxes	5,717,047.	4,827,342.	836,917.	52,788
1	Fees for services (nonemployees):	1 014 101		1 014 101	
а		1,014,121.		1,014,121.	
b	<u> </u>	149,755.		149,755.	
С	S	107,709.		107,709.	
d	, 5				
е	, ,				
f	Investment management fees				
g	, ,	10 685 884	0 054 000	2 501 655	
	column (A), amount, list line 11g expenses on Sch 0.)		8,954,099.	3,721,675.	020 011
2	Advertising and promotion	1,681,835.		761,250.	232,011
3	Office expenses	2,575,170.		105,637.	22 005
14	Information technology	4,971,507.	4,345,332.	593,090.	33,085
5	Royalties	00 000 110	00 000 010	1 604 460	05 040
16	Occupancy	28,798,118.	27,077,710.	1,694,468.	25,940
7	Travel	188,048.	188,048.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	F00 000	F00 000		
19	Conferences, conventions, and meetings	582,802.	582,802.		
20	Interest	18,118.	18,118.		
21	Payments to affiliates	1 106 000	1 070 007	FF 41.C	
22	Depreciation, depletion, and amortization	1,126,223.	1,070,807.	55,416.	4.6.5
23	Insurance	577,798.	543,926.	33,407.	465
<b>!4</b>	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TNOMPHOMEONAL MAMPRIALO	7,721,649.	7,721,649.		
b	VELL C. CELLDENIE	5,515,951.	5,515,951.		
С	TIDAT MIL CUIDDI TUC	984,621.	984,621.		
d		•			
	All other expenses	2,908,953.	2,243,136.	627,634.	38,183
25		172,680,707.		22,287,040.	1,157,741
26	Joint costs. Complete this line only if the organization		, ,	. ,	. ,
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	16,992,853.	1	13,940,230.
	2	Savings and temporary cash investments	8,005,158.	2	33,514,141.
	3	Pledges and grants receivable, net	1,033,059.	3	504,000.
	4	Accounts receivable, net	69,405,866.	4	69,319,703.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net	5,400,000.	7	5,400,000.
	8	Inventories for sale or use		8	
ď	9	Prepaid expenses and deferred charges	72,435.	9	1,289,578.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D  Less: accumulated depreciation  10a 9,035,200.  10b 5,042,611.			
	b		3,289,987.		3,992,589. 23,615,282.
	11	Investments - publicly traded securities	18,242,841.	11	23,615,282.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	1 706 772	14	1 707 057
	15	Other assets. See Part IV, line 11	1,706,773.	15	1,797,857.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	124,148,972.	16	153,373,380.
	17	Accounts payable and accrued expenses	9,892,013.	17	10,253,944.
	18	Grants payable	7,450,654.	18	11,953,585.
	19	Deferred revenue	7,430,034.	19	11,933,363.
	20 21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D		20 21	
	22	Loans and other payables to any current or former officer, director,		21	
ijes	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	300,000.	24	151,149.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	2,896,520.	25	4,441,161.
	26	Total liabilities. Add lines 17 through 25	20,539,187.	26	26,799,839.
		Organizations that follow FASB ASC 958, check here 🕨 🗓			
Ses		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	99,362,674.	27	123,379,171.
Ba	28	Net assets with donor restrictions	4,247,111.	28	3,194,370.
nd I		Organizations that do not follow FASB ASC 958, check here			
乓		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	100 100	31	
Set	32	Total net assets or fund balances	103,609,785.	32	126,573,541.
	33	Total liabilities and net assets/fund balances	124,148,972.	33	153,373,380.

	1990 (2021) KIPP SOCAL PUBLIC SCHOOLS	26-1	16072	268	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	192			
2	Total expenses (must equal Part IX, column (A), line 25)	2	172			
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,960</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	103			
5	Net unrealized gains (losses) on investments	5	-	<u>-93:</u>	3,2	02.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3	<u>,93</u>	5,7	26.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	126	<u>, 573</u>	3, <u>5</u>	<u>41.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		I			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.	- 1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	- 1			
	separate basis, consolidated basis, or both:		- 1			
	Separate basis Consolidated basis Both consolidated and separate basis		J			
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	- 1			
	consolidated basis, or both:		- 1			
	Separate basis X Consolidated basis Both consolidated and separate basis		- 1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit				1
	Act and OMB Circular A-133?		]	3a	X	—
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

132012 12-09-21

## **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

KIPP SOCAL PUBLIC SCHOOLS

 $\begin{array}{c} \textbf{Employer identification number} \\ 26-1607268 \end{array}$ 

Pa	rt I	Reason for Public (	Charity Status. (	(All organizations must o	omplete th	nis part.) S	ee instructions.	
he	organi	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1	$\overline{\Box}$	A church, convention of chu	·		-	•	IVAVi).	
	X	A school described in <b>secti</b>				(2)(	. // -//-	
_				·		V6V4V6V:	::\	
3	H	A hospital or a cooperative	•				=	the beenitel's name
4		A medical research organiza	ation operated in cor	ijunction with a nospital	described	III Sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
		city, and state:						
5		An organization operated for		lege or university owner	or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that normal	lly receives a substar	ntial part of its support f	om a gove	ernmental	unit or from the general	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	d in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)			
9	$\Box$	An agricultural research org				ed in coniu	inction with a land-grant	college
_		or university or a non-land-g				-	-	-
		university:	rant conege of agrici	artare (500 motraotions).	Lintor tino i	namo, ony	, and state of the conege	, 01
40			lly receives (1) more t	than 22 1/20/ of its our	ort from o	ontribution	no momborobin foco on	d aroog rooginto from
10		An organization that normal						
		activities related to its exem		·				*
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See <b>section 509(a)(2).</b> (Cor	-					
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> d	r section (	509(a)(2).	See section 509(a)(3).	Check the box on
		lines 12a through 12d that of	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to red	gularly appoint or elect a	maiority o	of the direc	tors or trustees of the su	upportina
		organization. You must c			, ,			
h		Type II. A supporting orga	= :		ion with its	e eunnorte	ad organization(s) by hav	vina
		control or management of						
					arrie persor	iis iiiai co	ntroi or manage the supp	oortea
		organization(s). You mus						1 20
С		Type III functionally inte					• •	ed with,
		its supported organization	n(s) (see instructions)	). You must complete	Part IV, Se	ections A,	D, and E.	
d			integrated. A supp	orting organization oper	ated in cor	nnection v	vith its supported organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	/eness
		requirement (see instructi	ons). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	nization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	r the number of supported o	rganizations					
g		ide the following information		d organization(s).				
	<b>(</b> i	) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed na document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
							I	1

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

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

Sec	ction A. Public Support	20.0, р.ю		,			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(4) 2011	(2) 2010	(0) 2010	(4) 2020	(6) 2021	(i) rotar
	include any "unusual grants.")	100665697	108363153	122286426	137699095	190335523	659349894
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						
1	the organization without charge <b>Total.</b> Add lines 1 through 3	100665697	108363153	122286426	137699095	190335523	659349894
	The portion of total contributions	100003037	100303133	122200420	137033033	190333323	037347074
	by each person (other than a governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						659349894
	ction B. Total Support						100000
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	100665697	108363153	122286426	137699095	190335523	659349894
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	569,187.	783,631.	799,468.	701,236.	<u> 17339602.</u>	20193124.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	696 159	502 230	312 984	401,165.	1686574	3599112
11	assets (Explain in Part VI.)	050,155.	302,230.	312,304.	401,103.		683142130
	Gross receipts from related activities,	etc (see instruction	ine)				,302,995.
	First 5 years. If the Form 990 is for the		,				70027000
	organization, check this box and <b>sto</b>						
Sed	ction C. Computation of Publ						,
14	Public support percentage for 2021 (	line 6, column (f), d	ivided by line 11, o	column (f))		14	96.52 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	98.10 %
	33 1/3% support test - 2021. If the					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>▶</b> X
b	33 1/3% support test - 2020. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and <b>stop here.</b> The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	•	•	VI how the organiz	zation
	meets the facts-and-circumstances to	_	-		-		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				-		<b>.</b> —
40	organization meets the facts-and-circ		-		• • •		<b>&gt;</b>
18	<b>Private foundation.</b> If the organization	on did not check a	box on line 13, 16a	a, 16b, 1/a, or 17b	), check this box a	na see instructions	<u> </u>

Schedule A (Form 990) 2021

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

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

quality under the tests listed be Section A. Public Support	iow, piease comp	Diete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and	(4) 20	(2) = 3 : 3	(5) = 5 : 5	(4,) = 0 = 0	(5) = 5 = 1	(.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
· · · · · ·						
<b>6 Total.</b> Add lines 1 through 5		<del> </del>		<del> </del>	+	
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year  c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						l
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	(a) 2011	(b) 2016	(6) 2019	(u) 2020	(e) 2021	(I) TOTAL
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
activities not included on line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part VI.)		1	1	ļ	+	
13 Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		1		<u> </u>
<b>14 First 5 years.</b> If the Form 990 is for the	•			•		. —
check this box and stop here						<u></u>
Section C. Computation of Public					T I	
15 Public support percentage for 2021 (lin					15	%
16 Public support percentage from 2020 Section D. Computation of Invest					16	%
•			ine 13 column (f)		17	0/
<ul><li>17 Investment income percentage for 202</li><li>18 Investment income percentage from 2</li></ul>					18	% %
19a 33 1/3% support tests - 2021. If the c						/ IS HUL ▶□
more than 33 1/3%, check this box and						🟲 🗀
b 33 1/3% support tests - 2020. If the c						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	i did flot check a	DOX OH HITE 14, 19	a. or 190. Check th	iis dux and see in	SUUCUOUS	

### Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
_		
4a		
4b		
TU		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
30		
9с		
10a		
10b		
	- 000	0004

132024 01-04-21

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

these activities but for the organization's involvement.

10180511 131839 A275382

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

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

Schedule A (Form 990) 2021

2b

За

		_		06 1608060
	dule A (Form 990) 2021 KIPP SOCAL PUBLIC SCHOOL		ui-atiana	26-1607268 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		·	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2021 from Section C, line 6

(provide details in Part VI). See instructions.

10 Line 8 amount divided by line 9 amount

8 Distributions to attentive supported organizations to which the organization is responsive

7

26-1607268 Page 7 KIPP SOCAL PUBLIC SCHOOLS Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions.

