PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A F	or th	e 2022 cal	endar year, or tax year beginning 07/01/2022 and ending		(06/30/20	ງ23	_
р.			C Name of organization		D Empl	loyer identific	ation number	
	песк іга	applicable:	KIPP COLORADO SCHOOLS					
	Addres	ss change	Doing business as		80-0	0037534		
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telep	phone number		
	Initial I	return	1390 LAWRENCE ST. SUITE 200		(30	3)934-3	245	_
	Final r	eturn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross	s receipts \$		
	Amend	ded return	DENVER, CO 80204			48,6	34,736.	
	Applica	ation pending	F Name and address of principal officer: TOMI AMOS	H(a) Is this	s a group re dinates?	eturn for	Yes X N	0
			1390 LAWRENCE STE 200, DENVER, CO 80204			ates included?	Yes N	lo
ī	Tax-ex	cempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	· If	"No," atta	ch a list. See ins	tructions.	
J	Webs	ite: WV	WW.KIPPCOLORADO.ORG	H(c) Grou	p exempti	ion number		
K	Form	of organization	on: X Corporation Trust Association Other L Year of	formation: 200	2 M St	tate of legal do	omicile: CO)
P	art I	Summ	ary		_			_
	1	Briefly des	scribe the organization's mission or most significant activities: THE MISSION O	F KIPP (K	NOWL	EDGE IS	POWER	_
ě			M) IS TO HELP STUDENTS DEVELOP THE KNOWLEDGE, SKILL					_
Governance			TER TRAITS NEEDED TO SUCCEED IN COLLEGE AND CAREERS					_
ern	2	Check this			of its	s net asset	ts.	_
Ó	3	Number o	f voting members of the governing body (Part VI, line 1a)		1	3	11	
∘ర	4		f independent voting members of the governing body (Part VI, line 1b)			4	11	_
ties	5		ber of individuals employed in calendar year 2022 (Part V, line 2a)			5	480	_
Activities	6		ber of volunteers (estimate if necessary)			6	NONE	_
Ac	7a		elated business revenue from Part VIII, column (C), line 12			7a	NON	_
			ated business taxable income from Form 990-T, Part I, line 11			7b	NON	_
				Prior Y			rrent Year	Ξ
_	8	Contributi	ons and grants (Part VIII, line 1h)	7.07	5,603	3. 14	,670,063	_
Revenue	9		service revenue (Part VIII, line 2g)	31,09			,458,527	
e ve	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		8,292		505,426	_
å	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,729		-9,924	_
	12		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,02			,624,092	_
	13		d similar amounts paid (Part IX, column (A), lines 1-3)		8,55		21,719	_
	14		aid to or for members (Part IX, column (A), line 4)		NOI		NON	
	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	26,01			,389,754	_
Expenses			nal fundraising fees (Part IX, column (A), line 11e)	20,01	NOI		NON	_
ben			Iraising expenses (Part IX, column (D), line 25) 124, 328.		11/01	NOIN	Ť	
Ĕ	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,08	E 152	2 12	,133,724	-
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	40,14			,545,197	
	19		ess expenses. Subtract line 18 from line 12	-2,12			,078,895	
or		ixeveriue i	ess expenses. Oublidet line to from line 12	Beginning of Cu			d of Year	÷
ets	20	Total acce	ets (Part X, line 16)	14,63			,380,406	-
Ass Bal	21		lities (Part X, line 26)		9,723		,388,780	
Net Assets or Fund Balances	22		s or fund balances. Subtract line 21 from line 20.	11,90			,991,626	_
	rt II		ture Block	11,90	0,332	2. 0	, 991, 020	÷
			nied/by:declare that I have examined this return, including accompanying schedules and statem	ents and to the	hest of r	mv knowledae	and belief it	-
true	e, corre	ct, and com	plete. Declaration of preparer (other than officer) is based on all information of which preparer has	any knowledge.				_
		enk,	Johnson	3/	15/202	24		
Sig	n	Signature of	D940E1459 If officer	Dat	e			-
He	re	· ·	OHNSON CFO					
			nt name and title					-
_			preparer's name Preparer's signature Date	Q1-	k i	, PTIN		-
Paid	i	1	$\int_{\mathcal{A}} p \cdot \mathbf{p} \cdot \mathbf$	Chec	employed	'	9966	
Pre	parer		9.12	2021		10000		-
Use	Only		· · · · · · · · · · · · · · · · · · ·	Firm's EIN		710 47		-
Mar	, the	Firm's add		Phone no		719-471		_
_			ss this return with the preparer shown above? See instructions				rm 990 (2022	_
ror	rape	iwoik Kea	uction Act Notice, see the separate instructions.			⊢or	.m ээ Ө (2022	_)

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*.

•	form, visit www.irs.gov/e-file-providers/e-file-f			structions). For more details on the	e electronic
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).		
	ons required to file an income tax return oth		•	20-C filers), partnerships, REMIC	s, and trusts
Type or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification number (TIN)	
print KIPP COLORADO SCHOOLS 80-0037534 File by the Number, street, and room or suite no. If a P.O. box, see instructions.					
due date for filing your return. See	1390 LAWRENCE STREET SUITE 20 City, town or post office, state, and ZIP code. For	0			
instructions.	DENVER, CO 80204		, 		0 1
	eturn Code for the return that this application		•	or each return)	
Application Is For		Return Code	Application Is For		Return Code
	r Form 990-EZ	01	Form 1041-A		08
Form 4720		03	Form 4720 (other tha	n individual)	09
Form 990-Pf	` '	04	Form 5227	,	10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Form 990-T	(corporation)	07			
 If the orga If this is for the whole a list with the 1 I reque 	1390 LAWRENCE ST e No. ▶ 760 828-6872 anization does not have an office or place of I or a Group Return, enter the organization's for e group, check this box ▶ If e names and TINs of all members the extension est an automatic 6-month extension of time un organization named above. The extension is	I business in ur digit Gro f it is for pa ion is for. ntil	Fax No. ▶ In the United States, check to bup Exemption Number (art of the group, check to the group).	ck this box	his is tach
2 If the ta	calendar year 20 or tax year beginning 07/ ax year entered in line 1 is for less than 12 m change in accounting period application is for Forms 990-PF, 990-T,	01_, 2022 onths, chec	, and endingck reason: Initial re	eturn Final return	
nonref	undable credits. See instructions.			3a \$	NONE
estima	application is for Forms 990-PF, 990-T, ted tax payments made. Include any prior yea	ır overpayn	nent allowed as a credit	3b \$	NONE
using E	e due. Subtract line 3b from line 3a. In EFTPS (Electronic Federal Tax Payment System	n). See inst	tructions.	3c \$	NONE
Caution: If yo instructions.	u are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868,		
Can Dubraare A	at and Denamicals Dedication Act Notice are instru			F 00C0	(D 4 0000)

