Return of Organization Exempt From Income Tax

Form **990**

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

20 19

Open to Public Inspection

A F	or th	e 201	9 calendar year, or tax year begin	ning 07/	01 , 201 9	, and end	ing		06	/30, 20 20)			
_			C Name of organization					D Employer id	entific	ation number				
B C	neck if ap	plicable:	KIPP COLORADO SCHOOLS											
	Addre chang		Doing Business As					80-0037	7534	<u>l</u>				
	Name	change	Number and street (or P.O. box if mail is r	not delivered to street address	s)	Room/suite	:	E Telephone n	umber	r				
	Initial	return	1390 LAWRENCE STREET			200		(303) 93	245					
	Termi	nated	City or town, state or province, country, a	nd ZIP or foreign postal code		•								
	Amen		DENVER, CO 80204					G Gross receip	ts \$	33,21	5,358.			
	Applic	ation	F Name and address of principal officer:	TOMI AMOS				H(a) Is this a group		rn for Yes	s X No			
		-9	1390 LAWRENCE ST, SUIT	TE 200, DENVER,	CO 802	204		subordinates H(b) Are all subord		ncluded? Yes	s No			
Ι.	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or 5	527	If "No," attac	ch a list	. (see instructions)				
J	Websi	te: 🕨	WWWW.KIPPCOLORADO.ORG					H(c) Group exem	ption nu	umber 🕨				
K	Form o	of organ	nization: X Corporation Trust	Association Other		L Year	of format	ion: 2002 M	State	of legal domicil	e: CO			
	art I		mmary	1 1		·								
		Briefly	describe the organization's mission or	most significant activities	: THE M	ISSION	OF KI	PP (KNOWL	EDG	E IS POW	ER			
ė		Briefly describe the organization's mission or most significant activities: THE MISSION OF KIPP (KNOWLEDGE IS POWER PROGRAM) IS TO HELP STUDENTS DEVELOP THE KNOWLEDGE, SKILLS AND												
anc		CHA	RACTER TRAITS NEEDED TO	SUCCEED IN COLI	LEGE AN	D CAREE	RS							
ern	2	Check	k this box if the organization dis	scontinued its operation	s or dispos	ed of more t	 han 25%	of its net asset	s.					
Governance			per of voting members of the governing l	•	•				3		9.			
త			per of independent voting members of the						4		9.			
Activities			number of individuals employed in cale						5		410.			
tivi			number of volunteers (estimate if necess						6		25.			
Ac			unrelated business revenue from Part VI	II. column (C), line 12					7a		0			
			nrelated business taxable income from F						7b		0			
				,				Prior Year		Current	Year			
	8	Contri	ibutions and grants (Part VIII, line 1h)				¬	5,473,05	4.	5,44	10,556			
nue			am service revenue (Part VIII, line 2g)			Y FOR		24,925,45	8.	27,69	9,584			
Revenue			tment income (Part VIII, column (A), line		PUBLIC I	NSPECTION	1	94,79			75,218			
Ŗ			revenue (Part VIII, column (A), lines 5,				-	·	0.		0			
			revenue - add lines 8 through 11 (must					30,493,30	2.	33,21	5,358			
			s and similar amounts paid (Part IX, colu	•				420,63			4,960			
			its paid to or for members (Part IX, colur			0.		0						
"			es, other compensation, employee bene					18,202,40	5.	21,48	31,293			
Expenses			ssional fundraising fees (Part IX, column	•	167,20	2.		2,000						
bei	b	Total	fundraising expenses (Part IX, column (D	(), line 25) >	320,610).	•	<u> </u>						
ũ	17	Other	expenses (Part IX, column (A), lines 11a	a-11d. 11f-24e)				9,536,58	1.	9,62	29,967			
			expenses. Add lines 13-17 (must equal				•	28,326,82	22.	31,12	28,220			
			nue less expenses. Subtract line 18 from					2,166,48	_		37,138			
								ning of Current	/ear	End of Y	ear			
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)					7,371,33	37.	14,10	08,265			
Ass I Ba	21		liabilities (Part X, line 26)				•	15,402,07	⁷ 5.	16,11	5,040			
Net -unc	22		ssets or fund balances. Subtract line 21		 		:	-8,030,73	8.	-2,00	6,775			
_=	rt II		gnature Block											
Unc	der per	nalties o	of perjury, I declare that I have examined this	s return, including accompa	anying sched	ules and stat	ements, a	and to the best of	my k	nowledge and	belief, it is			
true	, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all infor	mation of wh	ich preparer l	has any kr	nowledge.						
Sig			Signature of officer					Date						
Her	e													
			Type or print name and title											
		Print/	Type preparer's name	Preparer's signature		Date		Check	if P	PTIN				
Paid		ADA	M R SMITH CPA					self-employ	ed	P0095896	6			
	oarer	Firm's	s name ▶ BKD, LLP					Firm's EIN	44-	0160260				
use	Only		saddress > 111 SOUTH TEJON, SUITE 8	300 COLORADO SPRINGS,	CO 80903-	9848		Phone no.	719	471-429	<u></u>			
May	the II		cuss this return with the preparer shown							. X Yes	No			
For	Paper	work	Reduction Act Notice, see the separate	e instructions.	_ <u>-</u>			-			(2019)			