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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8 9

10

Schedule A	(Form 990) 2021	KIPP	SOCAL	PUBLIC	SCHOOLS	26-1607268 Page 8
Part VI	Supplemental Information Part IV, Section A, lines Information 1; Part IV, Section D	rmation. 1, 2, 3b, 3c, , lines 2 and	Provide the 4b, 4c, 5a, I 3; Part IV, S	explanations 6, 9a, 9b, 9c, Section E, line	required by Part II, line 10; Part II, line 17 11a, 11b, and 11c; Part IV, Section B, lir s 1c, 2a, 2b, 3a, and 3b; Part V, line 1; P nd 6. Also complete this part for any ad	<sup>7</sup> a or 17b; Part III, line 12; les 1 and 2; Part IV, Section C, lart V, Section B, line 1e; Part V,

Schedule A (Form 990) 2021

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

**Employer identification number** 

	KIPP SOCAL PUBLIC S		26-1607268
Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		ed funds
	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?	, , ,	
Pa			
1			artiv, mic 7.
'	Purpose(s) of conservation easements held by the organization	<u> </u>	Fa historically important land area
	Preservation of land for public use (for example, recrea	· —	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	ifter 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relative	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>	,	3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
-	<b>▶</b> \$		non cacome aaning are year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 1700	b)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
9			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statement	ents that describes the
Dai	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Treasures or Ot	har Similar Assats
ı a			niei Oliillai Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	ırtherance of public
	service, provide in Part XIII the text of the footnote to its finar	icial statements that describes these item	IS.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(m) A		<b>.</b> .
2	If the organization received or held works of art, historical treatments		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

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Sche		CAL PUBLIC								Page 2
Par	t III   Organizations Maintaining C	collections of Ar	t, Hist	orical Tre	asures, o	r Other	Simila	Assets	(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that	make sigi	nificant ι	use of its		
	collection items (check all that apply):									
а	Public exhibition	C			hange progra					
b										
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5										
ъ.	to be sold to raise funds rather than to be ma								Yes	No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Pa	·								
1a	Is the organization an agent, trustee, custod		•						٦.,	
	on Form 990, Part X?							L	<b>」Yes</b>	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:					A	
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
_	Distributions during the year						1e			
t O-	Ending balance						.^		7 V	
								∟	<b>」Yes</b>	∐ No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete									
	TT THE STATE OF TH	(a) Current year		Prior year	(c) Two yea			ears back	(e) Four v	/ears back
10	Beginning of year balance	(a) current year	(5)	nor your	(O) Two you	TO DOOR (C	<b>2)</b> 111100 y	ouro buon	(C) rour	youro buok
-										
b	Contributions									
c d	Grants or scholarships									
	Other expenditures for facilities									
C										
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end halanc	e (line 1d	r column (a)	) held as.	<b>I</b>			l	
a	Board designated or quasi-endowment	one your one balano	% %	g, 001011111 (u)	n riola ao.					
b	Permanent endowment									
c	•	<u></u> ,°								
	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	•	ation tha	t are held ar	nd administer	ed for the	organiza	ation		
	by:	ŭ					Ü		[·	res No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	/, line 11a. S	ee Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	cumulate	ed	(d) Book	value
		basis (investi	ment)	basis	(other)	depr	eciation			
1a	Land									
b	Buildings				9,728.		28,6	58.	831	,070.
С	Leasehold improvements			2,75	7,005.	2,0	36,50	58.	720	,437.
d	Equipment				1,905.	2,9	77,38	35.	1,744	
e	Other			69	6,562.					,562.
Total	. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Part	X. colun	nn (B). line 1	0c.)				3,992	<u>,589.</u>

Schedule D (Form 990) 2021

	PUBLIC SCHOOLS	5	26-1607268 <sub>Page</sub> <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)  Total (Col. (h) must equal Form 000, Port V, col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
	(5) 5001 14140	(c)casa of raidation. cost of	and or your market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	ı		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT LIABILITY			4,441,161.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			<b>▶</b> 4,441,161.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statemen	
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been	provided in Part XIII 🗓

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Schedule D (Form 990) 2021

Sche	edule D	(Form 990) 2021 KIPP SOCAL PUBLIC SCH	HOOLS		26-	1607268	Page <b>4</b>
Pa	rt XI	Reconciliation of Revenue per Audited Financial		Revenue per Re	turn.		
1	Total	Complete if the organization answered "Yes" on Form 990, Part revenue, gains, and other support per audited financial statements			4	191,813,	048.
2		revende, gams, and other support per addited infancial statements unts included on line 1 but not on Form 990, Part VIII, line 12:	s			<u> </u>	, 0 - 0 -
		nrealized gains (losses) on investments	2a	-933,202.			
b		ted services and use of facilities		33372021	-		
C		veries of prior year grants			-		
		(5)		105,311.	1		
		.` ′		-	2e	-827,	891.
3		ines 2a through 2d ::act line 2e from line 1				192,640,	
4		unts included on Form 990, Part VIII, line 12, but not on line 1:					, , , , , ,
а			4a				
b		r (Describe in Part XIII.)			1		
		ines 4a and 4b			4c		0.
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. lin				192,640,	
_	rt XII		l Statements With	Expenses per F			, , , , , ,
		Complete if the organization answered "Yes" on Form 990, Part		•			
1	Total				1	172,786,	018.
2		unts included on line 1 but not on Form 990, Part IX, line 25:				, ,	
a		ted services and use of facilities	2a				
		year adjustments					
c		losses					
_		(Describe in Part XIII.)		105,311.			
		ines 2a through 2d		-	2e	105.	311.
3		ract line <b>2e</b> from line <b>1</b>			-	172,680,	
4		unts included on Form 990, Part IX, line 25, but not on line 1:				, ,	
		tment expenses not included on Form 990, Part VIII, line 7b	4a				
		(Describe in Part XIII.)					
		ines <b>4a</b> and <b>4b</b>			4c		0.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. I				172,680,	707.
	rt XIII	Supplemental Information.	<i>Inc 10.7</i>			, ,	
Prov	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b	and 2b; Part V, line 4	; Part	X, line 2; Part X	I,
		d 4b; and Part XII, lines 2d and 4b. Also complete this part to provi				,	•
			•				
		_					
PAI	RT X	I, LINE 2:					
KII	PP S	OCAL IS A NONPROFIT ENTITY EXEMPT	FROM THE PA	YMENT OF I	NCO	ME TAXES	5
UNI	DER	INTERNAL REVENUE CODE SECTION 501	(C)(3) AND (	CALIFORNIA	REV	ENUE AND	)
TAX	XATI	ON CODE SECTION 23701D. ACCORDING	LY, NO PROVI	SION HAS B	EEN	MADE FO	)R
INO	COME	TAXES. KIPP SOCAL HAS DETERMINED	THAT ALL IN	ICOME TAX P	OSI	TIONS AR	RE
		THE V MILAN NOW OF DEING GIGMATNED					

DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THE EXEMPT

PURPOSES. KIPP SOCAL FILES AN EXEMPT RETURN AND APPLICABLE UNRELATED

EXAMINATION; THEREFORE, NO DISCLOSURES OF UNCERTAIN INCOME TAX POSITIONS

ARE REQUIRED. KIPP SOCAL IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS

BUSINESS INCOME TAX RETURN IN THE U.S. FEDERAL JURISDICTION AND WITH THE

24

CALIFORNIA FRANCHISE TAX BOARD.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 KIPP SOCAL PUBLIC SCHOOLS  Part XIII Supplemental Information (continued)	26-1607268 Page 5
Part XIII   Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
	105 211
FUNDRAISING EXPENSES	105,311.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	105,311.

**SCHEDULE E** 

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schools**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

KIPP SOCAL PUBLIC SCHOOLS

Employer identification number 26-1607268

_	KIPP SOCAL PUBLIC SCHOOLS	20-1	007	<u> 200</u>	
Pa	rt I			YES	NO
4	Does the examination have a registly nandicariminatory nation toward at identa by statement in its charter			TES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its broc		-	71	
_	catalogues, and other written communications with the public dealing with student admissions, programs, and		2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet	corrolatornpo.	_		
_	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the				
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the	ne			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general				
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		3	X	
	THE ORGANIZATION IS A PUBLIC CHARTER SCHOOL AND THE				
	NON-DISCRIMINATION POLICY IS POSTED ON THE SCHOOL'S WEBS	SITE.			
4	Does the organization maintain the following?				
а	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminate	tory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing				
	with student admissions, programs, and scholarships?		4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.		4d	Х	
5	Does the organization discriminate by race in any way with respect to:				
а	Students' rights or privileges?		5a		X
b	Admissions policies?		5b		_X_
	Employment of faculty or administrative staff?		5c		<u>X</u>
	Scholarships or other financial assistance?		5d		<u>X</u>
	Educational policies?		5e		X
	Use of facilities?		5f		X
	Athletic programs?		5g		X
n	Other extracurricular activities?		5h		
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.				
	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?		6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.				
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			77	
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		7	X	

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

Schedule E (Form 990) 2021

Schedule E (Form 990) 2021 KIPP SOCAL PUBLIC SCHOOLS	26-1607268 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and	7. as
applicable. Also provide any other additional information.	,
approactor too provide any office additional mornation.	
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:	
DINE O EXIDAMATION OF GOVERNMENT FINANCIAL AID.	
MILE ODGINITATION TO A DUDI TO GUADMED GOUGOU DETNOTERILLY BUN	DED DV
THE ORGANIZATION IS A PUBLIC CHARTER SCHOOL PRINCIPALLY FUN	DED BI
CALIFORNIA AND FEDERAL MONIES RECEIVED THROUGH THE CALIFORN	IA DEPARTMENT
OF EDUCATION.	

132062 10-18-21 Schedule E (Form 990) 2021

## **SCHEDULE G** (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 

KIPP SO	CAL PUBLIC SCHOOLS				26-1607	268
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.						
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Policity</li> <li>b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ul>	eed funds through any of the following Solicitary Solicitary Solicitary Special Specia	tion of tion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total  3 List all states in which the organization or licensing.	n is registered or licensed to solicit o			or has been notified	it is exempt from re	gistration
or nooneing.						

132081 10-21-21

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

Schedule G (Form 990) 2021

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
		or rundraising event contributions and gr	(a) Event #1  MOKA - 6/8/22  (event type)	(b) Event #2 GIVING TUESDAY 11/2 (event type)	(c) Other events  NONE  (total number)	(d) Total events (add col. (a) through col. (c))
Jue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	125,144.	188,354.		313,498.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	125,144.	188,354.		313,498.
	4	Cash prizes				
S	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		3,697.		105,311.
	10				_	105,311. 208,187.
Pa		Net income summary. Subtract line 10 from Gaming. Complete if the organization		900 Part IV line 19 or r		200,107.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1990, 1 art IV, line 19, or I	eported more than	
		ψ.ο,οοο οπ. οπ. οοο <u></u> , π.ο οω.	( ) 5:	(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		<b>&gt;</b>	
а	ls t	ter the state(s) in which the organization condithe organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses r Yes," explain:	•	-		Yes No
1320	22 10	D-21-21			Scho	dule G (Form 990) 2021

Schedule G (Form 990) 2021 KIPP SOCAL PUBLIC SCHOOLS	26-1607268 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
	10-1
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:
Name ▶	
Address	
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the ar	nount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
on roo, onto hame and address of the ania party.	
Name	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
47 Mandatan, diatributiana	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (	v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
·	

Schedule G	(Form 990) <b>Supplemental Infor</b>	KIPP SOCAL	PUBLIC	SCHOOLS	26-1607268	Page 4
Part IV	Supplemental Inform	mation <sub>(continued)</sub>				
-						
-						

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization							Employer identification number
<b>.</b>	KIPP SOCA		SCHOOLS					26-1607268
Part								
	Does the organization maintain records					-		
•	criteria used to award the grants or assis	stance?						X Yes No
2 Part	Describe in Part IV the organization's pro					enization analysed "V	as I an Farm 000 Dark	IV line O1 for any
rait	recipient that received more than					anization answered if	es on Form 990, Part	. IV, IIIIe 21, IOI ally
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
מתגזע	HOLDINGS							
	E. FIRST STREET							
	NGELES, CA 90063	26-3878865	501C3	0.	6,000,000.	FMV		CASH EQUITY CONTRIBUTIONS
	,			-	, , ,			7
				line 4 telele				<b>▶</b> 1.
	Enter total number of section 501(c)(3) a Enter total number of other organization:	-		e line 1 table				0.
	For Paperwork Reduction Act Notice							Schedule I (Form 990) 2021

Schedule I (Form 990) 2021 KIPP SOCAL PUB	LIC SCHOO	LS			26-1607268	Page 2
Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed	<b>ls.</b> Complete if the	e organization answ	rered "Yes" on Form 9	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 noncash	assistance
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	ne 2; Part III, columr	n (b); and any other ac	dditional information.	1	
PART I, LINE 2:						
ALL AWARDS ARE CASH EQUITY CONTRI	BUTIONS.					

# SCHEDULE J (Form 990)

**Compensation Information** 

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

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

➤ Attach to Form 990.