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

Form **8868** (Rev. 1-2022)

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Cumulative e-File History 2022

FED

Tax Return **Return Type** 990

3564JK

Taxpayer Account

KIPP COLORADO SCHOOLS 5974

Submitted Date 2023-08-02 11:26:21

Acknowledgement Date 2023-08-02 12:01:21

Accepted **Status**

Submission ID 84022720232145000047

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Pa	art III	Statement of Program Service A	Accomplishments response or note to any line in this Par	t III								
1	Briefly c	describe the organization's mission:										
	KIPP COLORADO'S MISSION IS TO EQUIP OUR STUDENTS WITH THE ACADEMIC											
			THS NECESSARY TO SUCCEED I									
	CAREI	ERS.										
2			icant program services during the ye									
		describe these new services on So										
3	services		or make significant changes in I									
4		-	vice accomplishments for each of i	ts three largest program se	rvices, as measured by							
	expense		4) organizations are required to rep		- · · · · · · · · · · · · · · · · · · ·							
4a	(Code:) (Expenses \$34,3	54,331. including grants of \$	21,719.) (Revenue \$	33,458,527.							
	_ OWT	TRADITIONAL HIGH SCHOOLS	S (KIPP DENVER COLLEGIATE	- BENEFITING								
			AND KIPP NORTHEAST DENVER									
	ACADEMY BENEFITING APPROXIMATELY 557 STUDENTS), TWO TRADITIONAL											
	MIDDLE SCHOOLS (KIPP SUNSHINE PEAK ACADEMY - BENEFITING											
	APPROXIMATELY 385 STUDENTS, AND KIPP NORTHEAST DENVER MIDDLE											
	SCHOOL - BENEFITING APPROXIMATELY 462 STUDENTS), AND TWO											
	TRADITIONAL ELEMENTARY SCHOOLS (KIPP NORTHEAST ELEMENTARY -											
	BENEFITING APPROXIMATELY 496 STUDENTS AND KIPP SUNSHINE PEAK											
	ELEMENTARY BENEFITING APPROXIMATELY 164 STUDENTS) OFFERING SCHOOL SUBJECTS IN ENGLISH, MATH, SCIENCE, AND HISTORY.											
	SUBJI	ECTS IN ENGLISH, MATH, S	SCIENCE, AND HISTORY.									
4h	(Code:) (Expenses \$	including grants of \$) (Revenue \$)							
	(0000				/							
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)							
	` -				,							
4d	Other p	rogram services (Describe on Sche	edule O.)									
	(Expens	= :		e \$)								
4e	<u> </u>	ogram service expenses		•								

JSA 2E1020 1.000

Form 990 (2022)

Part IV Checklist of Required Schedules

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
Ū	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		Х
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		Х
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, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	- · · u	21	
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	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		Х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- 21	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII.	12a	Х	ĺ
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	u	21	
J	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	21	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	- · · ·		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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

Form 990 (2022)
Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		v
				X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		3.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
20				
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30		20		3.5
2-	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	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			
C	reportable gaming (gambling) winnings to prize winners?	1c		
	reportable gaming (gambing) withings to prize withers:	10		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 480			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
- u	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. $ \cdot $	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from members or shareholders			
D	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	4-		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes." complete Form 6069.	17		

Form 990 (2022) KIPP COLORADO SCHOOLS 80-0037534 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, o	or changes on	Schedule O.	See instructions.
Check if Schedule O.cc	ontains a respor	ase or note to any line in this F	Part VI			v

Sect	ion A. Governing Body and Management			21
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7	(sect	ion 5	01(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(300)	1011 5	01(0)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	S		
	ERIK JOHNSON 1390 LAWRENCE ST, STE 200 DENVER, CO 80204			
	720_212_3215	_	$\alpha \alpha \Lambda$	(2022)

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Form **990** (2022)

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

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than of the both or/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
						<u> </u>				
(1) TOMI AMOS	50.00									
CHIEF EXECUTIVE OFFICER	NONE			Х				207,160.	NONE	42,421.
(2) LEAH PETERS	50.00									
CHIEF ACADEMIC OFFICER	NONE				X			173,102.	NONE	26,671.
(3) JUSTIN VIGIL - CHIEF	50.00									
STRATEGY & OPERATIONS OFFICER	NONE			Х				148,527.	NONE	31,303.
(4) STEPHANI OLSON	50.00									
SCHOOL PRINCIPAL	NONE					X		148,029.	NONE	30,594.
(5) EMILY YATES	50.00									
DIRECTOR OF LEADERSHIP DEV.	NONE					X		121,662.	NONE	28,033.
(6) ELIZABETH DILLON	50.00									
SCHOOL PRINCIPAL	NONE					X		121,823.	NONE	25,870.
(7) JESSICA CLEVELAND	50.00									
SCHOOL PRINCIPAL	NONE					X		119,625.	NONE	25,750.
(8) DARBY WEST	50.00									
SCHOOL PRINCIPAL	NONE					X		116,160.	NONE	25,119.
(9) ERIK JOHNSON	50.00									
CHIEF FINANCIAL OFFICER	NONE			Х				40,415.	NONE	7,375.
(10) JACKIE HAWKEY	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(11) MELISSA BROWNE	2.00									
BOARD CHAIR	NONE	X		Х				NONE	NONE	NONE
(12) PAT DONOVAN	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(13) STEVE TALLEY	2.00									
TREASURER	NONE	X		Х				NONE	NONE	NONE
(14) BETH TOTH	2.00									
VICE CHAIR	NONE	X		Χ				NONE	NONE	NONE 5