Form 990 (2019) Page 2

Pa		atement of Program Service	Accomplishments response or note to any line in this Part	· III							
1		ribe the organization's mission									
			O EQUIP OUR STUDENTS WITH	THE ACADEMIC							
	SKILLS AND CHARACTER STRENGTHS NECESSARY TO SUCCEED IN COLLEGE AND										
	CAREERS										
2	prior Form 9	990 or 990-EZ?	icant program services during the ye		Yes X No						
		cribe these new services on S									
3	services?		, or make significant changes in h		Yes X No						
4			rvice accomplishments for each of i	ts three largest program services	s, as measured by						
	•	. , . ,	(4) organizations are required to represent of representations are reported.	ort the amount of grants and all	ocations to others,						
4a	(Code:		482,714. including grants of \$		699,584)						
			(KIPP DENVER COLLEGIATE -								
			ND KIPP NORTHEAST DENVER L								
	ACADEMY BENEFITING APPROXIMATELY 568 STUDENTS), TWO TRADITIONAL										
	MIDDLE SCHOOLS (KIPP SUNSHINE PEAK ACADEMY - BENEFITING										
	APPROXIMATELY 425 STUDENTS, AND KIPP NORTHEAST DENVER MIDDLE SCHOOL										
	- BENEFITING APPROXIMATELY 475 STUDENTS), AND TWO TRADITIONAL										
	ELEMENTARY SCHOOLS (KIPP NORTHEAST ELEMENTARY - BENEFITING										
	APPROXIMATELY 499 STUDENTS AND KIPP SUNSHINE PEAK ELEMENTARY BENEFITING APPROXIMATELY 153 STUDENTS) OFFERING SCHOOL SUBJECTS IN										
			·	SUBJECTS IN							
	ENGLISH,	MATH, SCIENCE AND H	ISTORY.								
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)						
4c	(Code.) (Expenses \$	including grants of \$) (Revenue \$)						
	(0000.		niolaanig granic or \$								
	-										
4d		am services (Describe on Sche									
_	(Expenses \$)							
4e	Total progra	am service expenses ►	26,482,714.								

Part IV Checklist of Required Schedules Page 3

ıaı	Oneckist of Required Concadies		V	Na
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_	3.7	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	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,"			
Ü	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	-		
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
				Х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		- 77
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.0		Х
4.4	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	Х	
_	complete Schedule D, Part VI	11a		
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		Х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44.		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	44.1		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		3.7	
_	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	40.		v
4.0	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	37	X
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		X
D	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	4 41-		Х
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		Х
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
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	46		Х
47		16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4.7		Х
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	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			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Part IV Checklist of Required Schedules (continued) Page 4

raii	Checklist of Required Schedules (Continued)		Vaa	Na.
	D'il the constitution and the OF 000 of constitution allows a few days of the latest and the constitution of the constitution		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		Х
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	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		
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
20	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 in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			i
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 410			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			i
5a	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			
	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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			i
_	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	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		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		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			i
	Initiation fees and capital contributions included on Part VIII, line 12			i
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			i
	Section 501(c)(12) organizations. Enter:			i
а	Gross income from members or shareholders			i
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			i
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			i
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			
	Enter the amount of reserves on hand	140		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year?	13		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
16	If "Yes," complete Form 4720, Schedule O.			_

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Part VI

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

	Check if Schedule O contains a response of note to any line in this Part VI			Λ
Sect	ion A. Governing Body and Management			
			Yes	No
1a	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	9		
b	Enter the number of voting members included on line 1a, above, who are independent	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		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
Secti	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		Х
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 in 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		3.7	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," 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			
<u>C4</u>	organization's exempt status with respect to such arrangements?	16b		
	on 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-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)	T (Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	rest p	oolicy,
_	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 GEOFFREY BROVICH 1390 LAWRENCE ST, STE 200 DENVER, CO 80204 518-487-0813	ds 🕨		

Form **990** (2019)