2021

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

KIPP SOCAL PUBLIC SCHOOLS

Employer identification number 26-1607268

Pa	Irt I Questions Regarding Compensation	.007200		
	and a second negation.		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
•	The organization?	5a		Х
a h	Any related organization?	5a		X
b	If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?			X
D	If "Yes" on line 6a or 6b, describe in Part III.	00		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
′		7		Х
6	not described on lines 5 and 6? If "Yes," describe in Part III	7		Λ
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?  For Paperwork Reduction Act Notice, see the Instructions for Form 990.	9		0004

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANGELLA MARTINEZ	(i)	306,457.	0.	0.	14,656.	7,546.	328,659.	0.
CEO IN RESIDENCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KYLE SALYER	(i)	250,978.	0.	0.	15,072.	14,289.	280,339.	0.
CFO/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CESAR BOCANEGRA	(i)	257,407.	0.	0.	8,254.	14,522.	280,183.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARCIA AARON	(i)	211,655.	0.	0.	9,180.	6,942.	227,777.	0.
FORMER CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AMBER MEDINA	(i)	200,584.	0.	0.	12,442.	12,237.	225,263.	0.
INTERIM CHIEF OF SCHOOLS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BELEN SANCHEZ	(i)	174,653.	0.	0.	9,940.	4,948.	189,541.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ERIK HAGSTROM	(i)	175,147.	0.	0.	5,733.	5,576.	186,456.	0.
DIRECTOR OF REAL ESTATE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KEVIKA AMAR	(i)	175,098.	0.	0.	0.	5,487.	180,585.	0.
CHIEF ACADEMIC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021	KIPP SOCAL PUBLIC SCHOOLS	26-1607268	Page 3
Part III Supplemental Information	ation		
	tion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Pa	art II. Also complete this part for any additional information.	

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization KIPP SOCAL PUBLIC SCHOOLS Employer identification number 26-1607268

Par	t I Types of Property	ODDIO	репоодр		20 10	07200	
	, ,	(a)	(b)	(c)	(d)		
		Check if	Number of	Noncash contribution	Method of dete		
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribution	n amoun	its
1	Art - Works of art		Items contributed	T Offit COO, T dit Viii, iii C Tg			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
••	• • • • • • • • • • • • • • • • • • • •						
12	trust interests Securities - Miscellaneous	Х	453	117,405.	FMV		
13	Qualified conservation contribution -	<del></del>	100	227,2001			
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other						
26	Other ()						
27	Other ()						
28	Other ( )						
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions			
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement <b>29</b>		0	)
					_	Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it		
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be u	sed for		
	exempt purposes for the entire holding period?	?			<u>3</u>	80a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	oolicy that re	equires the review o	of any nonstandard contribu	tions?	31 X	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is che	cked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M	(Form 990) 2021	KIPP	SOCAL	PUBLIC	SCHOOLS		26-1607268	Page 2
Part II	(Form 990) 2021 Supplementa	l Inform	ation. Pro	vide the inforr	nation required b	ov Part I. lines 30b. 32b		tion
	is reporting in Par	t I, column	n (b), the nur	nber of contrib	outions, the num	ber of items received, o	, and 33, and whether the organiza or a combination of both. Also comp	plete
	this part for any a	ıdditional ir	nformation.				·	

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

KIPP SOCAL PUBLIC SCHOOLS

Employer identification number 26-1607268

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

PREPARE STUDENTS WITH THE SKILLS AND CONFIDENCE THEY NEED TO PURSUE THE

PATHS THEY CHOOSECOLLEGE, CAREER, AND BEYONDSO THEY CAN LEAD FULFILLING

LIVES AND BUILD A MORE JUST WORLD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM IS PREPARED BY OUR INDEPENDENT AUDITORS BASED ON INFORMATION

PROVIDED BY KIPP SOCAL PUBLIC SCHOOLS. FOLLOWING AN ITERATIVE REVIEW BY

KIPP SOCAL PUBLIC SCHOOLS' SENIOR PROFESSIONALS AND OUR INDEPENDENT

AUDITORS, THE TAX RETURN IS PROVIDED TO THE FULL BOARD OF DIRECTORS PRIOR

TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

MONITORING IS PERFORMED REGULARLY BY THE OFFICERS TO IDENTIFY POTENTIAL

CONFLICTS OF INTEREST. ANY QUESTION OF A CONFLICT IS ADDRESSED WITH THE

INTERESTED PERSON, WHO IS REQUIRED TO DISCLOSE THE EXISTENCE OF ANY

FINANCIAL INTEREST AND BE AFFORDED THE OPPORTUNITY TO DISCLOSE ALL MATERIAL

FACTS TO THE BOARD AND CHIEF EXECUTIVE OFFICER. IF A CONFLICT OF INTEREST

IS IDENTIFIED, THE APPROPRIATE ACTION IS TAKEN, INCLUDING LIMITATIONS TO

THE INDIVIDUAL'S INFLUENCE ON RELATED BUSINESS MATTERS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS APPROVES THE COMPENSATION OF THE CHIEF EXECUTIVE

OFFICER AND CHIEF FINANCIAL OFFICER. THE PROCESS INCLUDES REVIEW OF

COMPARABILITY DATA, REVIEW AND APPROVAL BY THE GOVERNANCE COMMITTEE AND

CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

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

Schedule O (Form 990) 2021

Name of the organization  KIPP SOCAL PUBLIC SCHOOLS	Employer identification number 26-1607268
FORM 990, PART VI, SECTION C, LINE 19:	
ALL FINANCIAL INFORMATION IS AVAILABLE ON KIPP SOCAL'S WEE	SSITE; ADDITIONAL
DOCUMENTATION IS AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CONTRIBUTION FROM ACQUISITION OF KECP	3,936,726.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

KIPP SOCAL PU	BLIC SCHOOLS					26-16072	268	
Part I Identification of Disregarded Entities. Compl	ete if the organization answered "Ye	s" on Form 990, Part IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	ome End-of-yea	r assets Direct		<b>(f)</b> controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	n answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	or more	related tax-exer	mpt	
(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		(f) ct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
KLARE HOLDINGS - 26-3878865  3601 EAST FIRST STREET	REAL ESTATE ACQUISITION,							
LOS ANGELES, CA 90063	DEVELOPMENT AND LEASING	CALIFORNIA	501(C)(3)	LINE 12A, I	KIPP S	OCAL	Х	

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

Schedule R (Form 990) 2021

Page 2

Schedule R (Form 990) 2021 KIPP SOCAL PUBLIC SCHOOLS

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(b)	(c)	(d)	(e)	(f)	(g)	(i	ո)	(i)	()	i)	(k)
Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets			amount in box		aging ner?	Percentage ownership
	country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
		Primary activity  Legal domicile (state or foreign	Primary activity Legal Direct controlling	Primary activity Legal Direct controlling Predominant income	Primary activity    Legal domicile (state or foreign   foreign   foreign	Primary activity Legal Direct controlling Predominant income Share of total Share of	Primary activity  Legal domicile (state or foreign foreign for foreign for the	Primary activity  Legal domicile (state or foreign foreign for foreign foreign for foreign for foreign for foreign for foreign for foreign	Primary activity    Legal domicile (state or state or sta	Primary activity    Legal domicile (state or entity)	Primary activity  Legal domicile (state or foreign price)  entity  Direct controlling entity  Predominant income (related, unrelated, excluded from tax under)  Primary activity  Share of total share of end-of-year assets  End-of-year assets  Disproportionate allocations?  amount in box 20 of Schedule

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(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		entity:	
		country)		,				Yes	No	
-										
-	-									
-										
	-									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

			_		
Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No	
1	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?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	. 1a		X	
b	o Gift, grant, or capital contribution to related organization(s)	. 1b	X		
С	Gift, grant, or capital contribution from related organization(s)	. 1c		X	
	Loans or loan guarantees to or for related organization(s)		X		
	Loans or loan guarantees by related organization(s)	. 1e		Х	
f	Dividends from related organization(s)	1f		Х	
g	Sale of assets to related organization(s)	1g		Х	
	Purchase of assets from related organization(s)			Х	
i Exchange of assets with related organization(s)					
j Lease of facilities, equipment, or other assets to related organization(s)					
-					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х		
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х	
m	n Performance of services or membership or fundraising solicitations by related organization(s)			Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		Х		
	Sharing of paid employees with related organization(s)		Х		
р	Reimbursement paid to related organization(s) for expenses	1p	х		
	Reimbursement paid by related organization(s) for expenses		Х		
-	, , , , , , , , , , , , , , , , , , ,				
r	Other transfer of cash or property to related organization(s)	1r	х		
	Other transfer of cash or property from related organization(s)			Х	
2		. , .	-		
_	(a) (b) (c) (d)				
	(a)   (b)   (c)   (d)				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d)  Method of determining amount involved
(1) KLARE HOLDINGS	В	6,000,000.	ACTUAL AMOUNT
(2) KLARE HOLDINGS	D	5,400,000.	ACTUAL AMOUNT
(3) KLARE HOLDINGS	K	14,830,211.	ACTUAL AMOUNT
(4) KLARE HOLDINGS	R	27,020,763.	ACTUAL AMOUNT
<u>(5)</u>			
(6)			

# Schedule R (Form 990) 2021 KIPP SOCAL PUBLIC SCHOOLS

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) Percentage ownership
	-									

Schedule R	(Form 990) 2021	KIPP	SOCAL	PUBLIC :	SCHOOLS		26-1607268	Page <b>5</b>
Part VII	(Form 990) 2021  Supplemental Infor	mation						<u> </u>
	Provide additional inform		sponses to	questions on Sc	hedule R. See instr	ructions.		
-								
-								

132165 11-17-21 Schedule R (Form 990) 2021

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

# FOR THE YEAR ENDING

June 30, 2022

Prepared For:				
KIPP	Socal Public Schools			
	S. Broadway St. 1144			
	Angeles, CA 90007			
Prepared By:				
Cliffo	nLarsonAllen LLP			
	East Route 66			
_	dora, CA 91740			
To be Signed and Da	ated By:			
Not a	pplicable			
Amount of Tax:				
Total Ta		\$		<u>)</u>
·	ayments and credits her amount	\$ \$		) 
	terest and penalties	\$ \$		) )
	ment is required	\$		) 
no pay.	noncio roquirou	Ψ		<del></del>
Overpayment:				
Credite	d to your estimated tax	\$	(	 )
Other a	mount	\$	(	
Refund	ed to you	\$	(	
Make Check Payable	To:			
Not a	pplicable			
Mail Tax Return and	Check (if applicable)	То:		
and a		ransmit your retu		eturn for completeness the FTB. Do not mail the
Return Must be Mail	ed On or Before:			
NI-4 -	annliachla			
inot a	pplicable			
Special Instructions	:			

