# Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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<u>A</u>	ror the	e 2022 calendar year, or tax year beginning $00111$ , $2022$ and	a enaing (	JUN 30, 2023	
В	Check if applicabl	C Name of organization		D Employer identifica	ation number
	Addre chang Name	e   KIPP ADMINISTRATIVE SERVICES CORPORATI	ION		
	chang	Doing business as		45-238420	9
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final return	5070 PARKSIDE AVENUE	3500D	215-294-8	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,359,397.
	Amen return	PHILADELPHA, PA 19131		H(a) Is this a group retu	
	Applic	F Name and address of principal officer: NATALLE WILLIBRIAL		for subordinates?	Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates incl	uded? Yes No
1	Tax-ex	empt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1)	or 52	If "No," attach a lis	st. See instructions
	Websi			H(c) Group exemption	
		organization: X Corporation Trust Association Other	<b>L</b> Year	r of formation: 2011 M	State of legal domicile: PA
P	art I	Summary	4		
ď	1	Briefly describe the organization's mission or most significant activities: PROV			CILITY,
Š		ADMINISTRATIVE, AND DEVELOPMENT SUPPORT T	ro Kip	P SCHOOLS IN	THE
r a	2	Check this box if the organization discontinued its operations or dispo	sed of more	e than 25% of its net asse	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	3
Č	4	Number of independent voting members of the governing body (Part VI, line 1b)			3
V.	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			168
Z.	6	Total number of volunteers (estimate if necessary)			3
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	<u> b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
Œ	8	Contributions and grants (Part VIII, line 1h)		4,153,678.	2,493,851.
2	9	Program service revenue (Part VIII, line 2g)		5,513,681.	6,824,051.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		56.	0.
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,420.	41,495.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,683,835.	9,359,397.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,099,364.	886,879.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,877,937.	6,056,383.
Fxnenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×	b	Total fundraising expenses (Part IX, column (D), line 25) 464,2		2 221 121	
ш	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,231,434.	2,982,796.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,208,735.	9,926,058.
	19	Revenue less expenses. Subtract line 18 from line 12		-524,900.	-566,661.
Net Assets or	<u> </u>		<u>  B</u>	eginning of Current Year	End of Year
sset	ਰੂ 20	Total assets (Part X, line 16)		7,884,445.	13,628,512.
etA	21	Total liabilities (Part X, line 26)		1,499,879.	7,430,607.
	art II	Net assets or fund balances. Subtract line 21 from line 20		6,384,566.	6,197,905.
					and the Both State
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			nowleage and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w I	mich prepare	r nas any knowledge.	
۵.		Signature of officer		I Date	
Sig				Duto	
He	re	NATALIE WILTSHIRE, CEO Type or print name and title			
_			Т	Date Check	PTIN
Da!		Print/Type preparer's name  TOHN BIJCKI EV CDA  TOHN BIJCKI EV C		0 = 14 0 10 4   if	
Pai			PA	05/13/24   "self-employed	P00830631 -2571780
	parer			Firm's EIN 04	-431110U
USE	Only			Dhan E 0 0	_366_0100
	41 25	WESTBOROUGH, MA 01581		Phone no. 3 U 8	-366-9100 X Yes No
ivia	y tne II	RS discuss this return with the preparer shown above? See instructions			X Yes No

OMB No. 1545-0047

Form 990 (2022)

			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		X
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		X
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	Did the 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? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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,		37	
	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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	Λ	_
ıza		12a	Х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	21	
b	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	Pid the appropriation projection of the specific project of the Links of the Links of Obstace	14a		X
b		170		<del></del>
~	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		х
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	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
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	Х	

Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 22 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 Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 ....... Х 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV ...... Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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Form 990 (2022)

(gambling) winnings to prize winners?

Form 990 (2022) KIPP ADMINISTRATIVE SERVICES CORPORATION

Part 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,					
	filed for the calendar year ending with or within the year covered by this return	2a	168			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<b>—</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	inization solicit	_		37
	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 contributions are expressed in the contribution of t			٥.		
_	were not tax deductible?			6b		
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 set	vices :	provided to the payor?	70		Х
				7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7b		
·	to file Form 8282?	as req	uirea	7c		x
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		'	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
	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:	ı				
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	l				
	amounts due or received from them.)	11b		40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.	12b	1			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			IJa		
h	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	1			
С	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	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 investmen	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

232005 12-13-22

Form **990** (2022)

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. X Check if Schedule O contains a response or note to any line in this Part VI Section 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 ..... 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. 3 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Upon request Another's website \_\_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2022)

CHRIS GUY - 215-294-8596

5070 PARKSIDE AVENUE, 3500D, PHILADELPHA.

# 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n					nper	sate			<b>/-</b>	
(A)	(B)			(C Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average		(do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per week				compensation from	compensation from related	amount of other			
	(list any	tor						the	organizations	compensation
	hours for	direc				, p		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ll trus	nal tr		loyee	dwo		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JESSICA AKOTO	line) 50.00	르	SE .	#	Ke	<u>≅</u> .₽	For			
CEO	30.00	1	١.,	X				259,812.	0.	33,872.
(2) MOLLY EIGEN	50.00			22				233,012.	•	33,072.
CHIEF ACADEMIC OFFICER	30.00					x		198,630.	0.	34,910.
(3) NATALIE WILTSHIRE	50.00									7
coo				x				193,562.	0.	38,799.
(4) JILLIAN FARRARA	50.00						Ť			
MANAGING DIRECTOR OF TALENT						X		142,294.	0.	33,777.
(5) TRACY REID PORTLE MACARTHUR	50.00							145 740		22 250
MANAGING DIR., REGIONAL OPERATIONS	F0 00					X		145,749.	0.	23,250.
(6) VANEEDA DAYS	50.00					7.		142 070	0	16 570
MANAGING DIR., KIPP FORWARD  (7) AMANDA L. NEILL	50.00					X		143,078.	0.	16,578.
MANAGING DIR., SPECIAL EDUCATION	30.00	1				x		147,280.	0.	7,524.
(8) LEIGH WHITAKER	1.00					125		147,200.	•	7,524.
CHAIR/SECRETARY		х		х				0.	0.	0.
(9) MELANIE CARTER	1.00									
MEMBER		Х						0.	0.	0.
(10) JERRY DAVIDSE	1.00									
MEMBER		Х						0.	0.	0.
		-								
						_				
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		1								
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	l	<u> </u>				<u> </u>		1		000

Form 990 (2022)

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х

rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** 

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LAURA FREDRICKS, 130 BARROW STREET, APT 215, NEW YORK, NY 10014	OUTSOURCED FUNDRAISING CONSULTA	230,000.
ACS INTERNATIONAL RESOURCES, INC P.O. BOX 579, CHADDS FORD, PA 19137	OUTSOURCED TECHNICAL SUPPORT	216,137.
EDOPS, 1140 19TH ST NW SUITE 650, WASHINGTON, DC 20036	OUTSOURCED ACCOUNTING MGMT SUPP	151,100.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