Form 990 (2019) KIPP COLORADO SCHOOLS 80-0037534 Pag

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

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

1a Complete this table for all persons required to be listed. 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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	box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	hours for related organizations below		Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations		
(1)KIMBERLEE SIA	50.00										
EXECUTIVE DIRECTOR THRU 10/19	0.			Х				129,607.	0.	24,264.	
(2) ANJALI FEATHERSTONE	50.00										
COO/INTERIM CEO	0.			Х				137,634.	0.	15,786	
(3) STEPHANI OLSON	50.00										
SCHOOL PRINCIPAL	0.					Х		112,414.	0.	15,157	
(4) EMILY YATES	50.00										
MANAGING DIRECTOR OF TEACHING	0.					Х		109,758.	0.	13,664	
(5) DAVE VAALE	50.00										
DIRECTOR OF SCHOOL CULTURE	0.					Х		103,024.	0.	12,950	
(6) JACKIE HAWKEY	2.00										
BOARD CHAIR	0.	Х		Х				0.	0.	0	
(7) DREW TYRIE	2.00										
VICE CHAIR	0.	Х		Х				0.	0.	0	
(8)JIM BENDER	2.00										
SECRETARY	0.	Х		Х				0.	0.	0	
(9) STEVE TALLEY	2.00										
TREASURER	0.	Х		Х				0.	0.	0	
(10) POLLY BREIT	2.00										
DIRECTOR	0.	Х						0.	0.	0	
(11) TODD ERZINE	2.00										
DIRECTOR	0.	Х						0.	0.	0	
(12) KENNETH JOEL	2.00										
DIRECTOR	0.	Х						0.	0.	0	
(13) KELLIE O'KEEFE	2.00										
DIRECTOR	0.	Х						0.	0.	0	
(14) YVETTE WIKSTROM	2.00										
DIRECTOR	0.	Х						0.	0.	0	

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$\overline{}$	rt VII Section A. Officers, Directors, Tru	iotopo Va	E				d L	1:	haat Campanast	ad Employees /-	Page O
Ρá	, ,		y ⊏ii	ipic			and F	ııgı		· · · · · · · · · · · · · · · · · · ·	<i>'</i>
	(A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average hours per	(do r	not c	Pos heck		than o	ne	Reportable compensation	Reportable compensation from	Estimated amount of
		week (list any					is both		from	related	other
		hours for					or/truste		the	organizations	compensation
		related	Indi or d	Inst	Officer	Key employee	Higt emp	Former	organization	(W-2/1099-MISC)	from the
		organizations below dotted	director	it ut.	cer	em	nest	ner	(W-2/1099-MISC)		organization and related
		line)	or E	ona		ploy	e cor				organizations
		,	Individual trustee or director	Institutional trust		ee	Highest compensated employee				J
			96	stee			nsa				
							ted				
		T									
		T									
		t									
		t									
		t									
											
											
											
		 									
											
											
4 6	Cub total							_	592,437.	0.	81,821.
	Sub-total								0.	0.	0.021.
	Total from continuation sheets to Part VII, S	-		• •	• •	• •			592,437.	0.	81,821.
	Total (add lines 1b and 1c)										01,021.
2	reportable compensation from the organization			1151e 5	u ai	DOVE	e) WIIC) le	ceived more than	\$ 100,000 01	
	Toportable compendation from the organization										Yes No
_	Did the engalestics for any form								danca an bint		I ES INO
3	Did the organization list any former offic employee on line 1a? <i>If</i> "Yes," <i>complete Schedi</i>										3 X
											3 X
4	For any individual listed on line 1a, is the										
	organization and related organizations gre										. 7
	individual										4 X
5	Did any person listed on line 1a receive or										
_	for services rendered to the organization? If "Ye	es," comple	te Scl	nedu	ıle J	l for	such	per	son		5 X
	ction B. Independent Contractors								hat are all all	ul 0 400 000	•
1	Complete this table for your five highest com										
	compensation from the organization. Report c year.	ompensati	011 101	uie	· Ud	ICIIC	ıaı ye	aı E	anding with or With	iiii tile organizatioi	io lak
	your.										

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 ▶ 2

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Part VIII Statement of Revenue

