_F 990

Return of Organization Exempt From Income Tax

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

| | | the Treasury | b The organization may h | enefit trust or private | | v state reporting re | ou uremente | Open to Public Inspection |
|-----------|--------------------------|----------------------|---|-------------------------------|--|--|------------------|------------------------------|
| | | e Service | | | | | | |
| _ | | | ndar year, or tax year beginning | | 2006, and er | iuing | 06/30/ | |
| | k if applicat Address | use IRS | C Name of organization | | | | | identification number |
| | change | label or print or | KIPP NEW YORK, INC. | | | Desmission | 20-397 | |
| -1 | Name chan | type. | Number and street (or P O box | if mail is not delivered to s | street address) | Room/suite | E Telephon | |
| | Initial retur | Specific | 625 WEST 133RD STREET | | | <u> </u> | F Accounting | 91-2600 |
| | Final return Amended | Instruc- tions. | City or town, state or country, an | d ZIP + 4 | | | method | Cash X Accr |
| _ | return Application | | NEW YORK, NY 10027 | | | | | r (specify) |
| | pending | • 56 | ection 501(c)(3) organizations and 4 usts must attach a completed Sche | | | | | non 527 organizations |
| | | | usts must attach a completed Schel | uule A (FOITH 350 OF 350 | | H(a) is this a group | | |
| | | ► N/A | | | - , - , - , - , - , - , - , - , - , - , | H(b) If "Yes," ente | | |
| Ot | rganizati | ion type (ch | eck only one) ► X 501(c) (3) ◀ (II | nsert no) 4947(a)(1) | or 527 | H(c) Are all affiliate (If "No," attack | | tructions Yes |
| C | heck hen | ₽ ▶ ∟ | if the organization is not a 509(a)(3 | 3) supporting organization | and its gross | H(d) Is this a separat | | an (—) |
| ге | ceipts a | re normally | not more than \$25,000 A return is not | required, but if the organi | zation chooses | organization co | vered by a group | ruling? Yes X |
| to | file a re | turn, be sur | e to file a complete return | | | I Group Exemp | | |
| _ | | | | | | Mr Check ► | if the org | ganization is not required |
| G | | | nes 6b, 8b, 9b, and 10b to line 12 | | 21,896. | · · · · · · · · · · · · · · · · · · · | B (Form 990, | 990-EZ, or 990-PF) |
| art | R | evenue, l | Expenses, and Changes in Net A | ssets or Fund Balance | es (See the in: | structions) | | |
| | 1 | Contribution | ons, gifts, grants, and similar amounts | received | | | ! | |
| | a | Contribution | ons to donor advised funds | | la | | 1 | |
| | b | Direct pub | lic support (not included on line 1a). | | ь | 3,371,435. |] | |
| | | | ublic support (not included on line 1a) | | | | 1 1 | |
| | • | | ent contributions (grants) (not included | , | ld | |] | |
| | е | Total (add lin | nes 1a through 1d) (cash \$3,33 | 4,592. noncash \$_ | | 36,843. | 1e | 3,371,43 |
| | | | service revenue including government | | | 3) | 2 | |
| | 3 | | | | | | 3 | |
| | 4 | Interest or | n savings and temporary cash investm | | | | 4 | 50,46 |
| | 5 | Dividends | and interest from securities | | | | 5 | |
| | 6 a | Gross rent | s | | Sa _ | | | |
| | 1 | | al expenses | II. | S b | |] | |
| | | | income or (loss) Subtract line 6b from | | | | 6c | |
|) 3 | 7 | | estment income (describe | | |) | 7 | |
| | l _ | | ount from sales of assets other | (A) Secunties | (B) | Other | | |
| 2 | i | | ntory | - ' | Ba | | 1 | |
| | | | t or other basis and sales expenses | | 3b | | 1 | |
| | 1 | | oss) (attach schedule) | | 3c | | 1 | |
| | | | or (loss). Combine line 8c, columns (A) | | | | 8d | |
| | 9 | - | vents and activities (attach schedule) | | | i i | | |
| | 1 | | | of | g, GICOR HO | | | |
| | " | h | | | ea | | | |
| | h | Logo: dies | ons reported on time 1b) | | 9b | | 1 | |
| | | | ct-expenses-other-than-fundraising exp ne or (loss) from special évents. Subtr | | | | 9c | |
| | | | | | | | | |
| | | | es of inventory, less from and allowa | | | · | 1 | |
| | b | Less. cos | of goods sold | | 0b] | | - | |
| | 1 . | y y | fit or (loss) from sales of inventory (a | | | | 1 1 | |
| | 11 | | | | | | 11 | |
| | 12 | | venue. Add lines 1e, 2, 3, 4, 5, 6c, 7 | | | | 1 1 | 3,421,89 |
| 20 | 13 | | services (from line 44, column (B)) | | | | 13 | 242,52 |
| LApelises | 14 | | ent and general (from line 44, column | | | | 1 1 | 53,86 |
| į | 15 | | ng (from line 44, column (D)) | | | | 15 | 29,61 |
| i | 16 | | to affiliates (attach schedule) | | | | 16 | |
| | 17 | | penses Add lines 16 and 44, columi | | | | I I | 326,00 |
| 3 | 18 | | (deficit) for the year Subtract line 17 | | | | 18 | 3,095,89 |
| Assets | 19 | Net asset | s or fund balances at beginning of yea | ar (from line 73, column (A | ۹)) | | | 584,01 |
| 4 | 20 | Other cha | nage in not access or fund halances (| attach evalenation) | стит 1 | 1 | 20 | 6 |

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

Net assets or fund balances at end of year Combine lines 18, 19, and 20

<u>3,679,968.</u> Form **990** (2006)

13744L 707R

11-2c 2d

| Pai | | | ions must complete column and section 4947(a)(1) n | | | |
|---------------|---|-------------|---|-----------------------------|---|--|
| | Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | 120015 | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
| 22a | Grants paid from donor advised funds (attach schedule) | 1 | | | | |
| | (cash \$ noncash \$ | 7 | | | | |
| | If this amount includes foreign grants, | 22a | | | be constructed the second | |
| 22b | Other grants and allocations (attach schedule) | | | | | Ballinga a grandfill on on a suffill a ci |
| | (cash \$ 233, 650. noncash \$ | , | | | | |
| | If this amount includes foreign grants, check here | 22ь | 233,650. | 233,650. | Syrver 2 | |
| 23 | Specific assistance to individuals | | 2307 0001 | | | CONTRACTOR OF THE SE |
| | (attach schedule) | 23 | | | Philippe Server Period | |
| 24 | Benefits paid to or for members | 1 | | | 在19.7年中,19.7年中的 | |
| | (attach schedule) | 24 | | | ės padary air dže iš | |
| | Compensation of current officers, | | | | <u>at dia panggan manggangan an Ingga panggan an an Ingga</u> | Service of the servic |
| | directors, key employees, etc. listed in | | | | | |
| | Part V-A (attach schedule) | 25a | 14 500 | | 7,922. | 6,578 |
| | | 25a | 14,500. | | 1,922. | 6,3/8 |
| | Compensation of former officers, | | | | | |
| | directors, key employees, etc. listed in | | | | | |
| _ | Part V-B (attach schedule) | 25b | | | | |
| С | Compensation and other distributions, not included above, to disqualified persons (as defined | | | | | ĺ |
| | under section 4958(f)(1)) and persons described | | | | | |
| | in section 4958(c)(3)(B) (attach schedule) | 25c | | | | |
| | Salaries and wages of employees not | 1 1 | | | | |
| | included on lines 25a, b, and c | 26 | 48,650. | | 26,578. | 22,072 |
| | Pension plan contributions not | 1 1 | | | | |
| | included on lines 25a, b, and c | 27 | | | | |
| 28 | Employee benefits not included on | | İ | | | |
| | lines 25a - 27 | 28 | | | | |
| 29 | Payroll taxes | 29 | | | | |
| 30 | | 30 | | | | |
| | Accounting fees | 31 | 20,410. | 1,125. | 19,285. | |
| 32 | Legal fees | 32 | | | | |
| 33 | Supplies | 33 | 180. | 180. | | |
| | Telephone | 34 | | | | |
| | Postage and shipping | | | | | |
| | Occupancy. | 36 | | | | |
| | Equipment rental and maintenance | 37 | | | | |
| | Printing and publications | 38 | | | | |
| | Travel | 39 | | | | |
| | Conferences, conventions, and meetings | 40 | | | | |
| | | 41 | | | | |
| | Interest | | | | | |
| | | \neg | | | | |
| | | 1 1 | | C CO. | | |
| _ | PROFESSIONAL_DEVELOPMENT_ | - 43a | 6,681. | 6,681. | | |
| | BANK AND OTHER FEES | 43b | 1,244. | 278. | | 966 |
| | MEMBERSHIP & SUBSCRIPTION | 43c | 685. | 609. | 76. | |
| d | | 43d | | | | |
| е | | _43e | | | | |
| f | | 43f | | | | |
| g | · | 43g | | | | <u> </u> |
| • | Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines | | | | | |
| | 13-15) | . 44 | 326,000. | 242,523. | 53,861. | 29,616 |
| | nt Costs. Check ▶ if you are follo | • | | | | . — — |
| Are a | any joint costs from a combined educational | l camp | aign and fundraising solic | itation reported in (B) Pro | ogram services? | Yes X No |
| If "Y | es," enter (i) the aggregate amount of these | joint co | sts \$ | , (ii) the amount alloca | ated to Program services | \$ |
| (iii) t | the amount allocated to Management and ge | eneral \$ | | ; and (iv) the amount a | llocated to Fundraising \$ | |
| JSA 6E 102 | 20 2 000 | | | | | Form 990 (2006) |