Form **990** (2022)

\$100,000 of compensation from the organization

### KIPP ADMINISTRATIVE SERVICES CORPORATION 45-2384209 Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue 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 102,648. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,391,203. similar amounts not included above ... 1f 100,350 g Noncash contributions included in lines 1a-1f 2,493,851. h Total. Add lines 1a-1f **Business Code** 2 a ADMIN AND SHARED SERVI 6,213,084.6,213,084. 611430 Program Service b BUILDING RENT 532000 610,967. 610,967. С f All other program service revenue ..... 6,824,051. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses Other Revenue c Gain or (loss) \_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses 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 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 41,495 11 a MISCELLANEOUS REVENUE 900099 41,495. d All other revenue

232009 12-13-22

41,495. Form **990** (2022)

41,495.

9,359,397.6,824,051

e Total. Add lines 11a-11d

**12** Total revenue. See instructions

Check if Schedule O contains a response or note to any line in 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	750,000.	750,000.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	136,879.	136,879.							
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	563,493.	271,320.	195,621.	96,552					
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	4,361,092.	2,950,857.	1,278,665.	131,570					
8	Pension plan accruals and contributions (include	, , , , , , , , , ,	, , , , , , , ,	, , , , , , , ,	. ,					
	section 401(k) and 403(b) employer contributions)	219,158.	152,279.	62,340.	4,539					
9	Other employee benefits	593,921.	406,473.	171,058.	4,539 16,390					
10	Payroll taxes	318,719.	213,440.	93,545.	11,734					
11	Fees for services (nonemployees):									
а	Management									
b	Legal	80,433.	37,123.	37,123.	6,187					
С	Accounting	317,581.	146,576.	146,576.	24,429					
d	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.)	1,050,209.	461,063.	520,503.	68,643					
12	Advertising and promotion	15,396.	10,210.	4,511.	675					
13	Office expenses	13,390.	10,210.	4,511.	073					
14	Information technology									
15 16	Royalties	714,527.	339,726.	321,258.	53,543					
7	Occupancy	119,408.	86,703.	28,611.	4,094					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				_,					
19	Conferences, conventions, and meetings									
20	Interest	1,637.	755.	756.	126					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	46,753.	21,579.	21,578.	3,596					
23	Insurance	88,673.	40,926.	40,926.	6,821					
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	SUPPLIES AND MATERIALS	417,088.	196,405.	191,144.	29,539					
b	TRAINING AND STAFF DEVE	127,409.	39,779.	82,101.	5,529					
С	MISCELLANEOUS	3,412.	1,575.	1,575.	262					
d	AWARDS	270.		229.	41					
е	All other expenses	0.006.050	6 062 662	2 100 100	464 050					
25	Total functional expenses. Add lines 1 through 24e	9,926,058.	6,263,668.	3,198,120.	464,270					
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)									
	11 IOIIOWING SOF 30-2 (MSC 330-120)				000					

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1,421,423. 183,981. 1 Cash - non-interest-bearing 287,737. 129,868. 2 Savings and temporary cash investments 1,537,854. 2,282,035. Pledges and grants receivable, net 3 3 203,967. 4 Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 30,499. 89,545. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 459,690. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 422,095. 362,218. 37,595. b Less: accumulated depreciation \_\_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 3,441,487. 11,504,748. Other assets. See Part IV, line 11 15 15 7,884,445. 13,628,512. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 177,233. 510,041. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 301,332. 30,132. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 428,658. 219,110. 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 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 592,656. 6,671,324.

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6,197,905.

13,628,512.

7,430,607.

4,927,599.

1,270,306.

Net Assets or Fund Balances

27

29

30

31

32

33

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

1,499,879.

4,132,690.

2,251,876.

6,384,566.

7,884,445.

26

27

29

30

31

32

33

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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### SCHEDULE A

(Form 990)

Total

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

Open to Public

Inspection

## **Employer identification number** Name of the organization KIPP ADMINISTRATIVE SERVICES CORPORATION 45-2384209 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

## 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	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and					• •				
	membership fees received. (Do not									
	include any "unusual grants.")	2038946.	2402031.	2307633.	4153678.	2493851.	13396139.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
_	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	2038946.	2402031.	2307633.	4153678.	2493851.	13396139.			
	The portion of total contributions									
Ū	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)						6062430.			
6	Public support. Subtract line 5 from line 4.						7333709.			
	etion B. Total Support						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	2038946.	2402031.	2307633.	4153678.		13396139.			
	Gross income from interest,									
_	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	4,225.	501.	1,011.	56.		5,793.			
9	Net income from unrelated business	, -								
_	activities, whether or not the									
	business is regularly carried on	43,867.					43,867.			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	1	38,693.	3,233.	16,420.	41,495.	99,841.			
11	<b>Total support.</b> Add lines 7 through 10						13545640.			
	Gross receipts from related activities,	etc. (see instruction	ons)				,222,616.			
	First 5 years. If the Form 990 is for the		,			-	<u> </u>			
	organization, check this box and stop	-		· · · · · · · · · · · · · · · · · · ·						
Sec	tion C. Computation of Publi									
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	54.14 %			
	Public support percentage from 2021					15	62.81 %			
	33 1/3% support test - 2022. If the o					ore, check this box				
	stop here. The organization qualifies						77			
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li							
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances te									
b	10% -facts-and-circumstances test	•	•							
	more, and if the organization meets the	-								
	organization meets the facts-and-circu				· ·					
18	Private foundation. If the organization				•					
	<u>,</u>		,				(Form 990) 2022			

## 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.)

Se	ction A. Public Support	clow, picase comp	nete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(2)====	(-)	(2)	(3)===	(3) = 3 = 3	(),
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 business 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						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
		( ) 2010	(1) 0040	( ) 0000	( 1) 0004	( ) 0000	(n T )
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			/			
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				1		<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		·	•	. , . ,	. —
60	check this box and stop here	a Cunnart Day	······································				
	ction C. Computation of Publ			. (6)		T .= T	
	Public support percentage for 2022 (					15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	Investment income percentage for 20		<u>_</u>	ne 13 column (f)		17	%
	Investment income percentage from					18	
	a 33 1/3% support tests - 2022. If the						
130	more than 33 1/3%, check this box a					- 4.1	
k	33 1/3% support tests - 2021. If the	e organization did n	not check a box on	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	an did not check a	DOX OD LIDE 14 19:	a oriyn checkt	rus nox and see in	STRUCTIONS	1 1

## Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Ja		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b 5c		
- 50		
6		
0		
7		
0		
8		
9a		
0.		
9b		
9с		
10a		
10b		
ule A (Forn	n 990)	2022

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	21 11 3 3		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	i <b>-</b>		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.	3b		

Part \	Type III Non-Functionally Integrated 509(a)(3) Supporting			2 2 2 3 0 <del>1</del> 2 0 7 P2
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 ( <i>explain in</i> <b>I</b>	Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations must of	omple	te Sections A through E.	
ection	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	et short-term capital gain	1		
<b>2</b> R	ecoveries of prior-year distributions	2		
<b>3</b> O	ther gross income (see instructions)	3		
<b>4</b> A	dd lines 1 through 3.	4		
<b>5</b> D	epreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
CC	ollection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
<b>7</b> 0	ther expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
<b>1</b> A	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
	verage monthly cash balances	1b		
	air market value of other non-exempt-use assets	1c		
	otal (add lines 1a, 1b, and 1c)	1d		
	iscount claimed for blockage or other factors			
(e	xplain in detail in Part VI):			
	equisition indebtedness applicable to non-exempt-use assets	2		
	ubtract line 2 from line 1d.	3		
	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	pe instructions).	4		
	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
	inimum Asset Amount (add line 7 to line 6)	8		
	C - Distributable Amount			Current Year
<b>1</b> A	djusted net income for prior year (from Section A, line 8, column A)	1		
	nter 0.85 of line 1.	2		
	inimum asset amount for prior year (from Section B, line 8, column A)	3		
	nter greater of line 2 or line 3.	4		
	come tax imposed in prior year	5		
	istributable Amount. Subtract line 5 from line 4, unless subject to	T		
	nergency temporary reduction (see instructions).	6		
<b>7</b>	Check here if the current year is the organization's first as a non-functionally	•	ated Type III supporting orga	nization (see
• -	instructions).	gra	acoa Type in Supporting Orga	inzation (SCC

Schedule A (Form 990) 2022

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	on D - Distributions	•		Current Year						
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported								
	organizations, in excess of income from activity			2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	,	3						
4	Amounts paid to acquire exempt-use assets			4						
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5						
6	Other distributions (describe in Part VI). See instructions.			6						
7	Total annual distributions. Add lines 1 through 6.		•	7						
8	Distributions to attentive supported organizations to which the	ne organization is responsive								
	(provide details in Part VI). See instructions.			8						
9	Distributable amount for 2022 from Section C, line 6		9							
10	Line 8 amount divided by line 9 amount		10	0						
		(i)	(ii)		(iii) Distributable					

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D,			
line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