TAXABLE YEAR **2021** 

# California Exempt Organization Annual Information Return

128941 12-29-21 FORM

199

Calendar Ye	ear 2021 or fiscal year beginning (mm/dd/yyyy) $07/01/2021$ ,	and ending (mm/dd/yyyy	) 06/	30/2022	
Corporation/C	Organization name	Califo	rnia corporation num	nber	
KIPP	SOCAL PUBLIC SCHOOLS	2	2950447		
Additional info	ormation. See instructions.	FEIN			
		2	26-16072	68	
	s (suite or room)	1	PMB no.		
<u> 1933                                   </u>	S. BROADWAY ST., NO. 1144				
City			ZIP code		
LOS A	NGELES	CA 9	0007		
Foreign count	ry name Foreign province/state/county		Foreign postal code		
<b>A</b> First re	turn Yes X No I Did the orga	I anization have any change	es to its guidelines	 S	
<b>B</b> Amend	ed return • Yes X No not reported	d to the FTB? See instruct	ions	• Yes X	No
C IRC Se	ction 4947(a)(1) trust Yes X No J If exempt u				
<b>D</b> Final in	formation return? engaged in	political activities? See in	structions	• Yes X	No
•	Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organ	nization exempt under R&	TC Section 23701	ıg? ●  Yes X	No
Enter da	te: (mm/dd/yyyy) • If "Yes," ent	er the gross receipts from	nonmember sou		
E Check	accounting method: (1) Cash (2) X Accrual (3) Other L Is the organ	nization a limited liability o	ompany?	• Yes X	No
<b>F</b> Federa	return filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) M Did the orga	anization file Form 100 or	Form 109 to		
(4) X	Other 990 series report taxab	ole income?		• Yes X	No
<b>G</b> Is this	a group filing? See instructions $lacktriangle$ Yes $lacktriangle$ No $lacktriangle$ Is the organ				
H Is this	organization in a group exemption $oxdot$ Yes $oxdot{X}$ No $oxdot$ IRS audited	in a prior year?		• Yes X	No
If "Yes,	" what is the parent's name? 0 Is federal Fo	orm 1023/1024 pending?		Yes X	No
	Date filed w	ith IRS			
Part I	Complete Part I unless not required to file this form. See General Information B and	C.			
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		• 1	36,718,492	00
	2 Gross dues and assessments from members and affiliates		• 2		00
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received		• 3	190,335,523	00
Dogginto	4 Total gross receipts for filing requirement test. Add line 1 through line 3.				
Receipts	This line must be completed. If the result is less than \$50,000, see General Int	ormation B	● 4	227,054,015	00
and		5	00		
Revenues	6 Cost or other basis, and sales expenses of assets sold	6 17,347,72	5 00		
	7 Total costs. Add line 5 and line 6			17,347,725	
	8 Total gross income. Subtract line 7 from line 4			209,706,290	
F	9 Total expenses and disbursements. From Side 2, Part II, line 18		• 9	189,746,058	
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	3	• 10	19,960,232	00
	11 Total payments		• 11		00
	12 Use tax. See General Information K		- 40		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		• 13		00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		• 14		00
	15 Penalties and interest. See General Information J		15		00
					00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result  Under penalties of perjury, I declare that I have examined this return, including accompanying schedul it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information	es and statements, and to the long of which preparer has any kr	best of my knowledg nowledge.	e and belief,	
Sign Here	DocuSigned by:			Telephone	
пете		'INANCIA 5/11,		13-489-4461	
	E120D74DEEA5423 Date	Check if	•	PTIN	
	Preparer's ► WADE MCMULLEN, CPA 05			00541671	
Paid	Firm's name			Firm's FEIN	
Preparer's	(or yours, CI, TETONI, ARSONALILEN LILP		4	1-0746749	
Use Only	employed) 2210 EAST ROUTE 66			Telephone	
	and address GLENDORA, CA 91740		l	626) 857-73	00
	May the FTB discuss this return with the preparer shown above? See instructions		. • X Yes	No	
	, ,			<del></del>	

022 3651214

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128951 01-19-22

		1	Gross sales or receipts from all I	busines	s activities. See instru	ctions			•	1	313,498 00
		2	Interest							2	
		3	Dividends							3	
Rec	eipts	4							_	4	
fror	•	5	Gross royalties							5	
Oth		6	Gross amount received from sale	e of acc	ets (See instructions)		S'	TΑ	TEMENT 1 •	6	<del> </del>
	rces	7	Other income	o or asc			SEE ST	 ТЪ	TEMENT 2 •	7	
oou	1003	8	Total gross sales or receipts fro	m othe	r cources Add line 1 th	rough lii	no 7 Enter here an	nd or	n Side 1 Part I line 1	8	<del> </del>
		9	Contributions, gifts, grants, and	eimilar	amounte naid	nough in		TΑ	TEMENT 3	9	
		10	Disbursements to or for member	re	amounts paid				•	10	
		11	Compensation of officers, direct	ore and	tructage					11	444
		12	Other calaries and wangs	ors, arr	1 II USIGGS					12	
Evn	enses	13	Other salaries and wages							13	
L A P and		14	Interest							14	<del> </del>
	burse-	15	Taxes							15	
mei		16	Rents  Depreciation and depletion (See	inetrue	tione)					16	
IIIGI	1113	17	Depreciation and depletion (See Other expenses and disburseme	nto			ਰਸ਼ਸ਼ ਰਾ	тъ.	TEMENT 4 •	17	
			Total expenses and disbursement	iilo	N line O through line 17	 7 Entor h	ore and an Cide 1	T.C.	t Lline 0		189,746,058 00
Sc	hedu		Balance Sheet	its. Au	Beginning of			, Pai			xable year
	ets	<u> </u>	Daianec Onect		(a)	laxabic	(b)	Т	(c)	1	(d)
					(α)	2	24,998,01	1	(6)		• 47,454,371
			roopiyahla				59,405,86				• 69,319,703
2	Net acc	counts	receivable COMO 5			<del>                                     </del>	5,400,00				• 5,400,000
3	Invente	tes rec	ceivable STMT 5				3,400,00	-			• 3,400,000
			state accomment obligations					$\dashv$			•
			state government obligations					$\dashv$			•
			in other bonds					$\dashv$			•
			in stock			-		$\dashv$			•
	Mortga	-	~			1	.8,242,84	11			<ul><li>23,615,282</li></ul>
	Other i				7,206,377		.0,242,04	ŧΤ	9,035,2	00	• 23,013,202
10	a Depi	eciab	le assets	1	3,916,390)		3,289,98	, -		1 \	3,992,589
			mulated depreciation	(	3,910,390)		3,409,90	-	( 5,042,01	<del>-</del> /	<u>3,332,303</u> ●
11	Land					-	2,812,26	7			• 3,591,435
12	Otner a	issets	STMT 7			1 2	24,148,97	7 2			153,373,380
			db			12	4,140,9/	4			133,373,300
			et worth				9,892,01	2			• 10,253,944
			/able			-	3,034,01	- 3			• 10,233,344
			s, gifts, or grants payable			-		$\dashv$			
			otes payable			-		$\dashv$			•
1/	Mortga	iges p	ayable COMO O			1	.0,647,17	7 1			16 545 905
18	Other I	iabiliti	es STMT 8			-	.0,04/,1/	4			16,545,895
			or principal fund					$\dashv$			•
			al surplus. Attach reconciliation			1.0	2 600 70	) E			• 106 E72 E41
			nings or income fund				03,609,78 24,148,97				• 126,573,541 153,373,380
	hedu:		es and net worth			•	4,140,97	4			133,373,300
36	neau	ie ivi	Reconciliation of income   Do not complete this sche				12 column (d) ic	loco	than \$50,000		
_			· · · · · · · · · · · · · · · · · · ·						<u> </u>		
			per books		• 19,026, •	930			on books this year	. *	_022 202
	Federal				•	$\dashv$			is return. Attach schedul	e :	<u>● -933,302</u>
			pital losses over capital gains		•				return not charged		
4			ecorded on books this year.	}	_		against book i				
_			ule		•						022 202
5			corded on books this year not		_				ınd line 8		-933,302
_			his return. Attach schedule		10 026		10 Net income pe				10 000 000
6	Total. A	Add lir	ne 1 through line 5		19,026, * SEE		Subtract line 9	9 fro	m line 6		19,960,232
					^ SEE	STAT	FWFNT,				

	GROSS AM	OUNT FROM SAL	E OF ASSE	rs 	STATEMENT 1
DESCRIPTION		DA ACQU		DATE SOLD A	METHOD ACQUIRED
				F	PURCHASED
		COST OR OTHER BASIS	DEPREC.	EXPENS OF SAI	
		17,347,725.	(	0.	0. 17,360,454
TOTAL TO FORM 199,	PAGE 2, LN 6	17,347,725.		0.	0. 17,360,454
CA 199		OTHER INCOM	E		STATEMENT 2
DESCRIPTION					AMOUNT
OTHER REVENUE REFUND/OVERPAYMENT E-RATE	ı				58,226 1,201,412 426,936
UNIFORMS					18,364
UNIFORMS TOTAL TO FORM 199,	PART II, LINE	7			1,704,938
	CASH CON	TRIBUTIONS, G		NTS	
TOTAL TO FORM 199,	CASH CON AND	TRIBUTIONS, G SIMILAR AMOUN		NTS	1,704,938
TOTAL TO FORM 199,  CA 199  ACTIVITY CLASSIFIC	CASH CON AND	TRIBUTIONS, G SIMILAR AMOUN AL AID	TS PAID	NTS LATIONSHIE	1,704,938  STATEMENT 3
TOTAL TO FORM 199,  CA 199  ACTIVITY CLASSIFIC  DONEES NAME	CASH CON AND ATION: FINANCI DONEES ADD	TRIBUTIONS, G SIMILAR AMOUN  AL AID  RESS  RST STREET -	TS PAID REI		1,704,938  STATEMENT 3  AMOUNT
TOTAL TO FORM 199,	CASH CON AND  ATION: FINANCI  DONEES ADD  3601 E. FI ANGELES, C	TRIBUTIONS, G SIMILAR AMOUN  AL AID  RESS  RST STREET -	TS PAID REI LOS FIN	LATIONSHIE	1,704,938  STATEMENT 3  AMOUNT

CA 199 OTHER EXPEN	ISES	STATEMENT 4
DESCRIPTION		AMOUNT
INSTRUCTIONAL MATERIALS		7,721,649.
MEALS - STUDENT		5,515,951.
HEALTH SUPPLIES		984,621.
DIRECT EXPENSES OF FUNDRAISING EVENTS		105,311.
PENSION PLAN CONTRIBUTIONS		2,535,411.
OTHER EMPLOYEE BENEFITS		10,222,784.
MANAGEMENT FEES		1,014,121.
LEGAL FEES		149,755.
ACCOUNTING FEES		107,709.
OTHER PROFESSIONAL FEES		12,675,774.
ADVERTISING AND PROMOTION		1,681,835.
OFFICE EXPENSES		2,575,170.
INFORMATION TECHNOLOGY		4,971,507.
TRAVEL		188,048.
CONFERENCES AND CONVENTIONS		582,802.
INSURANCE		577,798.
ALL OTHER EXPENSES		2,908,953.
TOTAL TO FORM 199, PART II, LINE 17		54,519,199.
CA 199 NET NOTES RECI	EIVABLE	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	5,400,000.	5,400,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	5,400,000.	5,400,000.
CA 199 OTHER INVEST	PMENTS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLIC TRADED SECURITIES	18,242,841.	23,615,282.

CA 199	OTHER ASSETS		STATEMENT 7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVA	BLE	1,033,059.	504,000.
PREPAID EXPENSES AND DEFER	RED CHARGES	72,435.	1,289,578.
SECURITY DEPOSITS DEFERRED RENT ASSET		1,378,563. 328,210.	1,282,767. 515,090.
DEFERRED KENI ASSEI			
TOTAL TO FORM 199, SCHEDUL	E L, LINE 12	2,812,267.	3,591,435.
CA 199	OTHER LIABILITI	ES	STATEMENT 8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED RENT LIABILITY		2,896,520.	4,441,161.
DEFERRED REVENUE		7,450,654.	11,953,585.
UNSECURED NOTES AND LOANS	PAYABLE	300,000.	151,149.
TOTAL TO FORM 199, SCHEDUL	E L, LINE 18	10,647,174.	16,545,895.
CA 199 INC	OME RECORDED ON BOOKS		STATEMENT 9
	NOT INCLUDED IN THIS	KETURN	
DESCRIPTION			AMOUNT
UNREALIZED GAINS			-933,302.
TOTAL TO FORM 199, SCHEDUL	E M-1, LINE 7		-933,302.
CA 199	FUND BALANCES	· · · · · · · · · · · · · · · · · · ·	STATEMENT 10
DESCRIPTION		BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR R	ESTRICTIONS	99,362,674.	123,379,171.
NET ASSETS WITH DONOR REST		4,247,111.	3,194,370.
TOTAL TO FORM 199, SCHEDUL	E L, LINE 21	103,609,785.	126,573,541.