Form **990** (2022)

	m 990 (2022) art VII Section A. Officers, Directors, Tru	istees Ke	v Fn	nnlo	Vec	25	and H	lial	hest Compensat	ed Employees (co	Page 8
	(A)	(B)	/y <u>_</u>	ipio)) (C		ana m	··9·	(D)	(E)	(F)
	Name and title	Average			Pos				Reportable	Reportable	Estimated
		hours per			neck	more	e than or		compensation	compensation from	amount of
		week (list any	1				is both a or/truste		from	related	other
		hours for related							the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations	divid	stitu	Officer	y e	Highest co employee	Forme	(W-2/1099-MISC)	(44-2/1099-141130)	organization
		below dotted	dual	tion	٦	nplc	st co	Ÿ	(** =/**********************************		and related
		line)	Individual trustee or director	Institutional trustee		Key employee	compensated				organizations
			tee	uste			ensa				
				Ф			ated				
1	5) JOHN PARTRIDGE	2.00									
D	IRECTOR	NONE	X						NONE	NONE	NONE
	6) KHADIJA HAYNES	2.00									
_	IRECTOR	NONE	X						NONE	NONE	NONE
	7) JENNIFER ROCKS	2.00	1								
_	IRECTOR	NONE	X						NONE	NONE	NONE
	8) JULISSA SOTO	2.00	-								
	IRECTOR	NONE	X						NONE	NONE	NONE
	9) LUIS COLON	2.00	4								
_	IRECTOR	NONE	X						NONE	NONE	NONE
	0) TERRENCE CUMMINGS	2.00	-								
_D	IRECTOR	NONE	X						NONE	NONE	NONE
			-								
			-								
1	Sub-total							>	1,196,503.	NONE	243,136.
	c Total from continuation sheets to Part VII, S	ection A						>	NONE		NONE
	d Total (add lines 1b and 1c)							<u> </u>	1,196,503.	NONE	243,136.
2	Total number of individuals (including but not reportable compensation from the organization		hose	liste	d at		•	re	ceived more than	\$100,000 of	
_	reportable compensation from the organization						15				Yes No
3	Did the organization list any former office	er directo	or or	tru	ietai	Δ.	kov o	mn	Novee or highes	t companyated	100 100
3	employee on line 1a? If "Yes," complete Sched										3 X
4	For any individual listed on line 1a, is the organization and related organizations gro										
	individual										4 X
5	Did any person listed on line 1a receive or									on or individual	
_	for services rendered to the organization? If "Y										5 X
_	ection B. Independent Contractors										
1	Complete this table for your five highest com- compensation from the organization. Report of year.										

(A) SEE SCHEDULE O Name and business address	(B) (C) Description of services Compensati

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 3

Part VIII Statement of Revenue

		Check if Schedule O contain	s a respo	nse or note to ar	ny line in this Part V	/111		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	1b					
وَق	С	Fundraising events		77,210.				
fts,	d	Related organizations						
ເຂີ⊨	е	Government grants (contributions)		7,538,249.				
ns,	f	All other contributions, gifts, grants						
e ii		and similar amounts not included above		7,054,604.				
듗뙨	g	Noncash contributions included in						
at		lines 1a-1f		\$				
ರ್ಜ	h				14,670,063.			
				Business Code				
8	20	PER PUPIL REVENUE		611710	25,021,069.	25,021,069.		
ایٍ ≚َ	2a	DISTRICT MILL LEVY		611710	8,059,067.	8,059,067.		
Se Z	b	STUDENT FEES		611710	51,619.	51,619.		
E S	C	FOOD SERVICE		611710	201,007.	201,007.		
Pag	d	SPECIAL EDUCATION		611710	125,765.	125,765.		
Program Service Revenue	e			123,703.	123,703.			
_	f g	All other program service revenue Total. Add lines 2a-2f			33,458,527.			
	3							
	"	3 Investment income (including dividends, other similar amounts)			505,426.			505,426.
	4	Income from investment of tax-ex			NONE			
	5	Royalties		a proceeds .	NONE			
			(i) Real	(ii) Personal	-			
	6a	Gross rents 6a						
	١.	Less: rental expenses 6b						
	b	Rental income or (loss) 6c	NON	IE NONE				
	۲ C	Net rental income or (loss)		-	NONE			
	d 7a	`	Securities	(ii) Other	NONE			
	/ a			(ii) Guilei				
	_	other than inventory 7a						
evenue	b	Less: cost or other basis						
ē	_	and sales expenses 7b						
&		Gain or (loss) 7c			NONE			
ē	a	, ,			NONE			
Other	8a	Gross income from fundra	١					
		events (not morading ϕ	210.					
		of contributions reported on		B00				
		1c). See Part IV, line 18		720.				
	b	Less: direct expenses		10,644.	0.004			0.004
	С	Net income or (loss) from fundrais			-9,924.			-9,924.
	9a	•	ming					
		activities. See Part IV, line 19		NONE				
	b	Less: direct expenses		NONE				
	С	Net income or (loss) from gaming			NONE			
	10a	Gross sales of inventory,	less	21027				
		returns and allowances						
	b c	Less: cost of goods sold Net income or (loss) from sales of						
_	<u> </u>	THE INCOME OF (1055) HOM SaleS OF	veiitory.	Business Code	NONE			
Snc				Dusilless Code				
Miscellaneous Revenue	11a	-						
Ve la	b							
Re	C	All 11						
Ĕ	d	All other revenue						
	e	Total. Add lines 11a-11d			NONE	20 1-1 -1		
	12	Total revenue. See instructions .			48,624,092.	33,458,527.		495,502.

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp				
<u></u>	not include amounts reported on lines 6b, 7b,		(B)		
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	21,719.	21,719.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,	620 100		630 100	
	trustees, and key employees	630,199.		630,199.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	21,664,217.	18,610,123.	2,970,870.	83,224.
		5,239,311.	4,378,797.	845,066.	15,448.
ŏ	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,257,511.	1,5,0,151.	313,000.	15, 110.
9	Other employee benefits	1,539,567.	1,325,755.	213,812.	
10	Payroll taxes	316,460.	264,809.	50,444.	1,207.
	Fees for services (nonemployees):		,	,	,
	Management	NONE			
	Legal	222,920.		222,920.	
	Accounting	47,673.		47,673.	
	Lobbying	NONE			
•	Professional fundraising services. See Part IV, line 17	NONE			
	f Investment management fees	NONE			
ç	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	1,582,598.	1,336,472.	246,126.	
12	Advertising and promotion	68,240.	37,528.	28,805.	1,907.
13	Office expenses	573,302.	487,727.	85,575.	
14	Information technology	390,294.	217,326.	160,381.	12,587.
15	Royalties	NONE	0 122 005	FF 101	
16	Occupancy	2,190,998.	2,133,807.	57,191.	
17	Travel	151,908.	101,062.	50,846.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	150,903.	1,869.	149,034.	
23	Insurance	326,695.	72,643.	254,052.	
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.)				
á	DISTRICT SERVICES	2,413,517.	2,413,438.	79.	
	BOOKS AND SUPPLIES	755,234.	752,045.	3,189.	
	FIELD TRIPS & TRANSPORTATION	495,147.	494,622.	525.	
	STUDENT FOOD SERVICE	166,273.	166,507.	-234.	
	All other expenses	2,598,022.	1,538,082.	1,049,985.	9,955.
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	41,545,197.	34,354,331.	7,066,538.	124,328.
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				Form 990 (2022)