## **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

KIPP ADMINISTRATIVE SERVICES CORPORATION

**Employer identification number** 45-2384209

Total number at end of year   2 Aggregate value of contributions to (during year)   3 Aggregate value of contributions to (during year)   4 Aggregate value of parts from (during year)   4 Aggregate value at end of year   5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring importance in the property of the donor or donor advisor, or for any other purpose conferring importance in the donor or donor advisor, or for any other purpose conferring importance benefit?    Purpose(9) of conservation easements held by the organization funds apply.   Preservation of land for public use (for example, recreation or education)   Preservation of a soft indepth important land area   Proservation of land for public use (for example, recreation or education)   Preservation of a contribution and area   Preservation of pone space   Complete lines 2 at through 5 of the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   It all acreage restricted by conservation easements   2a   It all acreage restricted by conservation easements   2b   It all acreage restricted by conservation easements   2a   It all acreages	Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	s or Accounts. Complete if the
2 Aggregate value of contributions to (during year)  4 Aggregate value of and from (during year)  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for chartatelp purposes and not for the benefit of the donor of chooner advisor, or fave any other purpose conferring impermissible private benefit?  Part II Conservation I assements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of public use (for example, recreation or education) Preservation of a historically important land area Preservation of popular to public use (for example, recreation or education) Preservation of a certified historic structure Preservation of popular acceptance of the foreign space.  2 Complete lines 2 at through 2 dif the organization held a qualified conservation contribution in the form of a certified historic structure day of the tax year.  3 Total number of conservation easements  5 Total acreage restricted by conservation easements.  C Number of conservations easements on a certified historic structure included in (g) acquired after-ululy 25,2006, and not on a historic structure listed in the National Register  Number of conservation easements modified, transfured, released, extinguished, by terminated by the organization during the tax year  Number of conservation easements modified, transfured, released, extinguished, by terminated by the organization during the year  Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easem				sed funds	(b) Funds and other accounts
2 Aggregate value of contributions to (during year)  4 Aggregate value of and from (during year)  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for chartatelp purposes and not for the benefit of the donor of chooner advisor, or fave any other purpose conferring impermissible private benefit?  Part II Conservation I assements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of public use (for example, recreation or education) Preservation of a historically important land area Preservation of popular to public use (for example, recreation or education) Preservation of a certified historic structure Preservation of popular acceptance of the foreign space.  2 Complete lines 2 at through 2 dif the organization held a qualified conservation contribution in the form of a certified historic structure day of the tax year.  3 Total number of conservation easements  5 Total acreage restricted by conservation easements.  C Number of conservations easements on a certified historic structure included in (g) acquired after-ululy 25,2006, and not on a historic structure listed in the National Register  Number of conservation easements modified, transfured, released, extinguished, by terminated by the organization during the tax year  Number of conservation easements modified, transfured, released, extinguished, by terminated by the organization during the year  Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easem	1	Total number at end of year			
4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor of donor advisor, or for any other purpose conferring impermissable private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (for example, recreation or education)   Preservation of a certified historic structure   Preservation of open space  2 Complete lines 2a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  2 Total number of conservation easements  3 Total number of conservation easements on a certified historic structure included in (a)  4 Number of conservation easements more conservation easements included in (b) a conservation easements more conservation easements more property subject to conservation easements included in (c) acquired after July 25 2006, and not on a historic structure included in (e) acquired after July 25 2006, and not on a historic structure included in (e) acquired after July 25 2006, and not on a historic structure included in (e) acquired after July 25 2006, and not on a historic structure included in (e) acquired after July 25 2006, and not on a historic structure included in (e) acquired after July 25 2006, and not on a historic structure included in (e) acquired after July 25 2006, and not on a historic structure included in (e) acquired after July 25 2006, and not on a historic structure policy regarding the period monitoring, inspecting, handling of	2				
4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor or donor advisor, or any other purpose conferring impermissable private benefit?  Part II Conservation Tassements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (for example, recreation or education)   Preservation of a certified historic structure   Preservation of land for public use (for example, recreation or education)   Preservation of a certified historic structure   Preservation of open space   Complete lines 2a through 3 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  2 Total number of conservation easements   Preservation of conservation easements   Preservation of conservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation   Preservation easements   Preservation   Preservati	3				
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in reports, subject to the organizations required, subject to the organizations in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors, or for any other purpose conferring imperimisable purvate benefits of the benefit of the donor or donor advisors, or for any other purpose conferring imperimisable purvate benefits of the benefit of the donor or donor advisors, or for any other purpose conferring imperimisable purvate benefits of the benefit of the donor or donor advisor, or for any other purpose conferring imperimisable purpose and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimisable purpose conferring the purpose of the purpose conferring conferring the pu	4				
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part III   Conservation Easements held by the organization answered "Yes" on Form 990, Part IV, line 7.   Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of pen space   Protection of natural habitat   Preservation of pen space   2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   Held at the End of the Tax Year   2a   It all acreage restricted by conservation easements   2a   It all acreage restricted by conservation   2a   It all acreage restricted by conservation   2a   It all acreage restricted by conservation   2a   It all acreage restricted	5		riting that the assets	held in donor advi	sed funds
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impromissible private benefit?    Purpose(s) of conservation easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of a historically important land area   Protection or natural habitat   Protection or natural habitat   Preservation of a purpose of preservation of a certified historic structure   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   Held at the End of the Tax Year   A Total number of conservation easements   2a   Held at the End of the Tax Year   A Total acreage restricted by conservation easements   2a   B   D Total acreage restricted by conservation easements   2a   B   D Total acreage restricted by conservation easements   2a   D   D Total acreage restricted by conservation easements included in (c) acquired after July 25,2005, and not on a historic structure listed in the National Register   2a   D Total acreage restricted by conservation easements included in (c) acquired after July 25,2005, and not on a historic structure listed in the National Register   D Total acreage restricted by the organization during the tax year   D Total acreage restricted by the organization during the tax year   D Total acreage restricted by the organization during the tax year   D Total acreage restricted by the organization during the tax year   D Total acreage restricted by the organization during the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements to be organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   D D D D D D D D D D D D D D D D D D		are the organization's property, subject to the organization's e	exclusive legal control	?	Yes No
Imparmissible private benefit?   Yes   No   Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land are   Preservation of land for public use (for example, recreation or education)   Preservation of a certified historic structure   Preservation of open space   Preservation of open space   Preservation of open space   Preservation of open space   Preservation of conservation easement on the last day of the tax year.   Preservation of a certified historic structure   Preservation easement on the last day of the tax year   Preservation easements   Preservation easement on the last   Preservation easement on a certified historic structure included in (a)   Preservation easement   Preservation easement   Preservation easement   Preservation easement   Preservation easement   Preservation easement   Preservation	6				
Part II   Conservation Easements Complete if the organization answered "Ves" on Form 990, Part IV, line 7.  1 Purpose(8) of conservation easements held by the organization (check all that apply).    Preservation of and for public use (for example, recreation or education)		for charitable purposes and not for the benefit of the donor or	donor advisor, or for	any other purpose	conferring
Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Preservation of land for public use (for example, recreation or education)   Preservation of a certified historic structure   Preservation of land for public use (for example, recreation or education)   Preservation of a certified historic structure   Preservation of open space   Preservation of a certified historic structure included in (c) acquired after July 25/2006, and not on a historic structure listed in the National Register   2d   Value of conservation easements included in (c) acquired after July 25/2006, and not on a historic structure listed in the National Register   2d   Value of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Value of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Value of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Value of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year   Value of conservation easements of extensive the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year   Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements with organization					
Preservation of an historically important land area Protection of natural habitat Question of preservation of a certified historic structure Preservation of open space  Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements Description of conservation easements on a certified historic structure included in (a)  Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easement is located  Soe be organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organizations accounting for conservation easements.  Part XIII. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete i	Pai	t II Conservation Easements. Complete if the org	anization answered "\	es" on Form 990,	Part IV, line 7.
Protection of natural habitat Preservation of a certified historic structure Preservation of open space Preservation of open space Preservation of open space Preservation of poen space Preservation of poen space Preservation easements on the last day of the tax year.  a Total number of conservation easements Protected by conservation easements Protected by conservation easements on a certified historic structure included in (a) Protected Prot	1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply	r).	
Preservation of open space		Preservation of land for public use (for example, recreat	ion or education)	Preservation of	of a historically important land area
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements  Discription of conservation easements  Conservation easements on a certified historic structure included in (a)  Conservation easements included in (a) expense of conservation easements and a certified historic structure included in (a)  Conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easements it floids?  No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  No es each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(li)  and section 170(h)(4)(B)(li)?  Pyes No  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  If the organization neceived or held works of art, historical treasures,		Protection of natural habitat		Preservation of	of a certified historic structure
a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (6) acquired after July 25,2006, and not on a historic structure instead the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easement is located  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in blods?  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(iii)  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pu		Preservation of open space			
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Versign of the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  No  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance shee tworks of art, historical treasures, or other similar assets held f	2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	ibution in the form	of a conservation easement on the last
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			VE SERVICE				<u> 15-23</u>			age <b>2</b>
	t III Organizations Maintaining Co							(contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	ls, check any of the	following that mak	e signif	icant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	(		change program						
b	Scholarly research	•	e Other							
С	Preservation for future generations									
4	Provide a description of the organization's coll	•	· ·	-	-		e in Part	XIII.		
5	During the year, did the organization solicit or		•	•				7	_	7
Do	to be sold to raise funds rather than to be mail							<b>Yes</b> ■		<u>No</u>
Par	t IV Escrow and Custodial Arrang		ete if the organizat	on answered "Yes"	on For	m 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part	<u> </u>								
1a	Is the organization an agent, trustee, custodia							٦.,		٦
	on Form 990, Part X?							Yes		_ No
D	If "Yes," explain the arrangement in Part XIII a	na complete the to	llowing table:					Amount		
	Destinate a halance					4.		Amount		
	Beginning balance					1c				
a	Additions during the year					1d				
4	Distributions during the year					1e 1f				
f	Ending balance  Did the organization include an amount on For							Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.		•		•					]
Par										
		(a) Current year	(b) Prior year	(c) Two years bac		Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	, ,		1,	<u> </u>					
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt year end balanc	e (line 1g, column (	a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment%	5								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
За	Are there endowment funds not in the possess	sion of the organiza	ation that are held a	and administered fo	r the			_		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		<u> </u>
	(ii) Related organizations							3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organizati			·				3b		
4	Describe in Part XIII the intended uses of the o		wment funds.							
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered			i						
	Description of property	(a) Cost or o			Accu		d	(d) Bool	( valu	е
		basis (investi	ment) basi	s (other)	depred	ciation				
	Land									
	Buildings			00 010	7	Λ F 1	) <u> </u>	1 -	7 1	0.4
	Leasehold improvements	II		88,019. 71,671.		$\frac{0,52}{1,57}$		1 ·	0,4	94.
	Equipment		3	/ 1 , 0 / 1 •	33	1,57		∠(	<i>,</i> , ⊥	υт•
	Other  Add lines 1a through 1e (Column (d) must on		Y / /D) "	10:1				3.	7 5	95.