022 DO NOT MAIL THIS FORM TO THE FTB Date Accepted TAXABLE YEAR **FORM** California e-file Return Authorization for 8453-EO 2021 Exempt Organizations Exempt Organization name Identifying number KIPP SOCAL PUBLIC SCHOOLS 26-1607268 Electronic Return Information (whole dollars only) 227,054,015 Total gross receipts (Form 199, line 4) 209,706,290 Total gross income (Form 199, line 8) 189,746,058 Total expenses and disbursements (Form 199, line 9) Part II Settle Your Account Electronically for Taxable Year 2021 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy) Banking Information (Have you verified the exempt organization's banking information?) Part III 5 Routing number Checking Savings 6 Account number 7 Type of account: Part IV Declaration of Officer I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay. 5/11/2023 CHIEF FINANCIAL OFFICER/TREASURER Sign Here Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury,

ERO	WADE	MCMULLEN, CPA	preparer	X employe	ed []P00541671				
Must	Firm's name (or yours	CLIFTONLARSONALLEN LLP			Firm's FEIN <b>41</b> -07 <b>4</b> 67 <b>4</b> 9				
Sign	if self-employed) and address	2210 EAST ROUTE 66							
		GLENDORA, CA			ZIP code <b>91740</b>				
	Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.								
Paid Prepa	Paid preparer's signature		Date	Check if self- employed	Paid preparer's PTIN				
Must	Firm's name (or yours		•		Firm's FEIN				
Sign	if self-employed) and address								
					ZIP code				

FTB 8453-EO 2021

Check

**ERO's PTIN** 

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	$\pm$ 2021 calendar year, or tax year beginning $$ JUL $$ $$ 1 $$ , $$ $$ $$ $$ $$ 2 $$ $$ 2 $$ $$ $$ and ending	JUN 30, 2022			
<b>B</b> c	heck if	C Name of organization	D Employer identifi	cation number		
X	Addre	KIPP SOCAL PUBLIC SCHOOLS				
	Name		26-16072	68		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/si				
	Final return	1933 S. BROADWAY ST. 1144		213-489-4461		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	227,054,015.		
	Ameno	LOS ANGELES, CA 90007	H(a) Is this a group re	eturn		
	Applic tion pendir	F Name and address of principal officer: KILL SALIEK	for subordinates			
		1935 S. BRUADWAY ST. SUITE 1144, LOS ANGELE	— ' '			
				list. See instructions		
		e: WWW.KIPPSOCAL.ORG	H(c) Group exemption			
	orm of art I		ear of formation: 2008  I	M State of legal domicile; CA		
Гс	_	Summary  District the state of	WITHU DAMITTE	מאג פ		
e		Briefly describe the organization's mission or most significant activities: <u>TOGETHER</u>				
au	I	Check this box if the organization discontinued its operations or disposed of m				
Activities & Governance	l	Number of voting members of the governing body (Part VI, line 1a)	1	13		
Ĝ	I	Number of independent voting members of the governing body (Part VI, line 1a)		13		
જ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		1594		
ij		Total number of volunteers (estimate if necessary)		189		
댫		Total unrelated business revenue from Part VIII, column (C), line 12		0.		
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.		
			Prior Year	Current Year		
a	8	Contributions and grants (Part VIII, line 1h)	137,699,095.	190,335,523.		
ž	9	Program service revenue (Part VIII, line 2g)	664.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	589,216.			
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,621,157.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	140,910,132.			
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	6,000,000.		
	l	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	82,022,626.	95,082,555.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
쭚	_b	Total fundraising expenses (Part IX, column (D), line 25)  1,157,741.	50 222 582	71,598,152.		
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		172,680,707.		
	I	Revenue less expenses. Subtract line 18 from line 12	8,664,924.			
TC Se		TOYOTHO 1000 OXPOTIOGS. OUDITAGE HITC TO HOTH HITC 12	Beginning of Current Year	End of Year		
Assets or d Balances	20	Total assets (Part X, line 16)	124,148,972.	153,373,380.		
ASS	21	Total liabilities (Part X, line 26)	20,539,187.	26,799,839.		
-Net	4	Net assets or fund balances. Subtract line 21 from line 20	103,609,785.	126,573,541.		
Pa	art II	Signature Block				
		lties of perjury, I declare that I have examined this return, including accompanying schedules and stat		/ knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepared to the complete of	arer has any knowledge. 5/11/20	123		
		a tale salver				
Sigi		Signature or officer	Date			
Her	е	KYLE SALYER, CHIEF FINANCIAL OFFICER/TREAS  Type or print name and title	URER			
			Date Check	PTIN		
Paid	I	Print/Type preparer's name  WADE MCMULLEN, CPA  WADE MCMULLEN, CPA	05/11/23 of self-employ			
	arer	Firm's name CLIFTONLARSONALLEN LLP		41-0746749		
	Only	Firm's address 2210 EAST ROUTE 66	FIIIII S EIIV	<u> </u>		
	<b>,</b>	GLENDORA, CA 91740	Phone no (6	26) 857-7300		
May	the IF	RS discuss this return with the preparer shown above? See instructions	11 113110 110. ( 0	X Yes No		

Form	1990 (2021) KIPP SOCAL PUBLIC SCHOOLS	26-1607268	Page 2
	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		
	•	<u></u>	
1	Briefly describe the organization's mission:		
	TOGETHER WITH FAMILIES AND COMMUNITIES, WE CREATE JOYFUL		
	EXCELLENT SCHOOLS THAT PREPARE STUDENTS WITH THE SKILLS	AND CONFIDEN	CE
	TO PURSUE THE PATHS THEY CHOOSE - COLLEGE, CAREER AND BE	YOND - SO TH	EY
	CAN LEAD FULFILLING LIVES AND CREATE A MORE JUST WORLD.		
_			
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	X No
•			
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$149 , 235 , 926 • including grants of \$6 , 000 , 000 • ) (Reven	18.	364.)
<del>T</del> a	KIPP SOCAL PUBLIC SCHOOLS OPERATES PUBLIC CHARTER SCHOOL		,
	CHARTERS GRANTED BY VARIOUS AUTHORIZERS. THE CHARTER SC		
	EDUCATIONAL OPPORTUNITIES TO SURROUNDING COMMUNITIES. KI	<u>PP SOCAL PUB</u>	LIC
	SCHOOLS CURRENTLY OPERATES 20 TUITION-FREE SCHOOLS, EDUC	ATES	
	APPROXIMATELY 10,200 STUDENTS AND SUPPORTS AN ADDITIONAL		т
	,	J, JJO AHOMN	
	TO AND THROUGH COLLEGE.		
4b	(Code:) (Expenses \$	ue \$	)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	-		
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4 <sub>P</sub>	Total program service expenses   149,235,926.		

# Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	e organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ü	, ,	8		x
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
13	•	19		x
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	• • •	20a 20b		<del>                                     </del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		$\vdash$
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
100000	•			(2021)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
<b>2</b> 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٠,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		X
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		122
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	Li		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<del>                                     </del>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051	v	
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		X
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 51		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 162			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	990 (2021) KIPP SOCAL PUBLIC SCHOOLS		26-1607	268	Р	age 5				
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				,					
					Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		4 = 0.4							
	filed for the calendar year ending with or within the year covered by this return	2a	1594							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
				3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority	over, a			l				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)	?	4a		X				
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts	(FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organi	zation solicit			l				
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or g	ifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pro	vided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requir	red							
	to file Form 8282?			7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899	as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the								
	sponsoring organization have excess business holdings at any time during the year?			8						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a				14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
•	excess parachute payment(s) during the year?			15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income	?	16		Х				
	If "Yes," complete Form 4720, Schedule O.		• • • • • • • • • • • • • • • • • • • •							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv								
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.			.,						

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			-
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(The social 2 logistic in small as at positions required by the internal his order		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	• •		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KYLE SALYER - 213-489-4461			
	1933 S. BROADWAY ST. SUITE 1144, LOS ANGELES, CA 90007			

132006 12-09-21

Form 990 (2021)

### KIPP SOCAL PUBLIC SCHOOLS

26-1607268

<u> Page</u> **7** 

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

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

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

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

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

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

See the instructions for the order in which to list the persons above.

(A)	(B)	J. ga	<u>.</u>	((	C)			(D)	(E)	(F)
Name and title	Average		Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per week		box, unless person is both an officer and a director/trustee)		compensation from	compensation from related	amount of other			
	(list any	ctor						the	organizations	compensation
	hours for	or dire	۵			ted		organization	(W-2/1099-MISC/	from the
	related	steec	truste		a)	bensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ual tru	ional		ploye	t com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANGELLA MARTINEZ	45.00		_		<u> </u>	1 0	ш			
CEO IN RESIDENCE	1.00			Х				306,457.	0.	22,202.
(2) KYLE SALYER	45.00									
CFO/TREASURER	1.00			Х				250,978.	0.	29,361.
(3) CESAR BOCANEGRA	45.00									
CHIEF OPERATING OFFICER						Х		257,407.	0.	22,776.
(4) MARCIA AARON	45.00									
FORMER CEO	1.00						Х	211,655.	0.	16,122.
(5) AMBER MEDINA	45.00									
INTERIM CHIEF OF SCHOOLS						Х		200,584.	0.	24,679.
(6) BELEN SANCHEZ	45.00									
CHIEF OF STAFF						X		174,653.	0.	14,888.
(7) ERIK HAGSTROM	45.00									
DIRECTOR OF REAL ESTATE						X		175,147.	0.	11,309.
(8) KEVIKA AMAR	45.00									
CHIEF ACADEMIC OFFICER						Х		175,098.	0.	5,487.
(9) JULIE MILLER	2.00								_	_
CHAIR		Х		Х				0.	0.	0.
(10) LUIS RODRIGUEZ	1.00								_	_
VICE CHAIR		Х		Х				0.	0.	0.
(11) HEATHER LORD	1.00	1								
SECRETARY		Х		X				0.	0.	0.
(12) FRANK REDDICK	1.00									
MEMBER	1 00	Х						0.	0.	0.
(13) NORMA PARRAZ	1.00	ļ								
MEMBER	1 00	Х						0.	0.	0.
(14) RANDY BISHOP	1.00	ļ								
MEMBER	1 00	Х						0.	0.	0.
(15) MEL CARLISLE	1.00	.,							_	0
MEMBER	1 00	Х						0.	0.	0.
(16) JON BERG	1.00	٦,							_	_
MEMBER	1 00	Х				-	-	0.	0.	0.
(17) PHILIP FEDER MEMBER	1.00	х							0.	^
MEMBER 132007 12 00 21	I	Λ	l	l	l	l	l	0.	0.	0 • Form <b>990</b> (2021)

Form 990 (2021) KIPP SOC	AL PUBLI	C	SC	HO	OL	S			26-1607	268	Pa	age 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D)  Reportable compensation from	(E)  Reportable  compensation  from related	Esti amo	(F) mate ount o	
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compe	ensat m the nizati relate	e ion ed
(18) EJ KAVOUNAS	1.00											•
MEMBER (10.) CARRIAGE PERIODE	1 00	Х						0.	0.			0.
(19) CARLOS BERMUDEZ MEMBER	1.00	Х						0.	0.			0.
(20) NANCY MALDONADO MEMBER	1.00	х						0.	0.			0.
(21) COURTNEY CRISWELL MEMBER	1.00	х						0.	0.			0.
1b Subtotal								1,751,979.	0.	146	, 82	
c Total from continuation sheets to Part VI								1,751,979.	0.	146	0 1	$\frac{0}{24}$
d Total (add lines 1b and 1c)						 ) wh	o re			140	,02	73
compensation from the organization										<u></u> `	/es	No
3 Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," complete Schedule J for s	such individual									3	Х	
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										4	х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." con	rendered to the organization? If "Yes," complete Schedule J for such person							5		Х		
Section B. Independent Contractors     Complete this table for your five highest contractors the organization. Report compensation for										tion fron	n	

the organization. He port compensation for the outertain your ortaining with or within	T the organization of tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
	Description of services	Compensation
SCOOT EDUCATION INC		
3839 MAIN STREET, CULVER CITY, CA 90232	SUBSTITUTE SERVICES	1,426,752.
LA CENTRAL IRON WORKS	FACILITIES	
7413 S. CENTRAL AVE., LOS ANGELES, CA 90001	MAINTENANCE CONTRACT	1,147,349.
NEW MEDISCAN II, LLC DBA CROSS COUNTRY EDUC	SPED SUBSTITUTE	
PO BOX 743425, LOS ANGELES, CA 90074	SERVICE PROVIDER	957,017.
AMERICAN GUARD SERVICES, INC.	SECURITY GUARD	
P.O. BOX 6534, PASADENA, CA 91109	SERVICE PROVIDER	665,791.
ONTARIO REFRIGERATION SERVICE, INC.	HVAC MAINTENANCE	
635 S. MOUNTAIN AVE, ONTARIO, CA 91762	PROVIDER	570,205.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization  22		
		000