Form **990** (2022)

Form 990 (2022) Page **11**

Part X Balance Sheet

	art A	Check if Schedule O contains a response or note to any line in this Pa	art X		x
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,090,998.	1	5,745,241.
	2	Savings and temporary cash investments	9,121,661.	2	14,729,915.
	3	Pledges and grants receivable, net	59,411.	3	361,126.
	4	Accounts receivable, net	6,500.	4	186.
	5	Loans and other receivables from any current or former officer, director,	·		
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
S	7	Notes and loans receivable, net			NONE
Assets	8	Inventories for sale or use	NONE		NONE
As	-		184,641.	9	182,196.
	9	Prepaid expenses and deferred charges	104,041.	9	102,190.
	IUa	Land, buildings, and equipment: cost or other			
	L .	basis. Complete Part VI of Schedule D 10a 1,073,207.	20 507	40-	20.000
		Less: accumulated depreciation	30,587.		30,908.
	11	Investments - publicly traded securities	NONE		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	142,257.	15	330,834.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	14,636,055.	16	21,380,406.
	17	Accounts payable and accrued expenses	2,241,110.	17	1,623,591.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	10,000.	19	107,050.
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
S	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	NONE	22	NONE
Ξ	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	478,613.	25	12,658,139.
	26	Total liabilities. Add lines 17 through 25	2,729,723.	26	14,388,780.
ces	-	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	, , , ,		, , , , , , , , ,
<u>a</u>	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions.		28	
Б		Organizations that do not follow FASB ASC 958, check here		20	
Assets or Fund Balances		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds	11,875,745.	29	6,960,718.
set	30	Paid-in or capital surplus, or land, building, or equipment fund	30,587.	30	30,908.
As	31	Retained earnings, endowment, accumulated income, or other funds [NONE	31	NONE
Net	32	Total net assets or fund balances	11,906,332.	32	6,991,626.
Z	33	Total liabilities and net assets/fund balances	14,636,055.	33	21,380,406.
					Form 990 (2022)

Form 990 (2022) Page **12**

Part 2	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	8,6	24,	092
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	1,5	45,	<u> 197</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		7,0	78,	<u>895</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	1,9	06,	<u> 332</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1	1,9	93,	<u>601</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		6,9	91,	<u>626</u> .
Part :	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\ \ .$			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_		_		
	the audit, review, or compilation of its financial statements and selection of an independent accountant			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for		he	•		7.7
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	_		0 L		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits .		3b	000	(0000)
				⊢orm	990	(2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 80-0037534

KII	P	COLORADO	SCHOOLS					80-0	037534
Pa	τl	Reaso	n for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.
The	org	anization is	not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church,	convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	X	A school d	escribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3			•		rganization described				
4		A medical	research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		, .	name, city, and s						
5			•		a college or universit	y owner	d or ope	rated by a governme	ental unit described in
		7	0(b)(1)(A)(iv). (C						
6		₹	_	_	rnmental unit describe		-		
7		-		-	•	ipport fro	om a go	vernmental unit or fro	om the general public
_		7		(1)(A)(vi). (Compl	· · · · · · · · · · · · · · · · · · ·	5			
8		₹	-	-	o)(1)(A)(vi). (Complete	-			
9		-		=			-	I in conjunction with a	
			ty or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	t the college or
10		university:	ration that norma	Illy receives (1) me	oro than 224/20/ of its	cupport	from cor	ntributions, membersh	in food, and groce
		receipts from support from acquired b	om activities rela om gross investm y the organizatio	ited to its exempt finent income and un on after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more than s section 511 tax) from Part III.)	n 331/3 % of its
11		4	•	•	usively to test for publi	•			
12			•	•	•				ry out the purposes of
				-			-		ction 509(a)(3). Check
	Г		_					and complete lines 1	-
а	L			•	•	-		orted organization(s),	
			_				ajority of	the directors or truste	ees of the
b	Г			-	e Part IV, Sections A		with ite	supported organizati	on(e) by baying
D	_			•				is that control or man	
			_	• • •	, Sections A and C.	tile Saili	e persor	is that control of man	age the supported
С	Г			-		ated in co	onnectio	n with, and functional	lly integrated with
·	_				is). You must comple				ny intogratoa with,
d	Г		_		•			ection with its suppor	ted organization(s)
			•					ution requirement and	• ,
			-		omplete Part IV, Sect	-		•	
е			•	•	-			nat it is a Type I, Type I	II, Type III
		functiona	ally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.	
f	Er	nter the num	ber of supported	l organizations					
g	Pr	ovide the fo	llowing information	on about the suppo	orted organization(s).				
	(i) N	lame of suppor	ted organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	ıl								

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Par	Complete only if you checket Part III. If the organization fai	ed the box on	line 5, 7, or 8	of Part I or if t	he organization	on failed to qua	
Sec	tion A. Public Support	3 to quality di	rider the tests	nstea below, p	bicase comple	ic rait iii.)	
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Oaic	indar year (or risear year beginning in)	(4) 2010	(8) 2010	(0) 2020	(4) 2021	(6) 2022	(i) rotar
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4						
	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			(4)=1=1		(1)	(7)
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here			d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
Sec	tion C. Computation of Public Sup		-			T T	
14	Public support percentage for 2022 (li	·					<u>%</u>
15	Public support percentage from 2021						<u>%</u>
16a	331/3% support test - 2022. If the org	-					
b	box and stop here . The organization q 33 1/3% support test - 2021 . If the organization box and stop here . The organization	ganization did n	ot check a box	on line 13 or 16	Sa, and line 15	is 331/3 % or mo	ore, check
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets organization	2022. If the orgon meets the father facts-and-control of the facts-and-	ganization did r cts-and-circums circumstances te	ot check a box tances test, ch est. The organi	on line 13, 16 eck this box a zation qualifies	a, or 16b, and nd stop here. It as a publicly s	line 14 is Explain in supported
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organizin Part VI how the organization meets	2021. If the organization meets the	ganization did r ne facts-and-ciro	not check a box cumstances test	c on line 13, 10 t, check this bo	6a, 16b, or 17a ox and stop her	, and line e. Explain