Part III Statement of Program Service Accomplishments (See the instructions)

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

| pai on | m 990 is available for public inspection and, for some people, serves as the primary or sole source o ticular organization. How the public perceives an organization in such cases may be determined by the its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part ograms and accomplishments. | information presented |
|-----------------|--|--|
| Wh All of | organization's primary exempt purpose? SEE STATEMENT 3 organizations must describe their exempt purpose achievements in a clear and concise manner State the number clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others) |
| | TO PROVIDE SUPPORT TO KIPP NYC SCHOOLS. TO SOLICIT, RAISE, RECEIVE, HOLD, INVEST AND EXPEND FUNDS FOR THE ADVANCEMENT AND FURTHERANCE OF SUCH PURPOSE AND TO ENGAGE IN ANY AND ALL LAWFUL ACTIVITIES IN THE FURTHERANCE OF THE FOREGOING PURPOSES. | |
| b | (Grants and allocations \$ 233,650.) If this amount includes foreign grants, check here ▶ | 242,523. |
| С | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ | |
| d | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ | |
| _ | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ Other program services (attach schedule) | |
| 9 | (Grants and allocations \$ | |

242,523. Form **990** (2006) Fox 990 (2006)

| P | art IV | Balance Sheets (See the instructions.) | | | |
|---------------|--------|---|--------------------|-------|--------------------|
| 1 | lote: | Where required, attached schedules and amounts within the description column should be for end-of-year amounts only (A) Beginning | of year | | (B) End of year |
| | 45 | Cash - non-interest-bearing | 56,804. | 45 | 601,135. |
| | 46 | Savings and temporary cash investments | 27,346. | 46 | 1,702,074. |
| | 47a | Accounts receivable | | | |
| | | Less: allowance for doubtful accounts 47b | | 47c | |
| | _ | 7, 9 | | , 5 | |
| | 48a | Pledges receivable 48a | | | |
| | l . | Less: allowance for doubtful accounts 48b | | 48c | |
| | | | 23,861. | 49 | 1,499,114. |
| | | Receivables from current and former officers, directors, trustees, and | | | |
| | ļ | key employees (attach schedule) | | 50a | |
| | ь | Receivables from other disqualified persons (as defined under section | | | |
| | } | 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | 50b | |
| | 51a | Other notes and loans receivable (attach | | , . , | |
| eta | 1 | schedule) | | 1 | |
| Assets | ь | Less. allowance for doubtful accounts | | 51c | |
| • | 52 | Inventories for sale or use | | 52 | |
| | 53 | Prepaid expenses and deferred charges | | 53 | |
| | 54a | Investments - publicly-traded securities ▶ Cost FMV | | 54a | |
| | ь | Investments - other securities (attach schedule) ▶ Cost FMV | | 54b | |
| | 55a | Investments - land, buildings, and | | | |
| | ľ | equipment: basis | | | |
| | b | Less accumulated depreciation (attach | | | |
| | | schedule) | | 55c | |
| | 56 | Investments - other (attach schedule) | | 56 | |
| | , | Land, buildings, and equipment basis | | | |
| | b | Less: accumulated depreciation (attach | | } { | |
| | | schedule) | | 57c | |
| | 58 | Other assets, including program-related investments | | | |
| | | (describe ▶) | | 58 | |
| _ | 59 | | 18,011. | 59 | 3,802,323. |
| | 60 | | 12 <u>,000.</u> | | 17,255. |
| | 61 | Grants payable | | 61 | |
| | 62 | Deferred revenue | | 62 | |
| es | 63 | Loans from officers, directors, trustees, and key employees (attach | | | |
| ij | ١ | schedule) | | 63 | |
| Liabilities | 64a | Tax-exempt bond liabilities (attach schedule) | | 64a | |
| _ | " | Mortgages and other notes payable (attach schedule) | 20.000 | 64b | 105 100 |
| | 65 | Other liabilities (describe ► STMT 4) | 22,000. | 65 | 105,100. |
| | 66 | Total liabilities. Add lines 60 through 65 | 34,000. | 66 | 122,355. |
| _ | | anizations that follow SFAS 117, check here X and complete lines | 34,000. | 100 | 122,333. |
| | Joige | 67 through 69 and lines 73 and 74 | | | |
| 8 | 67 | · · · · · · · · · · · · · · · · · · · | 78,648. | 67 | 1,289,849. |
| ػ | 68 | | 05,363. | - | 2,390,119. |
| ala | 69 | Permanently restricted | 55/5651 | 69 | 2/330/113 |
| 9 | Oras | anizations that do not follow SFAS 117, check here | | 1 | |
| Fund Balances | Joiga | complete lines 70 through 74. | | | |
| 9 | 70 | Capital stock, trust principal, or current funds | | 70 | |
| | | Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| 861 | 72 | Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| As | 73 | Total net assets or fund balances (add lines 67 through 69 or lines | | - | |
| Net Assets | | 70 through 72. (Column (A) must equal line 19 and column (B) must | | | |
| ~ | 1 | | 84,011. | 73 | 3,679,968. |
| | 74 | f · · · | 18 011 | | 3 802 323 |

| Pa | art IV-A | Reconciliation of Revenue per Audited F instructions.) | inancial Statemer | nts With Revenu | e per Return (| See the |
|----|-----------|---|------------------------------------|-----------------|---------------------------|------------------------------|
| a | Total rev | venue, gains, and other support per audited finance | cial statements | | a | 3,450,457. |
| ь | Amount | s included on line a but not on Part I, line 12 | | | | |
| 1 | | alized gains on investments | | b1 | 61. | |
| 2 | Donated | services and use of facilities | | | 28,500 | |
| 3 | Recover | ies of рпог year grants | | b3 | | |
| 4 | Other (s | pecify): | | | | |
| | Add line | s b1 through b4 | | | b | 28,561. |
| С | | line b from line a | | | | 3,421,896. |
| d | | s included on Part I, line 12, but not on line a: | | | | |
| 1 | | ent expenses not included on Part I, line 6b | | d1 | , | |
| 2 | | pecify) | | 1 1 | , ' | |
| | | · · · · · · · · · · · · · · · · · · · | | 1 1 | | |
| | Add line | s d1 and d2 | | | <u>a</u> | |
| e | | venue (Part I, line 12). Add lines c and d | | | <u></u> ▶ e | 3,421,896. |
| Pa | rt IV-B | Reconciliation of Expenses per Audited F | -inancial Stateme | nts With Expens | ses per Return | |
| a | Total exp | penses and losses per audited financial statement | s | | <u>a</u> | 354,500. |
| b | Amount | s included on line a but not on Part I, line 17 | | 11 | | |
| 1 | | services and use of facilities | | | 28,500. | |
| 2 | | ar adjustments reported on Part I, line 20 | | | | |
| 3 | | reported on Part I, line 20 | | • • • | · | |
| 4 | | pecify): | | | | |
| | | | | | b | 28,500. |
| | | s b1 through b4 | | | | 326,000. |
| C | | line b from line a | | | - | |
| d | | s included on Part I, line 17, but not on line a: ent expenses not included on Part I, line 6b | | d1 | | |
| 1 | Other (s | pecify) | | • • • | | |
| - | | | | 1 10 | | |
| | Add line | s d1 and d2 | | | d | |
| e | | s d1 and d2 | | | | 326,000. |
| Pa | art V-A | Current Officers, Directors, Trustees, and | • • • | • | | |
| | | or key employee at any time during the year eve | | | (D) Contributions to empk | |
| | | (A) Name and address | (B) Title and average hours per | | benefit plans & deferre | , 127 mark and an area and |
| | | | week devoted to position | -0) | compensation plans | |
| | | | | 14 500 | ,,,, | |
| SE | E STAT | EMENT 5 | | 14,500 | . NC | NONE NONE |
| | | | - = | J | J | |
| | ···. | | | | | |
| | | | | | | |
| _ | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | 1 | |
| _ | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | <u> </u> | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | <u> </u> | | | | |
| | | | | | | |
| | | | | L | L | |
| | | | | | | Form 990 (2006) |