Form 990 (2021)

KIPP SOCAL PUBLIC SCHOOLS

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events ..... 1c d Related organizations 1d 179,811,976. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 10,523,547 1f 117,405 g Noncash contributions included in lines 1a-1f 190335523 h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue ..... g Total. Add lines 2a-2f Investment income (including dividends, interest, and 259,562 259,562 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 17,080,040 6 a Gross rents 16,960,040. **b** Less: rental expenses ... 120,000. c Rental income or (loss) 120,000. 120,000. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 17,360,454. assets other than inventory b Less: cost or other basis 17,347,725 Other Revenue and sales expenses 7с 12,729. c Gain or (loss) 12,729. 12,729. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 313,498 105,311 **b** Less: direct expenses 208,187 208,187. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities  $\triangleright$ 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a REFUND/OVERPAYMENT 611110 1,201,412 1201412. b E-RATE 611110 426,936 426,936. c OTHER REVENUE 611110 58,226 58,226. 611110 18,364. d All other revenue 18,364 1,704,938 Total. Add lines 11a-11d 192640939 18,364. 2287052. Total revenue. See instructions 12

132009 12-09-21

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respor			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 $\dots$	6,000,000.	6,000,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	632,055.		632,055.	
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	75,975,258.	65,659,429.	9,699,910.	615,919
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,535,411.	2,168,615.	343,239.	23,557
9	Other employee benefits	10,222,784.	8,176,234.	1,910,757.	135,793
10	Payroll taxes	5,717,047.	4,827,342.	836,917.	52,788
11	Fees for services (nonemployees):				
а	Management	1,014,121.		1,014,121.	
b	Legal	149,755.		149,755.	
С	Accounting	107,709.		107,709.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	12,675,774.	8,954,099.	3,721,675.	
12	Advertising and promotion	1,681,835.	688,574.	761,250.	232,011
13	Office expenses	2,575,170.	2,469,533.	105,637.	
14	Information technology	4,971,507.	4,345,332.	593,090.	33,085
15	Royalties	00 500 110	0	1 504 450	
16	Occupancy	28,798,118.	27,077,710.	1,694,468.	25,940
17	Travel	188,048.	188,048.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	582,802.	582,802.		
20	Interest	18,118.	18,118.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,126,223.	1,070,807.	55,416.	
23	Insurance	577,798.	543,926.	33,407.	465
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	INSTRUCTIONAL MATERIALS	7,721,649.	7,721,649.		
b	MEALS - STUDENT	5,515,951.	5,515,951.		
С	HEALTH SUPPLIES	984,621.	984,621.		
d		0.000.000	0.040.10.5	605 60	
е	All other expenses	2,908,953.	2,243,136.	627,634.	38,183
25	·	172,680,707.	149,235,926.	22,287,040.	1,157,741
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

	990 (	2021) KIPP SOCAL PUB Balance Sheet	птс	эспооць		<b>∠</b> 0−	1607268 Page 11
Par	ιΛ			other to Mate Book V			
		Check if Schedule O contains a response or note	e to any	/ line in this Part X I		T	
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	16,992,853.	1	13,940,230.		
	2	Savings and temporary cash investments			8,005,158.	2	33,514,141.
	3	Pledges and grants receivable, net			1,033,059.	3	504,000.
	4	Accounts receivable, net			69,405,866.	4	69,319,703.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net			5,400,000.	7	5,400,000.
Assets	8	Inventories for sale or use				8	
۲	9			72,435.	9	1,289,578.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,035,200.			
	b	Less: accumulated depreciation	10b	5,042,611.	3,289,987.	10c	3,992,589.
	11	Investments - publicly traded securities		18,242,841.	11	23,615,282.	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,706,773.	15	1,797,857.		
	16	Total assets. Add lines 1 through 15 (must equa			124,148,972.	16	153,373,380.
	17	Accounts payable and accrued expenses	9,892,013.	17	10,253,944.		
	18	Grants payable	- 4-0 6-4	18	44 050 505		
	19	Deferred revenue			7,450,654.	19	11,953,585.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Ħ		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes	•			22	
_	23	Secured mortgages and notes payable to unrela			200 000	23	151 140
	24	Unsecured notes and loans payable to unrelated			300,000.	24	151,149.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	,	•	2,896,520.		1 111 161
	00	of Schedule D			20,539,187.		4,441,161. 26,799,839.
-	26			. ▼	20,339,107.	26	20,199,039.
ဖွ		Organizations that follow FASB ASC 958, che	ck nere				
nce.	27	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions			99,362,674.	27	123,379,171.
ala	27 28	Net assets with donor restrictions  Net assets with donor restrictions	4,247,111.		3,194,370.		
<u> </u>	20	Organizations that do not follow FASB ASC 9			4,247,111.	20	3,131,370.
ᇤ		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds		29			
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
ASS	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		103,609,785.	32	126,573,541.	
z	33	Total liabilities and net assets/fund balances			124,148,972.	33	153,373,380.
	30				,,	_ 55	Form <b>990</b> (2021)

	990 (2021) KIPP SOCAL PUBLIC SCHOOLS	26-	<u> 1607</u>	268	Pag	ge <b>12</b>
Pai	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,64		
2	Total expenses (must equal Part IX, column (A), line 25)	2	172	,68	0,7	<u>07.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		,96		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,609		
5	Net unrealized gains (losses) on investments	5		-93	3,2	02.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3	,93	5 <b>,</b> 7	<u> 26.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	126	<u>,57</u>	3,5	<u>41.</u>
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u>X</u>
				$\Box$	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t			
	Act and OMB Circular A-133?			3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	

132012 12-09-21

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

KIPP SOCAL PUBLIC SCHOOLS

Employer identification number 26-1607268

Pa	rt I	Reason for Public (	Charity Status. (	(All organizations must o	omplete th	nis part.) S	ee instructions.	
he	organi	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1	$\overline{\Box}$	A church, convention of chu	·		-	•	IVAVi).	
	X	A school described in <b>secti</b>				(2)(	. // -//-	
_				·		V6V4V6V:	::\	
3	H	A hospital or a cooperative	•				=	the beenitel's name
4		A medical research organiza	ation operated in cor	ijunction with a nospital	described	III Sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
		city, and state:						
5	Ш	An organization operated for		lege or university owner	or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that normal	lly receives a substar	ntial part of its support f	om a gove	ernmental	unit or from the general	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	d in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)			
9	$\Box$	An agricultural research org				ed in coniu	inction with a land-grant	college
_		or university or a non-land-g				-	-	-
		university:	rant conege of agrici	artare (500 motraotions).	Lintor tino i	namo, ony	, and state of the conege	, 01
40			lly receives (1) more t	than 22 1/20/ of its our	ort from o	ontribution	no momborobin foco on	d aroog receipte from
10		An organization that normal						
		activities related to its exem		·				*
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See <b>section 509(a)(2).</b> (Cor	-					
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> d	r section (	509(a)(2).	See section 509(a)(3).	Check the box on
		lines 12a through 12d that of	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to red	gularly appoint or elect a	maiority o	of the direc	tors or trustees of the su	upportina
		organization. You must c			, ,			
h		Type II. A supporting orga	= :		ion with its	e eunnorte	ad organization(s) by hav	vina
		control or management of						
					arrie persor	iis iiiai co	ntroi or manage the supp	oortea
		organization(s). You mus						1 20
С		Type III functionally inte					• •	ed with,
		its supported organization	n(s) (see instructions)	). You must complete	Part IV, Se	ections A,	D, and E.	
d			integrated. A supp	orting organization oper	ated in cor	nnection v	vith its supported organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	/eness
		requirement (see instructi	ons). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	nization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	r the number of supported o	rganizations					
g		ide the following information		d organization(s).				
	<b>(</b> i	) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed na document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
							I	1

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

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

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1 Gifts, grants, contributions, and						,,		
	membership fees received. (Do not							
	include any "unusual grants.")	100665697	108363153	122286426	137699095	190335523	659349894	
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	100555505	100060150	100005105	1000000	100005500	550040004	
	Total. Add lines 1 through 3	100665697	108363153	122286426	137699095	190335523	659349894	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
_	column (f)						659349894	
	Public support. Subtract line 5 from line 4.						033343634	
Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total								
	Amounts from line 4	100665697	108363153		137699095	190335523		
	Gross income from interest,	200003037	100303133	1111001110	13,033033	13033323	000010001	
Ü	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	569,187.	783,631.	799.468.	701,236.	17339602.	20193124.	
9	Net income from unrelated business		,	, , , , , , , , , , , , , , , , , , , ,	,			
•	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	696,159.	502,230.	312,984.	401,165.	1686574.	3599112.	
11	<b>Total support.</b> Add lines 7 through 10						683142130	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 3	,302,995.	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)		
organization, check this box and <b>stop here</b>								
	tion C. Computation of Publi							
	Public support percentage for 2021 (I					14	96.52 %	
	Public support percentage from 2020					15	98.10 %	
16a	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization   ▶ X							
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and <b>stop here.</b> The organization qualifies as a publicly supported organization							
1/a	a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization							
<b>L</b>	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
a	b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
12	<b>Private foundation.</b> If the organization		-		•			
יט	i i i ate i oundation. Il the organizatio	an ala not oneon a	55 OF 11115 15, 100	4, 100, 11a, 01 1/L	, or rook trito bux at	ia see iristi übtiOHS	<i>,</i>	

Schedule A (Form 990) 2021

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

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

Sec	ction A. Public Support	now, please comp	piete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		(2) = 2 : 2	(5) = 5 + 5	(-,	(-,	(0)
	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						
Ü	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_							
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge				+	+	
	Total. Add lines 1 through 5				+		
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				_		1
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
	check this box and stop here						
Sec	tion C. Computation of Public						•
15	Public support percentage for 2021 (lii	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					•	<u></u>
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box an						▶□
b	33 1/3% support tests - 2020. If the	=	-				and
-	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organization						

Schedule A (Form 990) 2021

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
OI:		
3b		
30		
3c		
4a		
Tu		
4b		
4c		
10		
5a		
Ja		
5b		
5c		
6		
0		
7		
8		
9a		
9b		
9c		
10a		
40.		
10b		

132024 01-04-21

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

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

Schedule A (Form 990) 2021

2b

За

KIPP SOCAL PUBLIC SCHOOLS 26-1607268 Page 6 Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 」Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part Ⅵ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in **Part VI.** See instructions.