Schedule A (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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, 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						
	organization'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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	tion B. Total Support	(a) 2018	(b) 2019	(c) 2020	(4) 2021	(a) 2022	(f) Total
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2019	(6) 2020	(d) 2021	(e) 2022	(I) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	-					
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2022 (line 8		•			15	%
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3%, check			-			
20	Private foundation. If the organization	aid not check	a box on line 1	14 19a or 19h	check this bo	x and see instru	ictions

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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

- Are all of the organization's supported organizations listed by name in the organization's governir documents? If "No." describe in Part VI how the supported organizations are designated. If designated is class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) ar satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(l purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l 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 El 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 actic was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 entiwith regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on lin 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 organization described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in whic 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 bene 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 integrate supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

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Part	V Supporting Organizations (continued)			
			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		
	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.	44.		
Section	on B. Type I Supporting Organizations	11c		
500111	on on the result of the second		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		
Section	on 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	162	INO
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
2	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 organization's governing documents in effect on the date of notification, to the extent not previously provided? 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	1		
	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 supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	$\overline{}$	
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 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizations n	nust complete Sectio	ns A through E.
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona (see instructions).		ted Type III supporting	g organization

Schedule A (Form 990) 2022

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide 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 organization is resp	onsive		
	(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	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				

From 2020 _____ Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if 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. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 Excess from 2019 Excess from 2020 Excess from 2021 Excess from 2022 Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

name of the organization			Employer identification number
KIPP COLORADO SCHO	OLS		80-0037534
Organization type (check o	ne):		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated	as a private fou	ındation
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a	a private founda	tion
	501(c)(3) taxable private foundation		
· -	s covered by the General Rule or a Special Rule . 1(7), (8), or (10) organization can check boxes for both the General Rule.	eral Rule and a \$	Special Rule. See
General Rule			
_	on filing Form 990, 990-EZ, or 990-PF that received, during th y or property) from any one contributor. Complete Parts I and I contributions.	-	_
Special Rules			
regulations under 16b, and that rec	on described in section 501(c)(3) filing Form 990 or 990-EZ the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Scheduleived from any one contributor, during the year, total contributor ount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	ule A (Form 990) tions of the grea), Part II, line 13, 16a, or ter of (1) \$5,000; or
contributor, durin literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or good the year, total contributions of more than \$1,000 exclusively tional purposes, or for the prevention of cruelty to children or a b) instead of the contributor name and address), II, and III.	for religious, ch	naritable, scientific,
contributor, durin contributions tota during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or the year, contributions exclusively for religious, charitable, et led more than \$1,000. If this box is checked, enter here the town an exclusively religious, charitable, etc., purpose. Don't complies to this organization because it received nonexclusively religions remore during the year	tc., purposes, buotal contributions plete any of the pletous, charitable	at no such s that were received parts unless the e, etc., contributions
_	at isn't covered by the General Rule and/or the Special Rules		

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization KIPP COLORADO SCHOOLS

Employer identification number 80-0037534

Part I	Contributors ((see instructions).	Use duplicate co	pies of Part I if	additional space	s needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$8,522.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$15,316.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization KIPP COLORADO SCHOOLS

Employer identification number 80-0037534

art I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
-------	--------------	---------------------	----------------------	-------------------------	------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization KIPP COLORADO SCHOOLS

Employer identification number 80-0037534

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	N/A	\$5,268.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization KIPP COLORADO SCHOOLS

Employer identification number 80-0037534

Part I	Contributors	(see instructions).	Use duplicate co	pies of Part I if addi	tional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$\$223,718.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

varie or organization			
	ממדע	COLODADO	CCTIOOT

Employer identification number 80-0037534

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.

(2)	(6)	(a)	(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$75,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	N/A	\$242,235.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	N/A	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	N/A	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

KIPP COLORADO SCHOOLS 80-0037534

art II No	oncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- - -			
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- - -			
a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 s	

Name of o	rganization			Employer identification number	
	KIPP COLORADO SCHOOLS			80-0037534	
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any one colons completing Part III, enter e year. (Enter this information	ntributor. Cor er the total of a	nplete columns (a) through (e) and exclusively religious, charitable, etc.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gift	_		
	Transferee's name, address, a	and ZIP + 4	Relationship	o of transferor to transferee	
(a) No.	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Part I					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
			•		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer of gift		o of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, a	-		o of transferor to transferee	

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 **Open to Public** Inspection

Name of the organization

Employer identification number

KTF	P COLORADO SCHOOLS	80-0037534
	TI Organizations Maintaining Donor Advised Funds or Other Similar Funds o	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	L in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?.	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant to	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
	conferring impermissible private benefit?	
Pa	rt 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 historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution i	n the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on	
	a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	ninated 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, inspec	-
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of violations.	concernation accoments during the year
′	Amount of expenses incurred in monitoring, inspecting, nationing of violations, and emorcing t	conservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sections.	tion 170(h)(4)(B)(i)
·		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its r	evenue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's fi	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er 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 to report in its revenu of art, historical treasures, or other similar assets held for public exhibition, education,	ue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes	, or research in furtherance of public these items
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue	
-	art, historical treasures, or other similar assets held for public exhibition, education, or resprovide the following amounts relating to these items:	search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