| | 96 (2006) | · | | 20-397120 |)9 | | Page |
|----------|--|---|--|---|---|-----------------------------------|--------|
| Par | t V-A | Current Officers, Directors, Trustees, and Ke | ey Employees (cor | | | Yes | No |
| 75a | | he total number of officers, directors, and trustee gs | | | | | |
| b | employ | y officers, directors, trustees, or key employees I ees listed in Schedule A, Part I, or highest tors listed in Schedule A, Part II-A or II-B, ships? If "Yes," attach a statement that identifies | compensated prot | fessional and o | other independent | 75b x | |
| | comper | y officers, directors, trustees, or key emplonsated employees listed in Schedule A, Part ndent contractors listed in Schedule A, Part ations, whether tax exempt or taxable, that are inition of "related organization." | I, or highest com | pensated profe e compensation | ssional and other | 75c X | のははは |
| | If "Yes," | " attach a statement that includes the information | described in the instr | ructions. | | | 11. |
| | t V-B | ne organization have a written conflict of interest por Former Officers, Directors, Trustees, and K (If any former officer, director, trustee, or key emp the year, list that person below and enter the amo instructions.) | ey Employees The loyee received comp | at Received C | ompensation or er benefits (describe | Other Be ed below) | durii |
| | | (A) Name and address | (B) Loans and Advances | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expe account an allowan | d othe |
| | | | -0- | -0- | -0- | -0- | |
| | - | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | - |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Par | t VI O | ther Information (See the instructions.) | | · | | Yes | |
| 76 | | organization make a change in its activities or | | | | | 7 |
| 77 | | I statement of each change | | | | 76 | X |
| , , | | attach a conformed copy of the changes. | ocuments but not rep | ported to the ins | | 7377 440 | |
| 78a | Did the | organization have unrelated business gross inc | | | | 78a | X |
| b | | has it filed a tax return on Form 990-T for this year? | | | | 78b N | A |
| 79 | | ere a liquidation, dissolution, termination, or sub | | | | 79 | X |
| | | | | | | 建 原码 | 17 |
| 80a | commo | organization related (other than by association of membership, governing bodies, trustees, of ation? | fficers, etc., to ar | ny other exem | pt or nonexempt | 80a X | |
| | commo organiza | n membership, governing bodies, trustees, o ation? | fficers, etc., to ar STMT 7 | ny other exem | pt or nonexempt | 1 42g: | |
| b 81a | commo organiza If "Yes," ———— Enter di | n membership, governing bodies, trustees, oation? | fficers, etc., to ar STMT 7 and check wheth instructions.) | er it is X exem | pt or nonexempt pt or nonexempt NONE | | X |

| orm 99 | 0 (2006) 20-3971209 | | | age 7 |
|---------------------|---|------|----------|---------------|
| Part ₍ V | Other Information (continued) | | Yes | No |
| 2 a Did | the organization receive donated services or the use of materials, equipment, or facilities at no charge | | | · |
| or a | at substantially less than fair rental value? | 82a | Х | |
| b If " | Yes," you may indicate the value of these items here. Do not include this amount | | | |
| as ı | evenue in Part I or as an expense in Part II. (See instructions in Part III) | - 1 | | |
| 3a Did | the organization comply with the public inspection requirements for returns and exemption applications? | 83a | Х | |
| b Did | the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | N/ | Α |
| 4a Did | the organization solicit any contributions or gifts that were not tax deductible? | 84a | | Х |
| b If | "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| gift | s were not tax deductible? | 84b | N/ | A |
| 5 501 | (c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | 85a | N/ | Α |
| b Did | the organization make only in-house lobbying expenditures of \$2,000 or less? | 85b | N/ | Α |
| | "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization | | | |
| rec | erved a warver for proxy tax owed for the prior year. | ٠, | | , |
| c Due | es, assessments, and similar amounts from members | | | |
| | ction 162(e) lobbying and political expenditures | , | | |
| | pregate nondeductible amount of section 6033(e)(1)(A) dues notices | , | | |
| | rable amount of lobbying and political expenditures (line 85d less 85e) | | | |
| | es the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | N/ | A |
| | section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f | - | | |
| | ts reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | N/ | A |
| | (c)(7) orgs Enter. a Initiation fees and capital contributions included on line 12 86a N/A | | | - |
| | oss receipts, included on line 12, for public use of club facilities N/A | ` | | * |
| | I(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A | | ŧ | |
| | oss income from other sources. (Do not net amounts due or paid to other | | | |
| | irces against amounts due or received from them.) 87b N/A | | | |
| | any time during the year, did the organization own a 50% or greater interest in a taxable corporation or | | , | |
| | tnership, or an entity disregarded as separate from the organization under Regulations sections | | ` | ŕ |
| • | 1.7701-2 and 301 7701-3? If "Yes," complete Part IX | 88a | | х |
| | any time during the year, did the organization, directly or indirectly, own a controlled entity within the | | | |
| | aning of section 512(b)(13)? If "Yes," complete Part XI | 88b | | х |
| | 1(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under | | _ | |
| | tion 4911 ► NONE; section 4912 ► NONE, section 4955 ► NONE | | | |
| | 1(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction | | | |
| | ring the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach | ٠. | | |
| | Assessment and large and Assessment | 89b | | х |
| | ter Amount of tax imposed on the organization managers or disqualified persons during the year under | 000 | | _ |
| | | | | |
| d En | trions 4912, 4955, and 4958 NONE ter: Amount of tax on line 89c, above, reimbursed by the organization NONE | | , | |
| | organizations At any time during the tax year, was the organization a party to a prohibited tax shelter | | , | ١. |
| | | 89e | | |
| li di | nsaction? | 89f | | X |
| | organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? supporting organizations and sponsoring organizations maintaining donor advised funds. Did the | 091 | | X |
| g For | r supporting organizations and sponsonng organizations maintaining donor advised funds. Did the opporting organization, or a fund maintained by a sponsoring organization, have excess business holdings | | | |
| • | · · · · · | 00~ | | ł |
| | any time during the year? | 89g_ | | l |
| | t the states with which a copy of this return is filed NY, | 005 | 0 | |
| | mber of employees employed in the pay period that includes March 12, 2006 (See instructions) | 90b | | |
| | books are in care of LESLINE GARDNER Telephone no 212-99 | 1-26 | <u> </u> | |
| Loc | ated at ▶ 625 WEST 133RD STREET NEW YORK, NY ZIP+4 ▶ 10027 | | _ | |
| | | | Vac | Na |
| | any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | |
| | nancial account in a foreign country (such as a bank account, securities account, or other financial account)? | 91b | | <u> </u> |
| If " | Yes," enter the name of the foreign country ▶ | | | |
| | e the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank | | | |
| and | d Financial Accounts. | | | |