6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

and 4c.
 B Breakdown of line 7:
 a Excess from 2017
 b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

Schedule A (Form 990) 2021 KIPP SOCAL PUBLIC SCHOOLS 26-1607268 Page 7

Pa	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continu	ıed)	<i>y</i>
Sect	ion D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
_3_	Administrative expenses paid to accomplish exempt purpose	3			
_4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
_7_	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Г		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				

Schedule A (Form 990) 2021

	(Form 990) 2021	KIPP	SOCAL	PUBLIC	SCHOOLS		26-1607268	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, lines 2 and	4b, 4c, 5a, ( 3; Part IV, 9	6, 9a, 9b, 9c, 1 Section E, lines	1a, 11b, and 11c; Part IV : 1c, 2a, 2b, 3a, and 3b; F	′, Section B, lines 1 a Part V, line 1; Part V,	and 2; Part IV, Section ( Section B, line 1e; Part	C, : V,
	(See instructions.)							

Schedule A (Form 990) 2021

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

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

OMB No. 1545-0047 **2021** 

Open to Public Inspection

Name of the organization

KIPP SOCAL PUBLIC SCHOOLS

Employer identification number 26-1607268

Par		Funds or Other S	Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6. (a) Donor advis	ad funda	(h) Funds and other accounts
_	Tatal assessment and afficient	(a) Donor advis	ed lunas	(b) Funds and other accounts
1	Total number at end of year			
2 3	Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)			
4				
5	Aggregate value at end of year  Did the organization inform all donors and donor advisors in wr	iting that the assets h	eld in donor advised fur	nds
J	are the organization's property, subject to the organization's ex	-		
6	Did the organization inform all grantees, donors, and donor adv			
•	for charitable purposes and not for the benefit of the donor or o			
	impermissible private benefit?	•		
Pai	t II Conservation Easements. Complete if the orga	nization answered "Ye	es" on Form 990, Part I\	/, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation		¬	torically important land area
	Protection of natural habitat		Preservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contrib	oution in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic struc	ture included in (a)		2c
d	Number of conservation easements included in (c) acquired aft	er 7/25/06, and not or	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or	terminated by the orgar	nization during the tax
	year >			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period	dic monitoring, inspec	tion, handling of	
	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, a	nd enforcing conservati	ion easements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and ei	ntorcing conservation e	asements during the year
•	> \$		to of continue 170/b\/4\/F	2017
8	Does each conservation easement reported on line 2(d) above	•		··· — —
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation			
9	balance sheet, and include, if applicable, the text of the footno		·	
	organization's accounting for conservation easements.	te to the organization	S IIIIaiiciai StateiileiitS ti	lat describes the
Par		Art. Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9		,	
	If the organization elected, as permitted under FASB ASC 958,		enue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for public	•		
	service, provide in Part XIII the text of the footnote to its finance	•	•	and of public
b	If the organization elected, as permitted under FASB ASC 958,			ce sheet works of
	art, historical treasures, or other similar assets held for public e	•		
	provide the following amounts relating to these items:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
2	If the organization received or held works of art, historical treas			
	the following amounts required to be reported under FASB ASO	•	•	
а	Revenue included on Form 990, Part VIII, line 1			• \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions f			Schedule D (Form 990) 2021

Sche		CAL PUBLIC								Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tre	asures, or	Other	Simila	r Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the f	following that	make si	gnificant ι	use of its		
	collection items (check all that apply):									
а	Public exhibition	•	d	Loan or exc	hange progra	ım				
b	Scholarly research	•	е 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ey further th	ne organizatio	n's exem	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, his	storical treas	sures, or othe	r similar	assets			
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang		lete if the	organizatio	n answered "	Yes" on	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for o	contributions	s or other ass	ets not i	ncluded		_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cu	ıstodial accou	unt liabili	ty?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i									
		(a) Current year	(b) F	Prior year	(c) Two years	s back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1ç	g, column (a)	) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3а	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are held ar	nd administere	ed for the	e organiza	ation	_	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV	/, line 11a. S	ee Form 990,					
	Description of property	(a) Cost or o		. ,	or other		cumulate		(d) Book	value
		basis (invest	ment)	basis	(other)	dep	reciation			
	Land	I			0.000		00 5		001	0.5.0
	Buildings				9,728.		28,6			,070.
С	Leasehold improvements				7,005.		36,5		720	,437.
d	Equipment				1,905.	2,9	77,3	85.		,520.
е	Other			69	6,562.					,562.
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. colun	nn (B). line 1	0c.)			$\blacktriangleright$	3,992	,589.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 KIPP SOCAL P Part VIII Investments - Other Securities.  Complete if the organization answered "Yes" o	DUBLIC SCHOOL		-1607268 Page <b>3</b>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1) Financial derivatives	( )		
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►   Part VIII Investments - Program Related. Complete if the organization answered "Yes" o	n Form 900 Part IV lino	11c See Form 900 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1)	(2) 20011 14.40	(c) manea or randament coor or one	a or your marner raids
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	n Form 000 Port IV line	11d Con Form 000 Dort V line 15	
Complete if the organization answered "Yes" o	Description	Trd. See Form 990, Part X, line 15.	(b) Book value
··	- Description		(b) BOOK VAILE
<u>(1)</u>			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			4 4 4 1 1 6 1
(2) DEFERRED RENT LIABILITY			4,441,161.
(3)			
(4)			
	25 \		4,441,161.
Total. (Column (b) must equal Form 990, Part X, col. (B) line.  2. Liability for uncertain tax positions. In Part XIII, provide t	·	the organization's financial statements t	
organization's liability for uncertain tax positions under F			

132053 10-28-21

Schedule D (Form 990) 2021

Scho	edule D (Form 9	90) 2021 KIPP SOCAL PU	BI.TC SCHOOLS			26-	1607268 <sub>Page</sub> 4
		onciliation of Revenue per Audite		With			1007200 Fage
<u>. u.</u>		lete if the organization answered "Yes" on F		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	novende per me		
1		, gains, and other support per audited finar				1	191,813,048.
2		uded on line 1 but not on Form 990, Part VI					
		d gains (losses) on investments	´ 1	2a	-933,202.		
		ices and use of facilities		2b	33372021		
				2c			
		prior year grants oe in Part XIII.)		2d	105,311.		
	Add lines 2a		L			0-	-827,891.
		•				2e 3	192,640,939.
3		2e from line 1				3	192,040,939.
4		uded on Form 990, Part VIII, line 12, but no		ا ۔ ا			
		kpenses not included on Form 990, Part VIII		4a			
	•		L	4b			0
_	Add lines 4a					4c	100 640 000
5 Doi	Total revenue	. Add lines 3 and 4c. (This must equal Form Inciliation of Expenses per Audite	990, Part I, line 12.)	o \A/i+b	Evnonces per B		192,640,939.
rai		lete if the organization answered "Yes" on F		S WILLI	Expenses per n	etui	11.
_	·		· · · · · · · · · · · · · · · · · · ·			_	172,786,018.
1		es and losses per audited financial statemen				1	1/2,/00,010.
2		uded on line 1 but not on Form 990, Part IX	·	ا م			
		ices and use of facilities		2a			
		ustments		2b			
			I	2c	105 211		
	•	be in Part XIII.)	L	2d	105,311.		105 211
	Add lines 2a					2e	105,311.
3	Subtract line	2e from line 1				3	172,680,707.
4	Amounts incl	uded on Form 990, Part IX, line 25, but not	on line 1:				
а	Investment e	openses not included on Form 990, Part VIII	, line 7b	4a			
b	Other (Descri	be in Part XIII.)	L	4b			
С	Add lines 4a	and <b>4b</b>				4c	0.
5	Total expense	es. Add lines <b>3</b> and <b>4c.</b> (This must equal For	rm 990. Part I. line 18.)			5	172,680,707.
Pai	rt XIII Supp	lemental Information.	,				
	=	tions required for Part II, lines 3, 5, and 9; Pd Part XII, lines 2d and 4b. Also complete the				; Part ː	X, line 2; Part XI,
PAF	RT X, LI	NE 2:					
KII	PP SOCAL	IS A NONPROFIT ENTITY	EXEMPT FROM TH	HE PA	AYMENT OF I	NCO	ME TAXES
JNI	DER INTE	RNAL REVENUE CODE SECT	rion 501(C)(3) A	AND (	CALIFORNIA	REV:	ENUE AND
ΓΑΣ	KATION C	ODE SECTION 23701D. AC	CCORDINGLY, NO E	PROV	ISION HAS B	EEN	MADE FOR
INC	COME TAX	ES. KIPP SOCAL HAS DET	TERMINED THAT AI	LL II	NCOME TAX P	OSI	TIONS ARE
				_			

UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND

TAXATION CODE SECTION 23701D. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR

INCOME TAXES. KIPP SOCAL HAS DETERMINED THAT ALL INCOME TAX POSITIONS ARE

MORE LIKELY THAN NOT OF BEING SUSTAINED UPON POTENTIAL AUDIT OR

EXAMINATION; THEREFORE, NO DISCLOSURES OF UNCERTAIN INCOME TAX POSITIONS

ARE REQUIRED. KIPP SOCAL IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS

DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THE EXEMPT

PURPOSES. KIPP SOCAL FILES AN EXEMPT RETURN AND APPLICABLE UNRELATED

BUSINESS INCOME TAX RETURN IN THE U.S. FEDERAL JURISDICTION AND WITH THE

Schedule D (Form 990) 2021

CALIFORNIA FRANCHISE TAX BOARD.

Schedule D (Form 990) 2021 KIPP SOCAL PUBLIC SCHOOLS	26-1607268 Page <b>5</b>
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
	105 211
FUNDRAISING EXPENSES	105,311.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	105,311.
FUNDRAISING EXPENSES	10070111

**SCHEDULE E** 

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schools**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

KIPP SOCAL PUBLIC SCHOOLS

Employer identification number 26-1607268

aut I				
art I		Т		Т.
	_		YES	Ľ
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,				
bylaws, other governing instrument, or in a resolution of its governing body?		1	X	L
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its broc				l
catalogues, and other written communications with the public dealing with student admissions, programs, and	l scholarships?	2	<u>X</u>	L
Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet				l
homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the				l
homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the				l
registration period if it has no solicitation program, in a way that makes the policy known to all parts of the gen				l
community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		3	_X_	ļ
THE ORGANIZATION IS A PUBLIC CHARTER SCHOOL AND THE				l
NON-DISCRIMINATION POLICY IS POSTED ON THE SCHOOL'S WEBS	SITE.			
Does the organization maintain the following?			v	
		4a	X	+
Records documenting that scholarships and other financial assistance are awarded on a racially nondiscrimina	itory basis?	4b	Λ	+
Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			37	l
with student admissions, programs, and scholarships?	·····	4c	X	ı
				Т
d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.		4d	X	
		4d	X	
		4d	<u> </u>	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:		4d 5a	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges?			X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?		5a	<u>X</u>	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?		5a 5b	<u>X</u>	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?		5a 5b 5c	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?		5a 5b 5c 5d	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?		5a 5b 5c 5d 5e	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?		5a 5b 5c 5d 5e 5f	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?		5a 5b 5c 5d 5e 5f 5g		
If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?		5a 5b 5c 5d 5e 5f 5g	<u>x</u>	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		5a 5b 5c 5d 5e 5f 5g 5h		
If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Jathletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		5a 5b 5c 5d 5e 5f 5g 5h	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?		5a 5b 5c 5d 5e 5f 5g 5h		
If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" on either line 6a or line 6b, explain on Part II.		5a 5b 5c 5d 5e 5f 5g 5h		
If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?		5a 5b 5c 5d 5e 5f 5g 5h		

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

Schedule E (Form 990) 2021

Schedule E (Form 990) 2021 KIPP SOCAL PUBLIC SCHOOLS	26-1607268 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7	'. as
applicable. Also provide any other additional information.	, 45
approactor not provide any other additional morniages.	
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:	
DINE O EXIDAMATION OF GOVERNMENT PINANCIAL AID:	
MILE ODGINITATION TO A DUDI TO GUADMED COULOU DEINGEDALLY HIN	DED DY
THE ORGANIZATION IS A PUBLIC CHARTER SCHOOL PRINCIPALLY FUN	DED BY
CALIFORNIA AND FEDERAL MONIES RECEIVED THROUGH THE CALIFORN	IA DEPARTMENT
OF EDUCATION.	