Schedule D (Form 990) 2022

Sched	dule D (Form 990) 2022 KIPP COI	ORADO SCHO	OLS					80-0	037534	Page 2
Pa	rt Organizations Maintaining Co	llections of A	rt, Histo	rical Tre	asure	s, or	Other Simila	r Assets (d	continuea	<u>)</u>
3	Using the organization's acquisition, acc	ession, and oth	ner recor	ds, check	any o	of the	following tha	ıt make sigr	nificant us	e of its
	collection items (check all that apply):									
а	Public exhibition		d	Loan	or excha	ange	program			
b	Scholarly research		e	Other						
С	Preservation for future generations									
4	Provide a description of the organization	's collections a	and expla	in how t	hey fu	rther	the organizat	ion's exemp	t purpose	in Part
	XIII.						J	·		
5	During the year, did the organization solic	it or receive do	nations o	f art, histo	orical tr	easu	res, or other si	milar		
	assets to be sold to raise funds rather than								Yes	No
Pa	rt IV Escrow and Custodial Arrange		'							
	Complete if the organization ar		on For	n 990, F	art IV,	line	9, or reported	d an amoui	nt on Forr	m
	990, Part X, line 21.			,	·		,			
1a	Is the organization an agent, trustee, cu	stodian or othe	er interm	ediary fo	or cont	ributio	ons or other	assets not		
	included on Form 990, Part X?			-				_	Yes	No
b	If "Yes," explain the arrangement in Part 2	XIII and comple	ete the fol	lowing tab	ole:					
-								Amount		
С	Beginning balance					1c		7	·	
d	Additions during the year									
-	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount or						stodial accoun	t liability?	Yes	No
	If "Yes," explain the arrangement in Part 2									⊢ ''`
	rt V Endowment Funds.	AIII. OHOOK HON	C II tile C	planation	nas be	cii pi	Ovided on Fait	7.III	<u></u>	
га	Complete if the organization a	nswered "Yes	" on Fori	m 990 F	Part I\/	line	10			
		Current year	(b) Prio		(c) Tw			ee years back	(e) Four ye	ars hack
_		Junein year	(6) 1 110	you	(0,	o you	(4) 1111	cc years back	(c) i oui yo	
1 a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	1 1 3 11									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the	current year en	d balance	e (line 1g,	column	າ (a))	held as:			
a	Board designated or quasi-endowment	%								
b	Permanent endowment %									
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c	•								
3a	Are there endowment funds not in the pos	ssession of the	organiza	tion that	are hel	d and	d administered	for the	V	- N-
	organization by:								Ye	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related orga		•			₹?			3b	
4	Describe in Part XIII the intended uses of		n's endo	vment fur	nds.					
Pa	rt VI Land, Buildings, and Equipmer Complete if the organization a	lt. nswered "Yes	" on For	m 990 F	Part IV	line	11a See Fo	rm 990 Pa	art X line	10
	Description of property	(a) Cost or other		(b) Cost of			(c) Accumulated		Book value	
		(investme			ther)		depreciation		,	
1 a	Land									
b	Buildings			8	891,81	18.	860,91	0.	30	<u>,908.</u>
С	Leasehold improvements					\perp				
d	Equipment			1	.81,38	39.	181,38	9.		
	Other									
Tota	I Add lines 1a through 1e (Column (d) mu	ist equal Form	000 Part	Y column	a (B) lir	10	c)		2 0	908

Schedule D (Form 990) 2022

80-0037534

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	Part IV line 11h See Form 990	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valua	
	(including name of security)	(b) Book value	Cost or end-of-year mark	
. ,	al derivatives			
. ,	held equity interests			
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
I are viii	Complete if the organization answered	l "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 valua Cost or end-of-year mark	tion:
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11d. See Form 990	, Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X	Other Liabilities.) Dort IV line 44 - or 44f Coo For	000 Dowt V
	Complete if the organization answered line 25.	res on Form 990	o, Partiv, line The or Th. See For	m 990, Part X,
1.	()	tion of liability		(b) Book value
(1) Feder	ral income taxes			
(2)NET P	ENSION LIABILITY			12,111,927.
(3)NET O	PEB LIABILITY			210,018.
	LIABILITY			336,194.
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			12,658,139.
2 Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements t	hat 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 . JSA 2E1270 1.000

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	48,634,736.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	10,644.
3	Subtract line 2e from line 1	3	48,624,092.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		48,624,092.
Part 1	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	41,558,814.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
- a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	10,644.
3	Subtract line 2e from line 1	3	41,548,170.
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.)		
С	Add lines 4a and 4b	4c	-2,973.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	41,545,197.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE :	SUPPLEMENTAL PAGE		

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

INCOME ON BOOKS, NOT ON RETURN:

10,644 DIRECT FUNDRAISING EXPENSES

SCHEDULE D, PART XII, LINE 2D

EXPENSE ON BOOKS, NOT ON RETURN:

10,644 DIRECT FUNDRAISING EXPENSES

SCHEDULE D, PART XII, LINE 4B

EXPENSE ON RETURN, NOT ON BOOKS:

6,978 DEPRECIATION EXPENSE TREATED AS CAPITAL OUTLAY

ON GOVERNMENTAL FUNDS REPORT

143,925 AMORTIZATION EXPENSE TREATED AS CAPITAL OUTLAY

ON GOVERNMENTAL FUNDS REPORT

(153,876) LEASE LIABILITY EXPENSE NOT REPORTED AS EXPENDITURE ON THE

GOVERNMENTAL FUND REPORT

(2,973) TOTAL

SCHEDULE E (Form 990)

Schools

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Employer identification number KIPP COLORADO SCHOOLS 80-0037534

Pa	rt I			
_			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of			
	the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space,			
	use Part II	3	X	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
_	Does the consoliration discriminate by use in any way with users at the			
5	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	F-		3.7
а	Students rights of privileges?	5a		X
b	Admissions policies?	5b		Х
b	Autiliosionis policies: , , , , , , , , , , , , , , , , , , ,	30		
_	Employment of faculty or administrative staff?	5c		Х
·	Employment of faculty of autimistrative stairs,	30		
Ч	Scholarships or other financial assistance?	5d		Х
u				
е	Educational policies?	5e		Х
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		Х
-				
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
7	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering			
	racial nondiscrimination? If "No," explain on Part II	7	Х	

Schedule E (Form 990 or 990-EZ) (2022)

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

SCHEDULE E, PART I, LINE 3

KIPP COLORADO SCHOOLS OPERATES IN ACCORDANCE WITH THE NON-DISCRIMINATION POLICIES OF DENVER PUBLIC SCHOOLS. KIPP COLORADO SCHOOLS DOES NOT DISCRIMINATE IN STUDENT RECRUITMENT OR SELECTION BASED ON RACE OR ANY OTHER FACTOR. ALL KIPP COLORADO SCHOOLS PARTICIPATE IN THE DENVER PUBLIC SCHOOLS CHOICE ENROLLMENT PROCESS. KIPP COLORADO SCHOOLS CANNOT SELECT ITS STUDENTS, CANNOT REQUIRE ADMISSIONS EXAMS, AND CANNOT DISCRIMINATE AGAINST STUDENTS IN ANY WAY, INCLUDING AGAINST STUDENTS WHO RECEIVE SPECIAL EDUCATION OR BILINGUAL SERVICES, NOR WOULD WE WISH TO.