Schedule D (Form 990) 2022

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

(H)

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) DUE FROM RELATED PARTIES	9,616,719.
(2) RIGHT-OF-USE ASSETS - OPERATING	1,864,618.
(3) RIGHT-OF-USE ASSET - FINANCE	23,411.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	11,504,748.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITIES	2,072,485.
(3)	FINANCE LEASE LIABILITIES	23,743.
(4)	DUE TO RELATED PARTIES	4,503,496.
(5)	CONDITIONAL ADVANCES	71,600.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,671,324.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

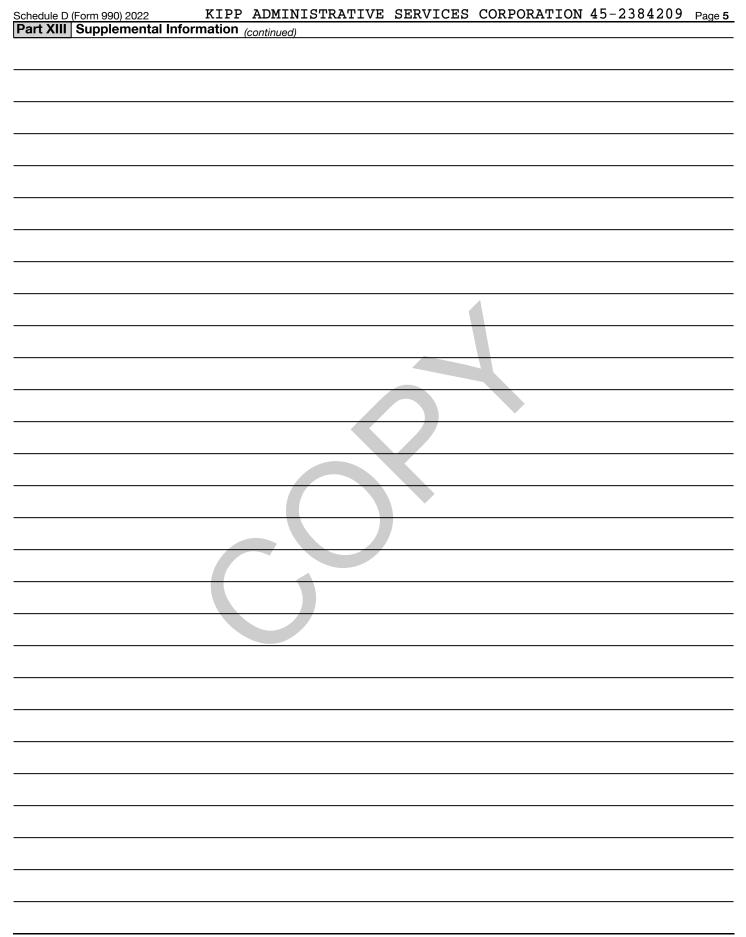
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	9,926,058
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses	2c		
	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	9,926,058
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,926,058
Pa	rt XIII Supplemental Information.			

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

## PART X, LINE 2:

THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE
WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR
UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND
MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX
POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE CORPORATION
HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR
EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AS OF JUNE
30, 2023. THE CORPORATION'S INFORMATIONAL RETURNS ARE SUBJECT TO
EXAMINATION BY FEDERAL AND STATE JURISDICTIONS.

Schedule D (Form 990) 2022



## 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

2022

Open to Public Inspection

Name of the organization **Employer identification number** 45-2384209 KIPP ADMINISTRATIVE SERVICES CORPORATION 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 In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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) LAURA FREDRICKS - 130 BARROW STRATEGY, DATA, AND Yes-No STREET, APT 215, NEW YORK, NY INFRASTRUCTURE SUPPORT Х 120,000 0 120,000. 120 000 120 000. Total 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. PA