| or#n 990 (2006) | | | 20 | 0-3971209 | Page 8 |
|--|----------------------|-------------------------|--------------------------|-------------------------------|-----------------------------------|
| Part VI Other Information (con | tınued) | | | | Yes No |
| c At any time during the calendar ye | ear, did the org | anization mainta | ain an office outside | e of the United States? | 91c X |
| If "Yes," enter the name of the for | | | | | |
| 2 Section 4947(a)(1) nonexempt ch | aritable trusts | filing Form 990 in | lieu of Form 1041 | - Check here | ▶□ |
| and enter the amount of tax-exem | pt interest rec | eived or accrued | during the tax year | ▶ 92 | N/A |
| Part VII Analysis of Income-Pro | ducing Activi | ties (See the in | nstructions.) | | |
| ote: Enter gross amounts unless otherwise | Unre | elated business inc | ome Excluded | by section 512, 513, or 514 | (E) |
| dicated 3 Program service revenue | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | Related or exempt function income |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agence | | | | | |
| 4 Membership dues and assessments . | | | | | |
| 5 Interest on savings and temporary cash investment | | | 14 | 50,461 | |
| 6 Dividends and interest from securities | | | | | |
| 7 Net rental income or (loss) from real es | | | ' | | , , |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 8 Net rental income or (loss) from personal property | f ———— | | | | |
| 9 Other investment income | | | | | |
| O Gain or (loss) from sales of assets other than inven | l. | | | | |
| 1 Net income or (loss) from special even | · | | | | |
| 2 Gross profit or (loss) from sales of inventory | | | | | |
| 3 Other revenue. a | | | | | |
| b | | | | | |
| C | I . | | | | |
| d | li . | | | | |
| 0 | | | | | |
| Subtotal (add columns (B), (D), and (E) |) | | | 50,461 | |
| 5 Total (add line 104, columns (B), (D), a | and (E)) | | | | 50,461 |
| ote: Line 105 plus line 1e, Part I, should eq | | | | | |
| Part VIII Relationship of Activit | ies to the Acc | omplishment | of Exempt Purpo | ses (See the instruct | ions.) |
| Line No. Explain how each activity for v | vhich income is i | eported in column | (E) of Part VII conti | ributed importantly to the ac | complishment |
| ▼ of the organization's exempt p | urposes (other th | nan by providing fu | nds for such purposes | 3) | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IX Information Regarding 1 | axable Subs | | | | ns.) |
| (A) Name, address, and EIN of corporatio | n | (B) Percentage of | (C) Nature of activities | (D) | (E) End-of-year assets |
| partnership, or disregarded entity | | ownership interest | Nature of activities | s Total income | assets |
| | | % | | | |
| · · · · · · · · · · · · · · · · · · · | | % | | | |
| | | - % | | | |
| | | % | | | |
| art X Information Regarding | | | | | |
| (a) Did the organization, during the year, rec | | | | | Yes X No |
| (b) Did the organization, during the | | • | • | personal benefit contra | ct? Yes X No |
| Note: If "Yes" to (b), file Form 8870 as | nd Form 4720 (| (see instructions) | · | | ~ _ |
| | | | | | Form 990 (2006) |
| | | | | | |

| | | | n 512(b)(13). | | Var | T 81 |
|---------------------|--|--|--|--|-------------------|------------|
| 06 | Did the reporting organization | make any transfers to a | controlled entity as defined in section | 512(b)(13) of | Yes | No |
| | the Code? If "Yes," complete | <u>-</u> | | | | |
| | (A) | (B) | (C) | | | |
| | Name, address, of each | Employer Identification | Description of | (D) | _ | |
| | controlled entity | Number | transfer | Amount of trans | sfer | |
| _ | | | | | | |
| a | | | | | | |
| b | | | | | | |
| | | | | | _ | |
| c | | | | | | |
| | Totals | 2 Con 1978 | | | | |
| | | ! <u>````````````````````</u> | | | Yes | No |
| 7 | Did the reporting organization | receive any transfers from | m a controlled entity as defined in sec | tion | - | |
| | | es," complete the schedu | le below for each controlled entity. | | <u> </u> | <u>L</u> _ |
| 1 | (A) | (B) | (C) | (D) | | |
| | Name, address, of each controlled entity | Employer Identification | Description of | Amount of trans | sfer | |
| | Controlled entry | Number | transfer | | | |
| | | | | | | |
| a | | | | | | |
| | | | | | | |
| ь [| | | | | | |
| | | 7 | | | | |
| | | | | | | |
| | | | | | | |
| c | | | | | | |
| c | | | | | | |
| c | Totals | | | | | |
| c | Totals | l ' | 11 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | Yes | No |
| | Out the constitution have a | | effect on August 17, 2006, covering the | ne interest, | Yes | No |
| 08 | Did the organization have a b | inding written contract in described in question 107 | above? | | | |
| 08 | Did the organization have a b rents, royalties, and annuities Under penalties of perjury, I de | inding written contract in described in question 107 clare that I have examined this r | above? return, including accompanying schedules and s | tatements, and to the best of | my kno | betwo |
| 08 | Did the organization have a b rents, royalties, and annuities Under penalties of perjury, I de | inding written contract in described in question 107 clare that I have examined this r | above? | tatements, and to the best of | my kno | belwo |
| lease | Did the organization have a b rents, royalties, and annuities Under penalties of perjury, I de | inding written contract in described in question 107 clare that I have examined this r | above? return, including accompanying schedules and s | tatements, and to the best of | my kno | belwo |
| lease | Did the organization have a bearing the prents, royalties, and annuities Under penalties of perjury, I de and belief, it is true, correct, and period to the present the pres | inding written contract in described in question 107 clare that I have examined this rind complete Declaration of preparation | above? return, including accompanying schedules and sparer (other than officer) is based on all information Date | tatements, and to the best of | my kno | belwo |
| 08 lease ign | Did the organization have a bearing the prents, royalties, and annuities Under penalties of perjury, I de and belief, it is true, correct, and period to the present the pres | inding written contract in a described in question 107 clare that I have examined this indicamplete Declaration of preparation of the contract | above? return, including accompanying schedules and sparer (other than officer) is based on all information Date | tatements, and to the best of | my kno | belwo |
| lease ign ere | Did the organization have a beauts, royalties, and annuities Under penalties of perjury, I de and belief, it is true, correct, and signature of officer Type or print name and title | inding written contract in a described in question 107 clare that I have examined this indicamplete Declaration of preparation of the contract | Tabove? Tetum, including accompanying schedules and soparer (other than officer) is based on all information Graph Control Date Date Check if Self- | tatements, and to the best of of which preparer has any known | my knowledge | belwc |
| lease ign ere | Did the organization have a brents, royalties, and annuities Under penalties of perjury. I de and belief, it is true, correct, and Signature of officer Type or print name and title Preparer's signature Firm's name (or yours) | inding written contract in described in question 107 clare that I have examined this rind complete Declaration of preputation of Clark S Clarkon A | Tabove? Tetum, including accompanying schedules and soprer (other than officer) is based on all information Date Date Date Date Check if Pi | tatements, and to the best of of which preparer has any knowledge of the control | my kno owledge | belwc |
| 08 | Did the organization have a beauty, royalties, and annuities Under penalties of perjury, I de and belief, it is true, correct, and belief, and belief, and belief, and belief. Preparer's signature of officer Firm's name (or yours if self-employed), | inding written contract in described in question 107 clare that I have examined this rid complete Declaration of preparation of the Samuel Contract of the Con | Tabove? Tetum, including accompanying schedules and soprer (other than officer) is based on all information Date Date Check if self-employed Fine EIN | tatements, and to the best of of which preparer has any known of the best of the second of the best of | my kno włedge | belwo |

(Form 990 or 990-EZ)