132062 10-18-21 Schedule E (Form 990) 2021

#### **SCHEDULE G** (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Schedule G (Form 990) 2021

26-1607268 KIPP SOCAL PUBLIC SCHOOLS Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

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

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and grant of fundraising event contributions.				
		or rundraising event contributions and gr	(a) Event #1  MOKA - 6/8/22 (event type)	(b) Event #2 GIVING TUESDAY 11/2 (event type)	(c) Other events  NONE  (total number)	(d) Total events (add col. (a) through col. (c))
Jue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	125,144.	188,354.		313,498.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	125,144.	188,354.		313,498.
	4	Cash prizes				
Ø	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses		3,697.		105,311.
	10				_	105,311. 208,187.
Pa	11   11	Net income summary. Subtract line 10 from Gaming. Complete if the organization		2000 Part IV line 10 or r		200,107.
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Fait IV, line 19, or it	eported more than	
_		Ţ 10,000 011 0111 000 <b></b> , 1110 001		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Be	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		<b>&gt;</b>	
а	ls t	ter the state(s) in which the organization condithe organization licensed to conduct gaming a "No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses r 'Yes," explain:	•	-		Yes No
1320	32 10	0-21-21			Sche	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021 KIPP SOCAL PUBLIC SCHOOLS	26-16	07	268	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?	Γ	$\neg$	Yes	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility	,	13a		%
	An outside facility		13b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	· · · · · · · · ·	100		
14	cinter the name and address of the person who prepares the organization's garning/special events books and records	·-			
	Name				
	Address >				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	ınt			
	of gaming revenue retained by the third party  \$\bigs\\$				
	Fig. If "Yes," enter name and address of the third party:				
	······································				
	Name				
	Address				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation > \$				
	Description of services provided				
	Diverter/officer				
	Director/officer Employee Independent contractor				
47	Manufacture all all the all and a				
	Mandatory distributions:				
á	I Is the organization required under state law to make charitable distributions from the gaming proceeds to	Г		Yes	□ No
	retain the state gaming license?	L		res	□□ NO
ľ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	tne			
Da	organization's own exempt activities during the tax year  \$\bigset\$ \$\text{Supplemental Information.} Provide the explanations required by Part L line 2b, columns (iii) and (v):	and Dark I	II E.	0 (	)h 10h
1 6	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); a 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part II	II, IIN	es 9, 8	D, TUD,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
_					

Schedule G	(Form 990) Supplemental Inform	KIPP SOCAL	PUBLIC	SCHOOLS	26-1607268	Page 4
Part IV	Supplemental Inform	mation <sub>(continued)</sub>				
-						
-						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization KIPP SOCA	I, PUBLIC	SCHOOLS					Employer identification number 26-1607268						
Part I General Information on Grants a		Benedab					20 1007200						
criteria used to award the grants or assis  2 Describe in Part IV the organization's pro  Part II Grants and Other Assistance to	criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.												
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance						
KLARE HOLDINGS 3601 E. FIRST STREET													
LOS ANGELES, CA 90063	26-3878865	501C3	0.	6,000,000.	FMV		CASH EQUITY CONTRIBUTIONS						
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organizations</li></ul>	-						<b>▶</b> 1. 0.						

132101 10-26-21

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

Schedule I (Form 990) 2021 KIPP SOCAL PUB	LIC SCHOO	LS			26-1607268	Page 2
Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed	<b>ls.</b> Complete if the	e organization answ	rered "Yes" on Form 9	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 noncash	assistance
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	ne 2; Part III, columr	n (b); and any other ac	dditional information.	1	
PART I, LINE 2:						
ALL AWARDS ARE CASH EQUITY CONTRI	BUTIONS.					

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number KIPP SOCAL PUBLIC SCHOOLS 26-1607268 **Questions Regarding Compensation** 

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		_X_
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		<u> </u>
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			77
	not described on lines 5 and 6? If "Yes," describe in Part III	7		_X_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		_X_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANGELLA MARTINEZ	(i)	306,457.	0.	0.	14,656.	7,546.	328,659.	0.
CEO IN RESIDENCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KYLE SALYER	(i)	250,978.	0.	0.	15,072.	14,289.	280,339.	0.
CFO/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CESAR BOCANEGRA	(i)	257,407.	0.	0.	8,254.	14,522.	280,183.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARCIA AARON	(i)	211,655.	0.	0.	9,180.	6,942.	227,777.	0.
FORMER CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AMBER MEDINA	(i)	200,584.	0.	0.	12,442.	12,237.	225,263.	0.
INTERIM CHIEF OF SCHOOLS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BELEN SANCHEZ	(i)	174,653.	0.	0.	9,940.	4,948.	189,541.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ERIK HAGSTROM	(i)	175,147.	0.	0.	5,733.	5,576.	186,456.	0.
DIRECTOR OF REAL ESTATE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KEVIKA AMAR	(i)	175,098.	0.	0.	0.	5,487.	180,585.	0.
CHIEF ACADEMIC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021	KIPP SOCAL PUBLIC SCHOOLS	26-1607268	Page 3
Part III Supplemental Information	ation		
	tion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Pa	art II. Also complete this part for any additional information.	

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization KIPP SOCAL PUBLIC SCHOOLS Employer identification number 26-1607268

Par	t I Types of Property				<b>,</b>			
	,	(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu		•	s
			items contributed	Form 990, Part VIII, line 10				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12		Х	453	117,405	FM7			
13	Securities - Miscellaneous		133	117,403	, I II v			
13								
14	Qualified conservation contribution - Other							
15								
16	Real estate - Residential  Real estate - Commercial							
17 10	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies				1			
21	Taxidermy				1			
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (	L		<u> </u>				
29	Number of Forms 8283 received by the organiz						0	
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement <b>29</b>			0	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		ll contribution, and	which isn't required to be	ised for			77
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.						,	
31	Does the organization have a gift acceptance p					31	X	
32a	Does the organization hire or use third parties		-	· ·				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is ch	ecked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M	(Form 990) 2021	KIPP	SOCAL	PUBLIC	SCHOOLS		26-1607268	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Inform	ation. Pro	vide the inforr mber of contrib	nation required boutions, the numb	y Part I, lines 30b, 32b, per of items received, or	and 33, and whether the organizar a combination of both. Also com	ition plete
-								

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

KIPP SOCAL PUBLIC SCHOOLS

Employer identification number 26-1607268

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

PREPARE STUDENTS WITH THE SKILLS AND CONFIDENCE THEY NEED TO PURSUE THE

PATHS THEY CHOOSECOLLEGE, CAREER, AND BEYONDSO THEY CAN LEAD FULFILLING

LIVES AND BUILD A MORE JUST WORLD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM IS PREPARED BY OUR INDEPENDENT AUDITORS BASED ON INFORMATION

PROVIDED BY KIPP SOCAL PUBLIC SCHOOLS. FOLLOWING AN ITERATIVE REVIEW BY

KIPP SOCAL PUBLIC SCHOOLS' SENIOR PROFESSIONALS AND OUR INDEPENDENT

AUDITORS, THE TAX RETURN IS PROVIDED TO THE FULL BOARD OF DIRECTORS PRIOR

TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

MONITORING IS PERFORMED REGULARLY BY THE OFFICERS TO IDENTIFY POTENTIAL

CONFLICTS OF INTEREST. ANY QUESTION OF A CONFLICT IS ADDRESSED WITH THE

INTERESTED PERSON, WHO IS REQUIRED TO DISCLOSE THE EXISTENCE OF ANY

FINANCIAL INTEREST AND BE AFFORDED THE OPPORTUNITY TO DISCLOSE ALL MATERIAL

FACTS TO THE BOARD AND CHIEF EXECUTIVE OFFICER. IF A CONFLICT OF INTEREST

IS IDENTIFIED, THE APPROPRIATE ACTION IS TAKEN, INCLUDING LIMITATIONS TO

THE INDIVIDUAL'S INFLUENCE ON RELATED BUSINESS MATTERS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS APPROVES THE COMPENSATION OF THE CHIEF EXECUTIVE

OFFICER AND CHIEF FINANCIAL OFFICER. THE PROCESS INCLUDES REVIEW OF

COMPARABILITY DATA, REVIEW AND APPROVAL BY THE GOVERNANCE COMMITTEE AND

CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

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

Schedule O (Form 990) 2021

Name of the organization  KIPP SOCAL PUBLIC SCHOOLS	Employer identification number 26-1607268
FORM 990, PART VI, SECTION C, LINE 19:	
ALL FINANCIAL INFORMATION IS AVAILABLE ON KIPP SOCAL'S WEE	SSITE; ADDITIONAL
DOCUMENTATION IS AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CONTRIBUTION FROM ACQUISITION OF KECP	3,936,726.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

KIPP SOCAL PU	BLIC SCHOOLS					26-16072	268	
Part I Identification of Disregarded Entities. Compl	ete if the organization answered "Ye	s" on Form 990, Part IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	ome End-of-yea		ts Direct controlling entity		9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	n answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	or more	related tax-exer	mpt	
(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		(f) ct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
KLARE HOLDINGS - 26-3878865  3601 EAST FIRST STREET	REAL ESTATE ACQUISITION,							
LOS ANGELES, CA 90063	DEVELOPMENT AND LEASING	CALIFORNIA	501(C)(3)	LINE 12A, I	KIPP S	OCAL	Х	

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

Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</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	ent	ction b)(13) rolled tity?
		,						Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

			_					
Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No				
1	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?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	. 1a	Х	X				
b	Gift, grant, or capital contribution to related organization(s)							
С	c Gift, grant, or capital contribution from related organization(s)							
	Loans or loan guarantees to or for related organization(s)		X					
	Loans or loan guarantees by related organization(s)	. 1e		Х				
f	Dividends from related organization(s)	1f		Х				
g	Sale of assets to related organization(s)	1g		Х				
	Purchase of assets from related organization(s)			Х				
i	Exchange of assets with related organization(s)			Х				
j	Lease of facilities, equipment, or other assets to related organization(s)			Х				
-								
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х					
I Performance of services or membership or fundraising solicitations for related organization(s)								
m	m Performance of services or membership or fundraising solicitations by related organization(s)							
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		Х					
	Sharing of paid employees with related organization(s)		Х					
р	Reimbursement paid to related organization(s) for expenses	1p	х					
	Reimbursement paid by related organization(s) for expenses		Х					
-	, , , , , , , , , , , , , , , , , , ,							
r	Other transfer of cash or property to related organization(s)	1r	х					
s Other transfer of cash or property from related organization(s)								
2								
_	(a) (b) (c) (d)							
	(a)   (b)   (c)   (d)							

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d)  Method of determining amount involved
(1) KLARE HOLDINGS	В	6,000,000.	ACTUAL AMOUNT
(2) KLARE HOLDINGS	D	5,400,000.	ACTUAL AMOUNT
(3) KLARE HOLDINGS	K	14,830,211.	ACTUAL AMOUNT
(4) KLARE HOLDINGS	R	27,020,763.	ACTUAL AMOUNT
<u>(5)</u>			
(6)			

### Schedule R (Form 990) 2021 KIPP SOCAL PUBLIC SCHOOLS

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) Percentage ownership

Schedule R	(Form 990) 2021 <b>F</b>	IPP SC	CAL	PUBLIC	SCHOOLS		26-1607268	Page 5
Part VII	(Form 990) 2021 F Supplemental Informa	ition						<u></u>
	Provide additional informatio		ises to a	uestions on S	chedule R. See instruction	ns		
	1 TOVIGE additional implimation	ir for resper	1000 10 9	destions on e	oricadio 11. Oce motradio			
							<u> </u>	

132165 11-17-21 Schedule R (Form 990) 2021

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Wade McMullen

Wade.McMullen@claconnect.com

Principal

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