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

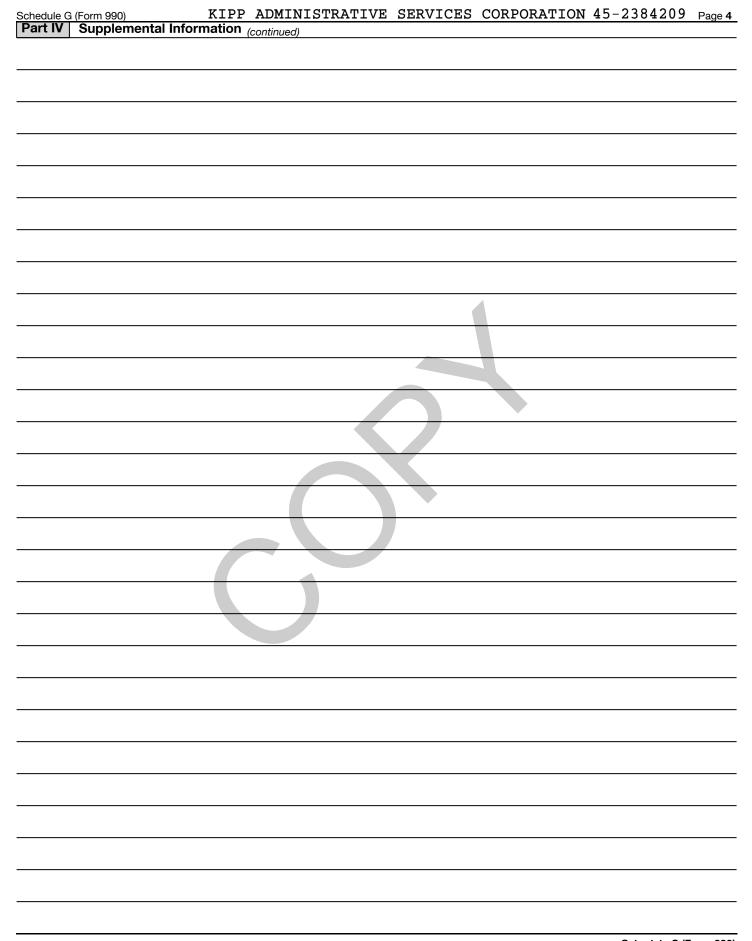
Schedule G (Form 990) 2022

. u	rt I			d "Yes" on Form 990, Par		
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
<u>o</u>			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue		Cross regaints				
Re	•	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	<u> </u>	Cross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
es	3	Noncash prizes				
oeus	6	Rent/facility costs		4		
Direct Expenses	7	Food and beverages				
Direc	•	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	O in a all man (al)			
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lines				
Pa						
_		\$15,000 on Form 990-EZ, line 6a.				T.,_,,
ı			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
lie			(a) Birigo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
evenue			(a) Billigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Billigo	bingo/progressive bingo	(b) Other gaming	col. (a) through col. (c))
	2		(a) Billigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
	2	Cash prizes	(a) Billigo	bingo/progressive bingo	(c) Other garming	col. (a) through col. (c))
	2		(a) Billigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Expenses	2	Cash prizes  Noncash prizes	(a) Billigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
	2	Cash prizes	(a) Billigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
rect Expenses	2	Cash prizes  Noncash prizes	(a) Billigo			col. (a) through col. (c)
rect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses			Yes%	
rect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs				
rect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes%		Yes%	
rect Expenses	2 3 4 5 6 7	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes%No 5 in column (d)	Yes%	Yes%	
rect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes%No 5 in column (d)	Yes%	Yes%	
<b>o</b> Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conductions.	Yes% No 5 in column (d) from line 1, column (d) cts gaming activities:	Yes% No	Yes%	
b G Direct Expenses	2 3 4 5 6 7 8 Entrist	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct the organization licensed to conduct gaming active.	Yes% No 5 in column (d) from line 1, column (d) cts gaming activities: tivities in each of these	Yes% No	Yes%	
b G Direct Expenses	2 3 4 5 6 7 8 Entrist	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conductions.	Yes% No 5 in column (d) from line 1, column (d) cts gaming activities: tivities in each of these	Yes% No	Yes%	
b G Direct Expenses	2 3 4 5 6 7 8 Entrist	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct the organization licensed to conduct gaming active.	Yes% No 5 in column (d) from line 1, column (d) cts gaming activities: tivities in each of these	Yes% No	Yes%	
9 a b Direct Expenses	2 3 4 5 6 7 8 End Is t If " We	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming act No," explain:  ere any of the organization's gaming licenses reverse and of the organization in the organizati	Yes % No  5 in column (d)  from line 1, column (d) cts gaming activities: tivities in each of these	Yes% No  states?	Yes% No	Yes No
9 a b Direct Expenses	2 3 4 5 6 7 8 End Is t If " We	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming act No," explain:	Yes % No  5 in column (d)  from line 1, column (d) cts gaming activities: tivities in each of these	Yes% No  states?	Yes% No	Yes No

Schedule G (Form 990) 2022

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Sch	edule G (Form 990) 2022 KIPP ADMINISTRATIVE SERVICES CORPORATION 45-2	<u> </u>	<u> 209</u>	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:			
	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:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	,	Yes	No
	. Dood the digatileater have a contract with a time party from the digatileater received garming revenue.	—		
h	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
_	of gaming revenue retained by the third party \$			
_	: If "Yes," enter name and address of the third party:			
·	. If Tes, entername and address of the tillid party.			
	Namo			
	Name			
	Address			
	Address			
40				
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. Ш'	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, line	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SC:	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	<u>፡</u>		
<u>(I</u>	) NAME OF FUNDRAISER: LAURA FREDRICKS			
<u>(I</u>	) ADDRESS OF FUNDRAISER: 130 BARROW STREET, APT 215, NEW YORK,	NY	10	014



## 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) 2022

Part     General Information on Granta and Assistance	Name of the organization KIPP ADM	INISTRATIV	E SERVICES (	CORPORATIO	)N			Employer identification number $45-2384209$
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Part III 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 (b) EIN (c) IRC section (ff applicable) (d) Amount of cash grant or or government or government (ff applicable) (d) Amount of cash grant or substance or	Part I General Information on Grants	and Assistance						
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 (d) Amount of cash grant eash g	criteria used to award the grants or ass	sistance?						
RIPP PHILADELPHIA OCTAVIUS CATTO CHARTER SCHOOL - 5070 PARKSIDE AVENUE - PHILADELPHIA, PA 19131 86-1797875 501(C)(3) 750,000. 0.  2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table						anization answered "Y	es" on Form 990, Part	IV, line 21, for any
CHARTER SCHOOL - 5070 PARKSIDE AVENUE - PHILADELPHIA, PA 19131 86-1797875 501(C)(3) 750,000. 0. OPERATING GRANTS  2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		(b) EIN			noncash	valuation (book, FMV, appraisal,		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
	AVENUE - PHILADELPHIA, PA 19131	86-1797875	501(C)(3)	750,000.	0.			OPERATING GRANTS
	,,,,	· ·	•	e line 1 table		<u> </u>	1	1.

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

Schedule 1 (Form 990) 2022 1011 111111111111111111111111111	TTVD DDIC	TCDD COME	71(211 1 011		43 2304205 Fage 2
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, 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
ASSISTANCE TO KIPP ALUMNI FOR HIGHER EDUCATION					
TUITION	389	136,879.	0.		
			1		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	lditional information.	
PART I, LINE 2:					
THE ORGANIZATION MAINTAINS RECORDS	THAT INC	LUDE THE R	ECIPIENT O	RGANIZATION,	
AMOUNT, DATE OF CONTRIBUTION, DETAIL	ILS REGAR	DING THE P	URPOSE OF	THE GRANT	