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

Must be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

| KIPP NEW YORK, INC. | | | | | | 971209 |
|---|---|-------------------|-------------------------------|---|-----------------------------|--|
| Compensation of the Five Highes (See page 2 of the instructions. List ex | st Paid Employee ach one. If there ar | es Otl e non | her Than Off e, enter "Non | e.") | | nd Trustees |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average ho per week devoted to pos | | (c) Compensation | (d) Contributi employee benef deferred comp | t plans & | (e) Expense account and other allowances |
| NONE | | | | | _ | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total number of other employees paid over \$50,000 | NONE | | | | | |
| Part II-A Compensation of the Five Highes (See page 2 of the instructions. List e | each one (whether | lent C individ | luals or firms) | If there are | none, e | nter "None.") |
| (a) Name and address of each independent contractor paid | more than \$50,000 | | (b) Type of se | vice | (0 |) Compensation |
| NONE | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | · | | |
| Total number of others receiving over \$50,000 for professional services ▶ | NONE | ``` | | | | , , , , , , , , , , , , , , , , , , , |
| Part II-B Compensation of the Five Highe (List each contractor who performed firms. If there are none, enter "None. | services other that | n prof | essional servi | for Other S ces, whether | e rvices individu | als or |
| (a) Name and address of each independent contractor paid in | more than \$50,000 | | (b) Type of se | rvice | (0 | c) Compensation |
| NONE | | | | | | |
| | | | | | | |
| | | _ | | | | |
| | | | | | | |
| | | | | | | |
| Total number of other contractors receiving over \$50,000 for other services | NONE | * , , | , , | | 1 | |

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

Schedule A (Form 990 or 990-EZ) 2006

| | 20 37,1203 | | -0 |
|-----|---|-----|---------------------------------------|
| Pa | Statements About Activities (See page 2 of the instructions.) | Yes | No |
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B). | | <u>x</u> |
| | Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities | | , , , , , , , , , , , , , , , , , , , |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) | * | |
| a | Sale, exchange, or leasing of property? | | <u>x</u> |
| b | Lending of money or other extension of credit? | | <u>x</u> |
| ¢ | Furnishing of goods, services, or facilities? | | x |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | x | |
| e | Transfer of any part of its income or assets? | _ | X |
| 3 a | Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) | | <u>x</u> _ |
| b | Did the organization have a section 403(b) annuity plan for its employees? | _ | <u>x</u> |
| c | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement | - | x |
| d | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | | <u>x</u> |
| 4a | Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g | | x |
| b | lines 4f and 4g | | |
| С | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| d | Enter the total number or donor advised funds owned at the end of the tax year | | |
| e | Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year | _ | |
| f | Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts | | NONE |
| 9 | Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year | | NONE |

13744L 707R

| Part IV | Reason for Non-Private Fo | undation Statu | s (See pages 4 thr | ough 7 of th | e instructions. |) |
|---------------|--|--|---|---|--|-------------------------------------|
| certify that | the organization is not a private foundati | on because it is: (Plea | ase check only ONE app | icable box.) | | |
| 5 🔲 A | church, convention of churches, or ass | ociation of churches | Section 170(b)(1)(A)(i) | | | |
| 6 A | school Section 170(b)(1)(A)(ii). (Also co | omplete Part V) | | | | |
| 7 A | hospital or a cooperative hospital service | ce organization. Secti | on 170(b)(1)(A)(iii). | | | |
| | state, or local government or g | | | | | |
| 9 | nd state ▶ | l ın conjunction with | a hospital. Section 170(b |)(1)(A)(III). Ent o | er the hospital's | name, city, |
| 0 🔲 A | on organization operated for the benefit of Also complete the Support Schedule in F | of a college or univer | | by a governmen | ital unit Section 1 | 70(b)(1)(A)(ıv). |
| | on organization that normally receives a 70(b)(1)(A)(vi) (Also complete the Supp | | | rnmental unit | or from the gene | eral public Section |
| 1b 🔲 A | community trust Section 170(b)(1)(A)(| vı). (Also complete the | e Support Schedule in F | Part IV-A.) | | |
| fr fr b | An organization that normally receives (1 from activities related to its charitable, e from gross investment income and unity the organization after June 30, 1975. An organization that is not controlled the requirements of section 509(a)(3). | tc , functions - subject related business tax See section 509(a)(2) | ect to certain exceptions kable income (less sec). (Also complete the Sup led persons (other tha | , and (2) no notion 511 tax) port Schedule n foundation | from businesses in Part IV-A) managers) and | 3% of its support s acquired by the |
| | Type I X Type II | Type III - Fur | nctionally Integrated | Type III | - Other | |
| | Provide the following information | about the supported | organizations. (See pag | e 7 of the instr | uctions) | |
| Namo | (a) e(s) of supported organization(s) | (b) Employer Identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | Is the s organizat the su organ | (d) supported dion listed in pporting ization's documents? | (e) Amount of support |
| | | | | Yes | No | |
| SEE | STATEMENT 8 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | 1 | |
| | | | | | | 233,650 |

Schedule A (Form 990 or 990-EZ) 2006

| | rt IV-A Support Schedule (Complete only it | • | | | | _ | g. APPLICABLE |
|-----|--|-------------------------|------------------------|------------------------|-----------------|-------------------|-----------------------|
| | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | - | (e) Total |
| | Gifts, grants, and contributions received (Do | (4) 2000 | (6) 2004 | (6) 2000 | (4) 2002 | - | (e) iotai |
| | not include unusual grants. See line 28.) | | | 1 | | | |
| 46 | <u> </u> | | | | | | |
| | Membership fees received | <u> </u> | | | | \longrightarrow | |
| 17 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or furnishing of | 1 | | Ì | | - 1 | |
| | facilities in any activity that is related to the | | | | | | |
| | organization's charitable, etc , purpose | | | <u> </u> | | | |
| 18 | Gross income from interest, dividends, | | | | | | |
| | amounts received from payments on securities | | | | | - 1 | |
| | loans (section 512(a)(5)), rents, royalties, and | ļ | | | | - 1 | |
| | unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses acquired | | | | | | |
| | by the organization after June 30, 1975 | | | | | } | |
| 19 | Net income from unrelated business | | | | | 1 | |
| | activities not included in line 18 | | | ļ. | | | |
| 20 | Tax revenues levied for the organization's | | | | | | |
| | benefit and either paid to it or expended on | | | | | | |
| | · | | | | | | |
| | its behalf | | | | | | |
| 21 | The value of services or facilities furnished to | | | | | | |
| | the organization by a governmental unit | J | |] | | J | |
| | without charge Do not include the value of | | | ţ | | | |
| | services or facilities generally furnished to the | | | | | | |
| | public without charge | | | | | | |
| 22 | Other income Attach a schedule Do not | | | | | | |
| | include gain or (loss) from sale of capital assets | | | | | | |
| 23 | Total of lines 15 through 22 | | | | | | |
| 24 | Line 23 minus line 17 | | | | | | |
| 25 | Enter 1% of line 23 | | | | | | |
| 26 | Organizations described on lines 10 or 11: a | Enter 2% of amount | ın column (e), line 24 | NOT APPLICA | BLE | 26a | |
| ŧ | Prepare a list for your records to show the | name of and amo | unt contributed by | each person (other | er than a | | |
| | governmental unit or publicly supported organ | | | | | | |
| | amount shown in line 26a Do not file this li | st with your retur | n. Enter the total | of all these excess | amounts ► | 26ь | |
| | Total support for section 509(a)(1) test. Enter line 24 | • | | | ▶ | 26c | |
| | Add. Amounts from column (e) for lines: 18 | 19 | | | • • • • • • • • | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | 264 | |
| | Public support (line 26c minus line 26d total) | | | | | | |
| | Public support percentage (line 26e (numerator) o | | | | | | |
| 27 | Organizations described on line 12: a For | amounts include | d in lines 15. 1 | 16. and 17 that | were receive | d fro | om a "disqualified |
| | person," prepare a list for your records to she | ow the name of, | and total amounts | received in each | year from, ea | ch "d | isqualified person." |
| | Do not file this list with your return. Enter the sum | n of such amounts for | each year | | | | |
| | NOT APPLICABLE | | (0000) | | (0000) | | |
| | (2005) (2004) | | | | | | |
| þ | For any amount included in line 17 that was r show the name of, and amount received for each | eceived from each | person (other than | disqualified person | ns"), prepare a | list f | for your records to |
| | (Include in the list organizations described in line | | | | | | |
| | the difference between the amount received ar | | | | | | |
| | amounts) for each year: | | | | | | |
| | (2005) (2004) | | (2003) | · | (2002) | | |
| | | | | | | | |
| C | Add: Amounts from column (e) for lines 15 | 1 | 6 | | | | |
| | 17 20 | 2 | 1 | | ▶[| 27c | |
| d | Add: Line 27a total | and line 27b total. | • | | ▶[| 27d | |
| е | Public support (line 27c total minus line 27d total). | | | | ▶ | 27e | |
| f | Total support for section 509(a)(2) test: Enter amou | nt from line 23, colum | n (e) | ▶ 27f | | \neg | |
| g | | divided by line 27f (d | enominator)) | | ▶ | 27a | % |
| _ | Investment income percentage (line 18, column (| | | | | | |
| 28 | Unusual Grants: For an organization describe | ed in line 10, 11 | , or 12 that rec | eived any unusual | grants during | 200 | 02 through 2005, |
| | prepare a list for your records to show, for | each year, the na | ime of the contrib | butor, the date an | d amount of | the g | grant, and a brief |
| JSA | description of the nature of the grant Do not file thi | is list with your retur | n. Do not include th | iese grants in line 15 | | A (Form | n 990 or 990-EZ) 2006 |