IN ADDITION TO ALL NON-DISCRIMINATION DISCLOSURES MADE IN THE CHOICE ENROLLMENT PROCESS BY DENVER PUBLIC SCHOOLS, KIPP'S POLICIES REGARDING NONDISCRIMINATION ARE DISCLOSED IN THE SCHOOL PARENT HANDBOOKS AND IN THE EMPLOYEE HANDBOOK. IN ADDITION TO PROMINENT PLACING ON OUR WEBSITE AND IN PROMOTIONAL MATERIALS, KIPP COLORADO CONSISTENTLY ADHERES TO A LANGUAGE EQUITY POLICY WHICH ENSURES ALL MEMBERS OF THE COMMUNITY CAN INTERACT WITH THE SCHOOL REGARDLESS OF NATIVE LANGUAGE. POLICY DOCUMENTED IN LOCAL PUBLICATIONS AND IS LOCATED ON THE FAMILY RESOURCE PAGE OF EVERY SCHOOL WEBSITE AND PROVIDED TO STUDENTS DURING ENROLLMENT AND THE START OF THE YEAR.

Page 2

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

SCHEDULE E, PART I, LINE 6A

KIPP COLORADO SCHOOLS ARE PUBLICLY FUNDED UNDER DENVER PUBLIC SCHOOLS

SCHEDULE G (Form 990)

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.

Department of the Treasury

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

OMB No. 1545-0047

	of the organization	<u> </u>				Employer identification	on number
KIP	P COLORADO SCHOOLS					80-003753	
Par					Yes" on Form 99	90, Part IV, line 1	7.
	Form 990-EZ filers are not re				a attribita a Charata	- II dhad an ah	
1	Indicate whether the organization ra Mail solicitations	isea tunas through e		_	activities. Check a non-government g		
a b		e f			government grants		
C		g			ising events	•	
d		9	Opo.	Jiai ranara	ionig evente		
	Did the organization have a written or key employees listed in Form 990						Yes No
b	If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the		(fundraise	rs) pursua	nt to agreements	under which the	fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		(7	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Tota					contributions or	has been notified	it is exempt from
3	List all states in which the organizate registration or licensing.	ation is registered (or licensed	i to Solicit	CONTIDUCIONS OF	nas been nouned	it is exempt from

KIPP COLORADO SCHOOLS 80-0037534 Page **2** Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		gross receipte greater than we,eet	J.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GROWING MINDS (event type)	(event type)	(total number)	(add col. (a) through col. (c))
ne			(orom type)	(cross type)	(total nameon)	
Revenue	1	Gross receipts	77,930.			77,930
Ϋ́	2	Less: Contributions	77,210.			77,210
	<u> </u>	Gross income (line 1 minus line 2)	720.			720
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	2,140.			2,140
	7	Food and beverages	3,758.			3,758
Direc	8	Entertainment				
	9	Other direct expenses	4,746.			4,746
	10 11	Direct expense summary. Add lir Net income summary. Subtract I	nes 4 through 9 in colu	umn (d)		10,644. -9,924.
Pa	rt II	Gaming. Complete if the org	anization answered "	Yes" on Form 990 F	Part IV line 19 or	reported more than
		\$15,000 on Form 990-EZ, lin			art 17, mio 10, or	Toponod more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lir	nes 2 through 5 in colu	ımn (d)		
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)		
9 a k	ı I	Enter the state(s) in which the organization licensed to configure for the state of	anization conducts ga duct gaming activities	in each of these state	es?	Yes No
10a		Were any of the organization's gaminon f "Yes," explain:	g licenses revoked, susp		uring the tax year?	Yes No

Schedule G (Form 990) 2022

Sched	dule G (Form 990 or 990-EZ) 2022 KIPP COLORADO SCHOOLS	80-0037534	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	i No
13	Indicate the percentage of gaming activity conducted in:		
а		3a	<u>%</u>
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books	and	
	records:		
	Name ▶		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives ga	amina	
	revenue?		No
b			
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address		
16	Gaming manager information:		
	Nama N		
	Name ▶		
	Gaming manager compensation ▶ \$		
	3 4 3 4 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proc		□
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organ or spent in the organization's own exempt activities during the tax year ▶ \$	izations	
Par		iii) and (v) and	
ı aı	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition		
	(see instructions).		

Schedule G (Form 990 or 990-EZ) 2022

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2022

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

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificati	on number
KIPP COLORADO SCHOOLS						80-0037534	
Part I General Information on Grants and	l Assistanc	e					
 Does the organization maintain records to su the selection criteria used to award the grants Describe in Part IV the organization's proced 	s or assistan	ce?					X Yes No
Part IV, line 21, for any recipient th		•					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)	-						
(2)							
_(3)							
	_						
(8)							
(9)							
(10)	-						
(11)							
(12)	-						
 2 Enter total number of section 501(c)(3) and g 3 Enter total number of other organizations list 	•	•					

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

Schedule I (Form 990) 2022

Schedule I (Form 990) (2022) KIPP COLORADO SCHOOLS 80-0037534 Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 emergency funds	29	13,900.			
2 COLLEGE FUNDS	29	7,819.			
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

GRANT MONITORING PROCESS:

SCHOLARS MAY APPLY FOR FINANCIAL ASSISTANCE THROUGH AN ONLINE APPLICATION PROCESS. THE APPLICATION REQUIRES STUDENTS TO EXPLAIN HOW THE FUNDS WILL BE USED, SPECIFIC DETAILS ON WHY THEY NEED FINANCIAL SUPPORT, AND PROVIDE SUPPORTING DOCUMENTATION SUCH AS RECEIPTS, BILLS AND LEGAL AID QUOTES. THE REVIEW OF THESE REQUESTS IS DONE BY THE ALUMNI SUCCESS ADVISOR AND THE FINAL APPROVAL IS GIVEN BY THE DIRECTOR OF KIPP FORWARD. TUITION ASSISTANCE FOR STUDENTS IS PROVIDED DIRECTLY TO THE COLLEGE THE STUDENT

Schedule I (Form 990) (2022) KIPP COLORADO SCHOOLS 80-0037534 Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
_4					
_ 5					
_6					
_ 7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

WILL BE OR IS ATTENDING. THE ORGANIZATION TRACKS THE PROGRESS OF STUDENTS

BENEFITING FROM THE SCHOLARSHIPS, INCLUDING INFORMATION REGARDING COLLEGE

PERSISTENCE AND GRADUATION.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Name of the organization