THE ORGANIZATION MAINTAINS RECORDS THAT INCLUDE THE RECIPIENT ORGANIZATION,

AMOUNT, DATE OF CONTRIBUTION, DETAILS REGARDING THE PURPOSE OF THE GRANT

AND REPORTS FROM GRANT RECIPIENTS REGARDING THE USE OF THE GRANTS, TO

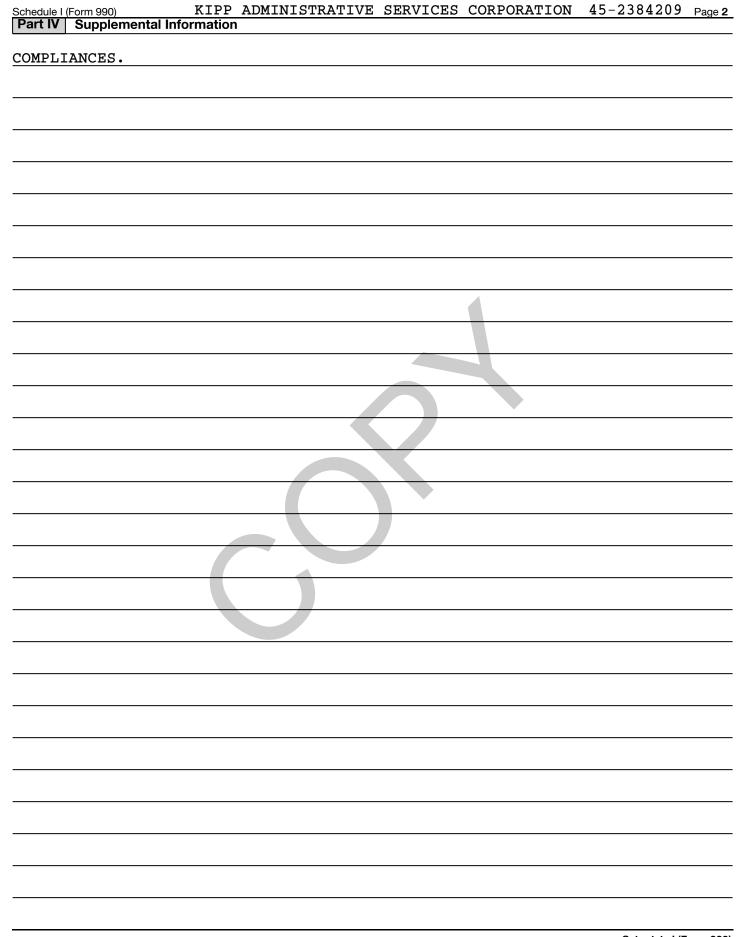
ENSURE THAT THE RECIPIENT'S USE OF GRANT FUNDS WAS IN FURTHERANCE OF THE

ORGANIZATION'S CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES. THE

RECORDS WE MAINTAIN INCLUDE, BUT ARE NOT LIMITED TO THE BOARD APPROVALS OF

GRANTS, THE GRANT AGREEMENTS, THE FINANCIAL BOOKS, THE FINAL GRANT REPORTS,

AND OTHER RECORDS NECESSARY TO SATISFY ADEQUATE INTERNAL CONTROL AND



11260513 715045 12858

## 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.

2022

OMB No. 1545-0047

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.

Employer identification number

KIPP ADMINISTRATIVE SERVICES CORPORATION

45-2384209

Pa	art I Questions Regarding Compensation			
			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		<u> </u>
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		<u> </u>
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 X 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		<u> X</u>
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:			77
а	The organization?	5a		X
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:			37
	The organization?	6a		X
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	_	v	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
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)?	9		

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

Schedule J (Form 990) 2022

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	I-2 and/or 1099-MIS0 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) JESSICA AKOTO	(i)	256,312.	3,500.	0.	13,243.	20,629.	293,684.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MOLLY EIGEN	(i)	195,130.	3,500.	0.	9,932.	24,978.	233,540.	0.
CHIEF ACADEMIC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NATALIE WILTSHIRE	(i)	190,062.	3,500.	0.	13,821.	24,978.	232,361.	0.
C00	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JILLIAN FARRARA	(i)	138,794.	3,500.	0.	7,308.	26,469.		0.
MANAGING DIRECTOR OF TALENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TRACY REID PORTLE MACARTHUR	(i)	141,749.	4,000.	0.	13,897.	9,353.	168,999.	0.
MANAGING DIR., REGIONAL OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) VANEEDA DAYS	(i)	139,578.	3,500.	0.	7,225.	9,353.		0.
MANAGING DIR., KIPP FORWARD	(ii)	0.	0.	0.	0.	0.		0.
(7) AMANDA L. NEILL	(i)	143,280.	4,000.	0.	7,223.	301.	154,804.	0.
MANAGING DIR., SPECIAL EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
THE SCHOOL PROVIDED NON FIXED PAYMENTS IN THE FORM OF BONUSES THAT WERE
BASED ON PERFORMANCE REVIEWS IN FY23.

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

## **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection Employer identification number

	KIPP ADMINIS	TRATIV	E SERVICES	S CORPORATION	45-2	384	209	
Pa	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	_	s
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			A				
9	Securities - Publicly traded	Х	1	100,000.	MARKET VALU	E		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( GIFT CARD )	Х	1	350.	MARKET VALU	E		
26	Other (		_	3331				
27	Other (							
28	Other (							
29	Number of Forms 8283 received by the organize	zation during	the tax vear for c	ontributions				
	for which the organization completed Form 82							
	To which the organization completed form oz	00,1 411 1, 2	onee / tell lewicag	CITION			Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it		100	110
-	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period?					30a		х
h	If "Yes," describe the arrangement in Part II.	·				Jour		
31	Does the organization have a gift acceptance	nolicy that re	equires the review (	of any nonstandard contribut	ions?	31		х
	Does the organization hire or use third parties				10115 ?	ļ-		
JŁd			•			32a		x
h	contributions?  If "Yes," describe in Part II.					JZa		
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	/ for which column (a) is choo	rkad			
55	describe in Part II.	S.G. 101	a type of property	, is. willon column (a) is offer	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Schedule M Part II	(Form 990) 2022 KIPP ADMINISTRATIVE SERVICES CORPORATION 45-2384209 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

232142 09-09-22

Schedule M (Form 990) 2022

## 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.

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

KIPP ADMINISTRATIVE SERVICES CORPORATION

Employer identification number 45-2384209

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

PHILADELPHIA AREA AND AWARDING OF SCHOLARSHIP GRANTS, INCLUDING

EDUCATIONAL IMPROVEMENT GRANTS AS DEFINED UNDER PENNSYLVANIA LAW TO

PUBLIC ELEMENTARY AND SECONDARY SCHOOLS IN PA.

FORM 990, PART VI, SECTION A, LINE 1A:

THE BOARD OF TRUSTEES MAY DESIGNATE AN EXECUTIVE COMMITTEE, WHICH SHALL BE
A COMMITTEE OF THE BOARD, AND SHALL CONSIST OF AT LEAST TWO TRUSTEES IN
OFFICE. THE CHAIR SHALL ALSO SERVE AS A MEMBER AND CHAIR OF THE EXECUTIVE
COMMITTEE. THE BOARD MAY DESIGNATE ONE OR MORE OF THE TRUSTEES AS ALTERNATE
MEMBERS OF THE EXECUTIVE COMMITTEE, WHO MAY REPLACE ANY ABSENT OR
DISQUALIFIED MEMBER AT ANY MEETING OF THE EXECUTIVE COMMITTEE. EXCEPT AS
OTHERWISE REQUIRED BY LAW OR THESE BYLAWS, THE EXECUTIVE COMMITTEE SHALL
HAVE SUCH AUTHORITY AS THE BOARD SHALL GRANT IT FOR THE MANAGEMENT OF THE
CORPORATION. THE EXECUTIVE COMMITTEE SHALL KEEP REGULAR MINUTES OF ITS
PROCEEDINGS AND SHALL REPORT THE SAME TO THE BOARD. VACANCIES IN THE
EXECUTIVE COMMITTEE SHALL BE FILLED BY THE BOARD AT A REGULAR OR SPECIAL
MEETING.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND IS SENT TO

THE BOARD FOR APPROVAL BEFORE BEING FILED WITH THE INTERNAL REVENUE

SERVICE.