| Sched | ulie A (Form 990 or 990-E2) 2006 20-3971209 | | F | Page 5 |
|-------|--|------|--|--------------|
| Par | To be completed ONLY by schools that checked the box on line 6 in Part IV) | ABL | 3 | |
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, | | Yes | No |
| | other governing instrument, or in a resolution of its governing body? | 29 | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its | | | |
| | brochures, catalogues, and other written communications with the public dealing with student admissions, | ł | | 1 |
| | programs, and scholarships? | 30 | | <u> </u> |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during | Ì | | • |
| | the period of solicitation for students, or during the registration period if it has no solicitation program, in a way | } | | 1 |
| | that makes the policy known to all parts of the general community it serves? | 31 | | |
| | If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement) | | | ĺ |
| | | | | į |
| | | |] | 1 |
| | | 1 | | |
| | | 1 | |] |
| 32 | Does the organization maintain the following: | | | |
| | Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory | 32a | - | ├ |
| | | 226 | |] |
| | basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing | 32b | - | |
| · | | 32c | | ľ |
| d | with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | |
| | Copies of all filaterial about by the organization of this behalf to contain about on | 020 | ļ | |
| | If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement) | | | l |
| | |] | | <u> </u> |
| | | | | |
| 33 | Does the organization discriminate by race in any way with respect to. | | | ł |
| | |] | | |
| а | Students' rights or privileges? | 33a | | L |
| | | ł | ł | |
| b | Admissions policies? | 33b | | <u> </u> |
| | | | | |
| С | Employment of faculty or administrative staff? | 33c | | |
| _4 | Cabalarahyan ay athar financiat assistance? | l | | |
| a | Scholarships or other financial assistance? | 33d | ├ | - |
| | Educational policies? | 33e | 1 | l |
| - | Ludcational policies: | 336 | | |
| f | Use of facilities? | 33f | | Ì |
| - | Use of facilities? | 00. | | |
| q | Athletic programs? | 339 | | |
| | | 1005 | | |
| h | Other extracurricular activities? | 33h | <u> </u> | |
| | | | | |
| | If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) | 1 | 1 | ļ |
| | | Į | ļ | |
| | | 1 | | |
| | | 1 | 1 | ĺ |
| | | ļ | | Į |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | ├ | |
| - | then the come tradicular subtitues about on the company of the com | | | 1 |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34b | | |
| | If you answered "Yes" to either 34a or b, please explain using an attached statement. | | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 | ł | 1 | 1 |
| 55 | of Rev. Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | | |
| | | | | |

| | edule A (Form 990 or 990 | | | | 3971209 | Page 6 |
|-------------|---|--|-------------------------|--|---|--|
| Pa | , , | xpenditures by Electric pleted ONLY by an | • | , , , | f the instructions.) 768) <u>NOT_APPLICA</u> | ABLE |
| Che | eck ▶a If the organ | zation belongs to an affi | liated group Check | b if you ched | cked "a" and "limited co | |
| | L | imits on Lobbying | Expenditures | | (a) Affiliated group totals | (b) To be completed for all electing |
| | (The term | "expenditures" mean | s amounts paid or incu | rred.) | | organizations |
| 36 | Total lobbying expend | itures to influence pub | lic opinion (grassroots | s lobbying) 36 | | |
| 37 | Total lobbying expend | | | | | |
| 38 | Total lobbying expend | | | | | |
| 39 | Other exempt purpose | | | | | |
| 40 | Total exempt purpose | · | | 40 | | |
| 41 | Lobbying nontaxable a | | _ | | | |
| | If the amount on line | | bbying nontaxable ar | \ \' | | , |
| | Not over \$500,000 | | | | | |
| | Over \$500,000 but not over | | | V i | ` | |
| | Over \$1,000,000 but not ov | • • | | | | - |
| | Over \$1,500,000 but not ov | • • | | 11' | 7) - | |
| 42 | Over \$17,000,000 Grassroots nontaxable | | | 42 | | 1 |
| 43 | Subtract line 42 from | | | | | |
| 44 | Subtract line 41 from | | | | | |
| 77 | Subtract line 41 from | mic 50 Enter -0-11 mic | 5 41 15 more than me | 30 · · · · · · · · · · · · · · · · · · · | | |
| | Caution: If there is an | amount on either line | 43 or line 44, you mus | st file Form 4720 | , , | |
| | _ | | Averaging Period | | 1(h) | |
| | (Some organizat | | | | te all of the five column | s below |
| | _ | See the instruction | ons for lines 45 throug | h 50 on page 13 of | the instructions) | |
| | | | Lobbying Expend | itures During 4-Ye | ar Averaging Period | |
| | Calendar year (or fiscal | (a) | (b) | (c) | (d) | (e) |
| | year beginning in) | 2006 | 2005 | 2004 | 2003 | Total |
| | Lobbying nontaxable | | | | | 1 |
| <u>45</u> | amount | | , | | | |
| | Lobbying ceiling amount | la contract of the contract of | | , | , | |
| <u>46</u> | _(150% of line 45(e)) | | | | | |
| 47 | Total lobbying expenditures | | | | | |
| | Grassroots nontaxable | | | | | † · · · · · · · · · · · · · · · · · · · |
| 48 | _ amount | | | | | |
| <u></u> | Grassroots ceiling amount | | | | | |
| 49 | (150% of line 48(e)) | | | | , , | |
| | Grassroots lobbying | | | | | |
| 50 | expenditures | | | | | <u> </u> |
| Pa | | Activity by Nonelect | | | | |
| | (For repor | ting only by organiza | ations that did not co | mplete Part VI-A) (| See page 13 of the i | nstructions.) |
| | ing the year, did the organ | - | • | | ny Yes No | Amount |
| | mpt to influence public op | • | | | | Amount |
| а | Volunteers | | | | <u>×</u> | _ |
| b | Paid staff or manager | nent (Include compen | sation in expenses rep | orted on lines c throu | igh h.) X | 4 |
| C | | | | | <u> </u> | |
| d | | legislators, or the pub | lic | | <u>X</u> | |
| е | p | | | | | |
| f | Grants to other organ | | | | | |
| 9 | • | | | | | |
| h | | | | | | |
| i | Total lobbying expend | itures (Add lines c thro | ough h) | | | <u> </u> |
| 104 | If "Yes" to any of the | above, also attach a s | tatement giving a deta | alled description of th | | 4m 404 400 400 5000 |
| JSA 6E1 | 240 2 000 | | | | Schedule A | A (Form 990 or 990-EZ) 2006 |