KIPP COLORADO SCHOOLS

80-0037534

Part	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 réimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1.0		
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			- 21
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:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	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 not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		v
9	in Part III	3		X
3	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 KIPP COLORADO SCHOOLS 80-0037534 Page 2

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
TOMI AMOS	(i)	207,160.	NONE	NONE	36,208.	6,213.	249,581.	
1 CHIEF EXECUTIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
STEPHANI OLSON	(i)	148,029.	NONE	NONE	24,398.	6,196.	178,623.	
2 SCHOOL PRINCIPAL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
LEAH PETERS	(i)	173,102.	NONE	NONE	26,557.	114.	199,773.	
3 CHIEF ACADEMIC OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JUSTIN VIGIL - CHIEF	(i)	148,527.	NONE	NONE	25,099.	6,204.	179,830.	
4 STRATEGY & OPERATIONS OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number KIPP COLORADO SCHOOLS 80-0037534

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

PROCESS TO REVIEW THE FORM 990:

THE CFO PROVIDES THE CEO WITH A COMPLETED 990 DRAFT FOR REVIEW. ONCE REVIEWED AND APPROVED BY THE CEO, THE 990 DRAFT IS EMAILED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING. THE BOARD OF DIRECTORS PROVIDE QUESTIONS AND/OR FEEDBACK TO THE CFO. UPON APPROVAL BY THE BOARD TREASURER, THE 990 IS FILED.

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

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

THE CONFLICT OF INTEREST POLICY IS DISCLOSED AND REVIEWED ANNUALLY BY THE

BOARD OF DIRECTORS AND OFFICERS OF THE ORGANIZATION. EACH BOARD MEMBER

AND OFFICER SIGNS AN ACKNOWLEDGEMENT FORM WITH A SECTION TO DISCLOSE ANY

CONFLICTS. IN THE EVENT OF A CONFLICT OF INTEREST, THE INTERESTED PERSON

MAY MAKE A PRESENTATION TO THE BOARD OF DIRECTORS, BUT AFTER SUCH

PRESENTATION, HE/SHE WILL LEAVE THE MEETING DURING THE DISCUSSION OF, AND

VOTE ON, THE TRANSACTION THAT RESULTED IN THE CONFLICT OF INTEREST. IF A

MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE

THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OF

DIRECTORS SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED

DIRECTORS WHETHER THE TRANSACTION IS IN THE CORPORATION'S BEST INTEREST.

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

REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION:

THE CEO COMPENSATION IS REVIEWED, APPROVED AND DOCUMENTED BY THE BOARD OF DIRECTORS ANNUALLY. AN INFORMAL SURVEY OF THE EXECUTIVE DIRECTOR/CEO COMPENSATION AT SIMILAR EDUCATIONAL EXEMPT ORGANIZATIONS BY THE BOARD OF

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 80-0037534

KIPP COLORADO SCHOOLS

DIRECTORS WAS USED FOR COMPARABILITY PURPOSES, AND ANNUALLY THE BOARD REVIEWS THESE TYPES OF SURVEYS AND OTHER LOCAL AND REGIONAL MARKET METRICS FOR COMPARABLE PUBLIC AND CHARTER SCHOOL NETWORKS TO ALIGN COMPENSATION WITH THE MARKET.

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

REVIEW OF OTHER OFFICER OR KEY EMPLOYEES COMPENSATION:

OTHER OFFICER'S COMPENSATION IS REVIEWED, APPROVED AND DOCUMENTED BY THE CEO. AN INFORMAL SURVEY OF COMPENSATION AT SIMILAR EDUCATIONAL EXEMPT ORGANIZATIONS WAS USED BY THE CEO FOR COMPARABILITY PURPOSES. THE COMPENSATION DECISIONS REACHED ARE DOCUMENTED IN THE ORGANIZATION'S HUMAN RESOURCES FILES.

FORM 990, PART VI, SECTION C, LINE 19

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC:

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

FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE WEBSITE.

FORM 990, PART X, LINE 33

RECONCILIATION TO GOVERNMENTAL FUND BALANCE:

NET ASSETS REPORTED FOR FORM 990 PURPOSES DIFFER FROM GOVERNMENTAL
REPORTING REQUIREMENTS UNDER GASB 68. A RECONCILIATION TO THE GOVERNMENT
FUND IS OUTLINED BELOW:

GOVERNMENTAL FUND BALANCE PER AUDITED FINANCIAL STATEMENTS 19,288,023

CAPITAL ASSETS USED IN GOVERNMENTAL ACTIVITIES ARE NOT 30,908

FINANCIAL RESOURCES AND THEREFORE ARE NOT REPORTED IN

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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Name of the organization Employer identification number

KIPP COLORADO SCHOOLS 80-0037534

THE GOVERNMENTAL FUND.

LEASE ASSETS USED IN GOVERNMENTAL ACTIVITIES ARE 330,834

NOT FINANCIAL RESOURCES AND, THEREFORE, ARE NOT

REPORTED IN THE FUND

THE NET PENSION LIABILITY IS NOT DUE AND PAYABLE IN THE (12,111,927)

CURRENT PERIOD AND, THEREFORE IS NOT REPORTED IN THE

GOVERNMENTAL FUND

THE NET OPEB LIABILITY IS NOT DUE AND PAYABLE IN THE CURRENT (210,018)

PERIOD AND THEREFORE IS NOT REPORTED IN THE GOVERNMENTAL

FUND

LONG-TERM LEASE LIABILITIES ARE NOT DUE AND PAYABLE IN (336,194)

CAPITAL ASSETS USED IN GOVERNMENTAL ACTIVITIES ARE

IN THE GOVERNMENTAL FUND

TOTAL NET ASSETS REPORTED ON FORM 990 6,991,626

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

CHANGE IN PENSION LIABILITY DUE TO PROPORTIONATE

SHARE OF NET PENSION LIABILITY (11,993,601)

Name of the organization

KIPP COLORADO SCHOOLS

80-0037534

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

ATTUNED EDUCATION PARTNERS

716 VALLEY ROAD

MONTCLAIR, NJ 07043 CONSULTING 229,856.

BACKYARD SCHOOLS LLC

2116 NORTH SAWYER AVENUE

CHICAGO, IL 60647 CONSULTING 209,939.

DENVER PUBLIC SCHOOLS 1860 LINCOLN STREET

DENVER, CO 80203 SCHOOL SUPPORT

4,630,569.