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

THE CONFLICT OF INTEREST POLICY APPLIES TO EVERY REPRESENTATIVE OF THE

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

Schedule O (Form 990) 2022

232211 10-28-22

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization

KIPP ADMINISTRATIVE SERVICES CORPORATION

ORGANIZATION, INCLUDING, BUT NOT LIMITED TO, THE TRUSTEES AND OFFICERS. IN

THE EVENT THAT A POTENTIAL CONFLICT OF INTEREST DOES ARISE INVOLVING AN

OFFICER OR TRUSTEE, ITS NATURE AND EXTENT SHOULD BE FULLY DISCLOSED

IMMEDIATELY TO THE BOARD CHAIR, WHO, AFTER MAKING A THOROUGH REVIEW OF THE

CIRCUMSTANCES, WILL REPORT TO THE BOARD OF TRUSTEES, WHO WILL DETERMINE THE

APPROPRIATE ACTION TO BE TAKEN. ALL BOARD MEMBERS AND KEY EMPLOYEES ARE

REQUIRED TO FILE AN ANNUAL STATEMENT OF FINANCIAL INTERESTS.

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

THE FINANCE COMMITTEE ANNUALLY REVIEWS THE PERFORMANCE OF THE CEO, COO, AND CFO BASED ON EVALUATION OF GOALS AND OBJECTIVES. BASED ON SUCH EVALUATION, THE FINANCE COMMITTEE SUBMITS THE RECOMMENDED COMPENSATION TO THE EXECUTIVE COMMITTEE FOR REVIEW THEN TO THE BOARD FOR FINAL APPROVAL. ADDITIONALLY, THE FINANCE COMMITTEE AND THE EXECUTIVE COMMITTEE CAREFULLY EVALUATE COMPETITIVE INFORMATION FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT LIKE SIZED AND SITUATED ORGANIZATIONS. THIS REVIEW PROCESS AS WELL AS THE FINAL DETERMINATIONS ARE TIMELY DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 461,063.

MANAGEMENT AND GENERAL EXPENSES 520,503.

FUNDRAISING EXPENSES 68,643.

222212 10 28 22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization  KIPP ADMINISTRATIVE SERVICES CORPORATION	Employer identification number 45-2384209
TOTAL EXPENSES	1,050,209.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,050,209.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FORGIVENESS OF NOTE PAYABLE	200,000.
FORM 990, PART XII, LINE 2C:	
THIS 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

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

OMB No. 1545-0047

Open to Public Inspection

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Name of	Employer identification numbe $45-2384209$								
	KIPP ADMINISTRATIVE SERVICES CORPORATION								
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.									
	(a)	(b)	(c)	(d)	(e)	(f)			
	Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling			

(a)  Name, address, and EIN (if applicable)  of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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) Direct controlling entity		<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
KIPP PHILADELPHIA CHARTER SCHOOL -							
05-0546103, 2409 W WESTMORELAND STREET,							
PHILADELPHIA, PA 19129	school	PENNSYLVANIA	501(C)(3)	LINE 2	N/A		X
KIPP DUBOIS CHARTER SCHOOL - 47-4229584							
5070 PARKSIDE AVENUE							
PHILADELPHIA, PA 19131	school	PENNSYLVANIA	501(C)(3)	LINE 2	N/A		X
KIPP WEST PHILADELPHIA CHARTER SCHOOL -							
47-5257423, 5070 PARKSIDE AVENUE,							
PHILADELPHIA, PA 19131	school	PENNSYLVANIA	501(C)(3)	LINE 2	N/A		X
KIPP NORTH PHILADELPHIA CHARTER SCHOOL -							
82-4132057, 2539 N 16TH STREET,	7						
PHILADELPHIA, PA 19132	school	PENNSYLVANIA	501(C)(3)	LINE 2	N/A		X

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

Schedule R (Form 990) 2022

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 controrgania	rolled
KIPP PHILADELPHIA OCTAVIUS CATTO CHARTER							
SCHOOL - 86-1797875, 5070 PARKSIDE AVENUE,							
PHILADELPHIA, PA 19131	school	PENNSYLVANIA	501(C)(3)	LINE 2	N/A		Х
						<u> </u>	

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)	(b)	(c)	(d)	(e)	(f)	(g)	Share of d-of-year allocations?		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	ate or entity (Telateu, unitelateu,		Share of total income	Share of end-of-year assets					Code V-UBI amount in box 20 of Schedule
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
					,						
	]										
											1
	1										
	1										
	1										
	1	l .			l	l .			l .		

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) 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	Sec 512(i conti ent	Section 512(b)(13) controlled entity?	
		country)		,				Yes	No	
-										

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		X
	<b>b</b> Gift, grant, or capital contribution to related organization(s)			1b	Х	
С	c Gift, grant, or capital contribution from related organization(s)			1c		Х
	d Loans or loan guarantees to or for related organization(s)			1d	Х	
е	e Loans or loan guarantees by related organization(s)			1e		Х
f	f Dividends from related organization(s)			1f		X
g	g Sale of assets to related organization(s)			1g		X
h	h Purchase of assets from related organization(s)			1h		X
i	i Exchange of assets with related organization(s)			1i		X
j	j Lease of facilities, equipment, or other assets to related organization(s)			1j		X
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k		X
- 1	I Performance of services or membership or fundraising solicitations for related organization(s)	,		11	X	
	m Performance of services or membership or fundraising solicitations by related organization(s)			1m		Х
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		Х
	o Sharing of paid employees with related organization(s)			10		Х
р	p Reimbursement paid to related organization(s) for expenses			1p	Х	
	q Reimbursement paid by related organization(s) for expenses			1q	Х	
r	r Other transfer of cash or property to related organization(s)			1r		X
s	s Other transfer of cash or property from related organization(s)			1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this l					
	(a) (b)	(c)	(d)			
	Name of related organization Transaction	Amount involved	Method of determining amount invo	olved		
	type (a-s)					
1)	)					
2)	1					
3)	<u> </u>					
4)	)					
5)	)					
6)	)					
3216	2163 09-14-22		Schedule R	(Forn	n 990)	2022

Page 4

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropo tionate allocation	General of managing partner?  Yes No	(k) Percentage ownership

## Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print KIPP ADMINISTRATIVE SERVICES CORPORATION 45-2384209 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 5070 PARKSIDE AVENUE, 3500D return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions PHILADELPHA, PA 19131 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 Form 990-T (trust other than above) 06 12 Form 990-T (corporation) CHRIS GUY The books are in the care of ► 5070 PARKSIDE AVENUE, 3500D - PHILADELPHA, PA 19131 Telephone No. ► 215-294-8596 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 

If it is for part of the group, check this box 

and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or , and ending JUN 30, 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

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

Form 8868 (Rev. 1-2022)