| ŗа | rt VII | | See page 13 of the instructions.) | a Kelationships with Noncharitabl | е | | |
|----|------------|---|--|---|----------------|--------|------|
| 51 | Did the re | eporting organization directl | y or indirectly engage in any of the follo | owing with any other organization desc | ribed in | sect | ion |
| | 501(c) of | the Code (other than section | on 501(c)(3) organizations) or in sectio | n 527, relating to political organizations' | ? | | |
| а | Transfers | from the reporting organization | ation to a noncharitable exempt organiz | ration of: | | Yes | No |
| | (i) Cas | h | | | 51a(i) | | _X_ |
| | | | | | a(ii) | | Х |
| b | Other tra | | | | | | |
| | (i) Sale | es or exchanges of assets v | vith a noncharitable exempt organization | 1 | b(i) | | Χ |
| | (ii) Pur | chases of assets from a not | ncharitable exempt organization | | b(ii) | | X |
| | (iii) Ren | tal of facilities, equipment, | or other assets | | b(iii) | | Х |
| | (iv) Reir | mbursement arrangements | • | | b(iv) | | Х |
| | (v) Loa | ns or loan quarantees | | | b(v) | | Х |
| | (vi) Per | formance of services or me | mbership or fundraising solicitations | | b(vi) | | X |
| С | | | | s | С | | Х |
| | | | | (b) should always show the fair market value | | | |
| _ | | _ | the reporting organization of the organization | • | | | |
| | - | • | w in column (d) the value of the goods, other | | | | |
| | (a) | (b) | (c) | (d) | | _ | |
| | Line no. | Amount involved | Name of nonchantable exempt organization | Description of transfers, transactions, and sha | anng amai | ngemer | nts |
| | | | | | _ - | | |
| | N7 / 7\ | | | | | | |
| | N/A | | | | | | |
| | | | | | | | |
| | | | | | | _ | |
| | <u>-</u> | | | | | | |
| | | | | | | | |
| | | { | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | <u> </u> | | | | |
| | | | | | | | |
| | | <u> </u> | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | L | | | | _ | |
| | describe | d in section 501(c) of the C complete the following scho | | n section 527? | Yes | X |] No |
| | Na | (a) me of organization | (b) Type of organization | (c) Description of relationshi | р | | |
| | | | | | | | |
| | N/A | | | | | | |
| | · | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | · | | |
| - | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | · | | | | | | |
| | | | | | | | |

JSA 6E1250 2 000 Schedule A (Form 990 or 990-EZ) 2006

RSM: McGladrey

RSM McGladrey Inc. 1185 Avenue of the Americas New York, NY 10036-2602 0 212 372 1000 F 212 372 1001 www.rsmmcgladrey.com

KIPP NEW YORK, INC. 625 WEST 133RD STREET NEW YORK, NY 10027

DEAR CLIENT,

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS FOR THE PERIOD ENDED JUNE 30, 2007 FOR:

KIPP NEW YORK, INC. AS FOLLOWS...

2006 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

2006 SCHEDULE A - ORGANIZATION EXEMPT UNDER 501(C)(3)

2006 SCHEDULE B - SCHEDULE OF CONTRIBUTORS

2006 NEW YORK FORM 500 - ANNUAL FINANCIAL REPORT

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

TO ASSIST YOU IN UNDERSTANDING THE SCOPE OF OUR SERVICES AND OTHER MATTERS RELATED TO THE PREPARATION OF YOUR TAX RETURNS, WE HAVE ATTACHED A COPY OF THE "RSM MCGLADREY TAX PREPARATION CONDITIONS AND LIMITATIONS". OUR TAX RETURN PREPARATION SERVICES ARE EXPRESSLY SUBJECT TO THESE CONDITIONS AND LIMITATIONS, AND BY SIGNING YOUR RETURN YOU WILL BE AGREEING TO THEM.

VERY TRULY YOURS,

RSM MCGLADREY INC.

alway

| FORM | 990, | PART | I | _ | OTHER | INCREASES | IN | FUND | BALANCES |
|------|------|------|---|---|-------|-----------|----|------|----------|
| | | | | | | | | | |

DESCRIPTION AMOUNT ----UNREALIZED GAIN 61.

KIPP NEW YORK, INC.

| AMOUNT | | 8, 650. | 225,000. |
|---|--------------------------------|--|---|
| DIRPOSE OF GRANT OR CONTRIBUTION | | FOR KIPP SCHOOLS LITERACY PROGRAM | SCHOLARSHIP FUNDS TO ASSIST ALL KIPP NYC SCHOOLS GRADUATES |
| RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND AND PROFITMENT OF PETTERN | FOUNDATION STATUS OF ABOLETENT | RELATED ORGANIZATION 501(C)(3) | RELATED ORGANIZATION 501(C)(3) |
| | RECIPIENT NAME AND ADDRESS | GRANTS PAID ==================================== | KIPP TO COLLEGE PROGRAM |

233, 650.

TOTAL CONTRIBUTIONS PAID

13744L 707R

STATEMENT 2

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

KIPP NEW YORK, INC SERVES FOR THE BENEFIT OF EXISTING SCHOOLS OPERATING UNDER THE NAME KNOWLEDGE IS POWER PROGRAM ("KIPP") LOCATED WITHIN THE FIVE BOROUGHS OF THE CITY OF NEW YORK, IN THE STATE OF NEW YORK. KIPP NEW YORK INC. PROVIDES SUPPORT TO KIPP NYC SCHOOLS; TO SOLICIT, RAISE, RECEIVE, HOLD, INVEST AND EXPEND FUNDS FOR THE ADVANCEMENT AND FURTHERANCE OF SUCH PURPOSES AND TO ENGAGE IN ANY AND ALL LAWFUL ACTIVITIES IN THE FURTHERANCE OF THE FOREGOING PURPOSE.

FÖRM 990, PART IV - OTHER LIABILITIES

| | ENDING |
|---|--------------------|
| DESCRIPTION | BOOK VALUE |
| | |
| FUNDS HELD ON BEHALF OF OTHER DUE TO RELATED PARTIES | 41,950. 63,150. |
| TOTALS | 105,100. |
| | |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| EXPENSE ACCT AND OTHER ALLOWANCES | NONE | NONE | NONE | NONE |
|---|--|--|---|--|
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | NONE | NONE | NONE | NONE |
| COMPENSATION | 14,500. | NONE | NONE | NONE |
| TITLE AND TIME DEVOTED TO POSITION | BOARD MEMBER 2.00 | BOARD MEMBER 2.00 | TREASURER 2.00 | CHAIRMAN OF THE BOARD 2.00 |
| NAME AND ADDRESS | DAVID LEVIN 625 WEST 133RD STREET NEW YORK, NY 10027 | DAVID B. MASSEY 625 WEST 133RD STREET NEW YORK, NY 10027 | AMY L. ROBBINS 625 WEST 133RD STREET NEW YORK, NY 10027 | LARRY ROBBINS 625 WEST 133RD STREET NEW YORK, NY 10027 |

Ŋ

NONE

NONE

14,500.

GRAND TOTALS

FORM 990, PART V-A RELATIONSHIP SCHEDULE ______

RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC: AMY L. ROBBINS

NAME OF RELATED ENTITY:

TITLE OR ROLE: RELATIONSHIP:

NAME OF OFFICER, DIRECTOR, ETC: LARRY ROBBINS

NAME OF RELATED ENTITY:

TITLE OR ROLE: RELATIONSHIP:

LARRY ROBBINS

CHAIRMAN OF THE BOARD

HUSBAND AND WIFE

MARY L. ROBBINS

TREASURER

HUSBAND AND WIFE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME: KIPP ACADEMY CHARTER SCHOOL

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: KIPP STAR COLLEGE PREP CHARTER SCHOOL

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: KIPP AMP ACADEMY CHARTER SCHOOL

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: KIPP INFINITY CHARTER SCHOOL

EXEMPT: X NONEXEMPT:

SCHEDULE A, PART IV - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

| (A) NAME(S) OF SUPPORTED ORGANIZATION(S) | (B) EIN | (C) TYPE OF ORGANIZATION | (D) LISTED IN DOC. YES NO | (E) AMOUNT OF SUPPORT |
|--|------------|--------------------------|------------------------------|--------------------------|
| KIPP ACADEMY CHARTER SCHOOL | 11-3550982 | 06 | Х | 233,650. |
| KIPP AMP ACADEMY CHARTER SCHOOL | 20-2536991 | 06 | X | NONE |
| KIPP INFINITY CHARTER SCHOOL | 20-2536890 | 06 | X | NONE |
| KIPP STAR COLLEGE PREP CHARTER SCHOOL | 92-0178305 | 06 | X | NONE |
| | | | | |
| TOTAL AMOUNT OF SUPPORT | | | | 233,650. |
| | | | | |

Kipp New York Inc. EIN 20-3971209 For the year ended 06/30/2007

Form 990, Part V-A, Question 75c:

| Names of highest-paid employees | Compensation | Total Contributions to employee benefit plans (employer's share only) | Expense Account and Other allowances |
|---------------------------------|--------------|--|---|
| David Levin | 57,302 | 1,973 | None |
| KIPP Academy David Levin | 35,518 | 933 | None |
| KIPP Star David Levin | 15,890 | 417 | None |
| KIPP AMP David Levin | 15,890 | 417 | None |
| KIPP Infinity Total David Levin | 124,600 | 3,740 | |

Form 8868

(Řev April 2007)

Application for Extension of Time To File an Exempt Organization Return

Department of the T

OMB No. 1545-1709

| Internal Revenue S | | | > F | File a separate a | oplication for each retu | urn. | | | | | |
|--|--|---|--|---|--|--|-----------------------------------|---------------------------------------|-------------------------------|---|------------|
| | | n Automatic 3-N | Month Extens | sion, complete | only Part I and che | eck this be | ox | | | , , , , , | K |
| | | | | | n <mark>sion, complete o</mark> Itomatic 3-month e | | | | | | _ |
| Part I Auto | matic 3- | Month Extens | sion of Time | . Only submit | original (no copie | es neede | d). | | | | _ |
| | | | | | sting an automatic | | | n - check | this box | ▶ [| |
| | | ncluding 1120-0 income tax retur | | erships, REMIC | Ss, and trusts must (| use Form | 7004 to i | request ai | n | | |
| one of the ret Form 8868 el 8870, group re | turns note lectronica eturns, or | ed below (6 m lly if (1) you w a composite or | onths for sec ant the addit consolidated | ction 501(c) co tional (not auto From 990-T. In | m 8868 if you wa orporations require omatic) 3-month e ostead, you must su visit www.irs.gov/e | ed to file extension ubmit the f | Form 99 or (2) ye fully com | 90-T). Ho ou file Fo apleted ai | wever, orms 99 nd signe | you cannot 0-BL, 6069, d page 2 (Pa | file or |
| Type or | Name of | Exempt Organiza | ition | | | | | Employe | er identif | ication numbe | r |
| print | | PP NEW YORK | | P.O. box, see ins | structions. | | | 20- | 39712 | 09 | |
| File by the due date for | | WEST 133R | | · | | | | | | | |
| iling your etum. See | | | | code. For a foreign | address, see instruct | tions | | | | | _ |
| nstructions. | NEV | YORK, NY | 10027 | _ | | | | | | | |
| Check type o | | o be filed (file a | | plication for eac | ch return): | | | | | | |
| X Form 990 | | ` [| | 0-T (corporation) | • | - | For | rm 4720 | | | |
| Form 990 |)-BL | | Form 990 | 0-T (sec 401(a) c | or 408(a) trust) | | For | rm 5227 | | | |
| Form 990 |)-EZ | | Form 990 | 0-T (trust other th | an above) | | For | rm 6069 | | | |
| Form 990 |)-PF | Ī | Form 104 | 41-A | | | Foi | rm 8870 | | | |
| If this is for or the whole o | r a Group group, che | | e organization | n's four digit Gr is for part of th | in the United States roup Exemption Nui e group, check this | mber (GEI | ٧) | and attac | ch a list | . If this is with the | |
| until | | • | to file th | - | e) corporation requinization return for the | | | | | | |
| ► X | calendar tax year | r year o beginning | r | 07/01,20 | oo6 , and ending | | <u> </u> | 06/3 | 0.200 | <u>7</u> · | |
| 2 If this tax | c year is fo | or less than 12 i | months, check | c reason: | Initial return |] Final re | turn | Chang | je in acc | ounting perio | bd |
| • | • | is for Form 99 dits. See instruc | | F, 990-T, 4720 | , or 6069, enter | the tental | tive tax, | less any | 3a | s | _ |
| b If this ap | plication | |)-PF or 990-T | • | undable credits ar | nd estimat | ted tax p | payments | | | |
| c Balance | Due. Sub D coupor | tract line 3b fro | om line 3a. Ir | nclude your pa | yment with this fo tronic Federal Ta | | | | 靐 | | _ |
| Caution. If you for payment in | _ | - | lectronic fund | withdrawal wit | h this Form 8868, | see Form | 8453-E | O and Fo | rm 8879 | -EO | |
| | | perwork Redu | ction Act Not | ice, see Instruc | tions. | | | | Form 8 | 868 (Rev. 4-2 |)O7) |
| | | | | | | | | | | | |

| Form 8868 (Rev | | Page 2 |
|-------------------------|--|--|
| - | e filing for an Additional (not automatic) 3-Month Extension, complete only Part | |
| - | complete Part II if you have already been granted an automatic 3-month extens | ion on a previously filed Form 8868 |
| | e filing for an Automatic 3-Month Extension, complete only Part I (on page 1) | Ella adiabatica de la constantidad |
| Part II | Additional (not automatic) 3-Month Extension of Time. You must | |
| Type or | Name of Exempt Organization | Employer Identification number |
| print | KIPP NEW YORK, INC. Number, street, and room or suite no If a P.O. box, see instructions | 20-3971209 For IRS use only |
| File by the extended | | For IRS use only |
| due date for filing the | 625 WEST 133RD STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions | |
| return See | | |
| | NEW YORK, NY 10027 e of return to be filed (File a separate application for each return). | |
| | n 990 Form 990-PF | Form 1041-A Form 6069 |
| T | n 990-BL Form 990-T (sec 401(a) or 408(a) trust) | Form 4720 Form 8870 |
| 1 | m 990-EZ Form 990-T (trust other than above) | Form 5227 |
| | o not complete Part II if you were not already granted an automatic 3-month | |
| | oks are in the care of LESLINE GARDNER | |
| | one No. ▶ <u>212 991-2600</u> FAX No. ▶ | |
| | ganization does not have an office or place of business in the United States, check | this box |
| _ | for a Group Return, enter the organization's four digit Group Exemption Number (| |
| | ole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 | |
| names and | EINs of all members the extension is for. | |
| 4 I requ | uest an additional 3-month extension of time until | 05/15,20 08 |
| 5 For c | alendar year, or other tax year beginning07/01_,2006_,an | d ending06/30 ,2007 |
| | • — | I return Change in accounting period |
| 7 State | e in detail why you need the extension <u>ADDITIONAL TIME IS NEEDED</u> | IN ORDER TO PREPARE |
| AND | FILE A COMPLETE AND ACCURATE RETURN. | |
| | | |
| | s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the ter | - |
| | efundable credits. See instructions | 8a \$ |
| | s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cr | LANGE CO. |
| | payments made Include any prior year overpayment allowed as a credit and | any amount paid Market 8b \$ |
| | ously with Form 8868 nce Due. Subtract line 8b from line 8a Include your payment with this form, or, | |
| | FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paye | |
| | uctions | 8c \$ |
| | Signature and Verification | 10014 |
| | ies of perjury, I declare that I have examined this form, including accompanying schedules and st ect, and complete, and that I am authorized to prepare this form | atements, and to the best of my knowledge and belief, |
| Signature > | Title ▶ | Date ▶ |
| | Notice to Applicant. (To Be Completed b | y the IRS) |
| ☐ We | have approved this application. Please attach this form to the organization's return | • |
| date | have not approved this application. However, we have granted a 10-day grace period file of the organization's return (including any prior extensions). This grace period is considerwise required to be made on a timely return. Please attach this form to the organization's re- | dered to be a valid extension of time for elections |
| | have not approved this application. After considering the reasons stated in item 7, we calle We are not granting a 10-day grace period | annot grant your request for an extension of time |
| We Oth | cannot consider this application because it was filed after the extended due date of the re- | eturn for which an extension was requested |
| | | |
| | By | |
| Director | | Date |
| Alternate | Mailing Address. Enter the address if you want the copy of this application for a | in additional 3-month extension |
| returned t | | |
| | Name | |
| Type or | RSM MCGLADREY INC. Number and street (include suite, room, or apt. no.) or a P.O. box number | |
| print | 1105 AVENUE OF SUPERIOR STATES | |
| | 1185 AVENUE OF THE AMERICAS City or town, province or state, and country (including postal or ZIP code) | |
| | NEW YORK NY 1002C 2002 | |
| - | NEW YORK, NY 10036-2602 | Form 8868 (Rev 4-2007) |