Par	t VIII				,,,,,		
		Check if Schedule O contains a respon	nse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a b	Federated campaigns 1a Membership dues 1b Fundraising events 1c					
ns, Gifts, Similar A		Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants,	4,253,736.				
Contributions, Gifts, Grants and Other Similar Amounts	g	And similar amounts not included above . Noncash contributions included in lines 1a-1f	1,186,820.				
a C	h	Total. Add lines 1a-1f	▶	5,440,556.			
_			Business Code				
<u>.</u>	2a	PER PUPIL REVENUE	611710	21,544,927.	21,544,927.		
e ⊆	b	DISTRICT MILL LEVY	611710	5,909,893.	5,909,893.		
S c	С	STUDENT FEES	611710	204,023.	204,023.		
ev.	d	E-RATE & SPECIAL EDUCATION	611710	40,741.	40,741.		
Program Service Revenue	е						
<u>-</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		27,699,584.			
	3	Investment income (including dividends,	, , , l	75 010			75 010
		other similar amounts)		75,218.			75,218.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
a	b	Less: cost or other basis					
venue	-	and sales expenses 7b					
Š	•	Gain or (loss) 7c					
~	d	Net gain or (loss)		0.			
Other R							
ᅗ	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b c	Less: direct expenses	0.	0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b	Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory.		0.			
S I			Business Code				
e e	11a						
lan	b						
e e	С						
Miscellaneous Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d	▶	0.			
	12	Total revenue. See instructions		33,215,358.	27,699,584.		75,218.
167							

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 response or note to any line in this Part IX										
Do	not include amounts reported on lines 6b, 7b,		(B)		(D)					
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses					
			ехрепзез	general expenses	ехрепзез					
'	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	4,960.	4,960.							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign	0								
	individuals. See Part IV, lines 15 and 16	0.								
4	Benefits paid to or for members	0.								
5	Compensation of current officers, directors, trustees, and key employees	212,971.		212,971.						
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0.								
7	Other salaries and wages	16,386,441.	14,358,272.	1,910,907.	117,262.					
	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	3,019,271.	2,565,121.	429,777.	24,373.					
9	Other employee benefits	1,627,062.	1,443,444.	183,618.						
10	Payroll taxes	235,548.	200,232.	33,616.	1,700.					
11	Fees for services (nonemployees):									
	Management	0.								
	Legal	21,311.		21,311.						
	-	54,503.		54,503.						
	Accounting	0.								
	Lobbying	12,000.			12,000.					
	Professional fundraising services. See Part IV, line 17.	0.			12,000.					
	Investment management fees	0.								
g	Other. (If line 11g amount exceeds 10% of line 25, column	464,975.	423,195.	41,780.						
	(A) amount, list line 11g expenses on Schedule O.)	45,586.	15,675.	29,901.	10.					
	Advertising and promotion	1,001,254.	951,788.	49,326.	140.					
13	Office expenses	287,061.	191,320.	79,747.	15,994.					
14	Information technology	287,001.	191,320.	19,141.	15,994.					
15	Royalties		1,899,079.	20. 240						
16	Occupancy	1,928,427.		29,348.						
17	Travel	220,207.	180,417.	45,850.						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0.								
19	Conferences, conventions, and meetings	0.								
20	Interest	0.								
21	Payments to affiliates	0.								
22	Depreciation, depletion, and amortization	37,509.	29,040.	8,469.						
23	Insurance	161,035.	12,734.	148,301.						
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а	DISTRICT SERVICES	2,167,762.	2,166,888.	874.						
-	BOOKS AND SUPPLIES	993,013.	963,906.	29,107.						
С	FIELD TRIPS & TRANSPORTATION	188,635.	184,023.	4,612.						
d	STUDENT FOOD SERVICES	48,847.	47,265.	1,582.						
е	All other expenses	2,003,782.	845,355.	1,009,296.	149,131.					
	Total functional expenses. Add lines 1 through 24e	31,128,220.	26,482,714.	4,324,896.	320,610.					
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0								
	10110WITING COT 30-Z (ACC 330-120)	0.								

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,609,343.	1	11,126,749.
	2	Savings and temporary cash investments	2,755,962.	2	2,167,063.
	3	Pledges and grants receivable, net	719,462.	3	511,162.
	4	Accounts receivable, net	0.	4	0.
	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	0.	5	0.
	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).	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ą	9	Prepaid expenses and deferred charges	163,051.	9	131,547.
	-	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,225,638.			
	b	Less: accumulated depreciation	73,519.	10c	171,744.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.		0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	50,000.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,371,337.	16	14,108,265.
	17	Accounts payable and accrued expenses	1,178,258.	17	1,878,449.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	10,000.	19	40,000.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
ý	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.		0.
	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	14,213,817.	25	14,196,591.
	26	Total liabilities. Add lines 17 through 25	15,402,075.	26	16,115,040.
Fund Balances		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	20	Organizations that do not follow FASB ASC 958, check here ► X		20	
		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds	-8,104,257.	29	-2,178,519.
set	30	Paid-in or capital surplus, or land, building, or equipment fund.	73,519.	30	171,744.
Assets	31	Retained earnings, endowment, accumulated income, or other funds.	0.	31	0.
Net ,	32	Total net assets or fund balances	-8,030,738.	32	-2,006,775.
Z	33	Total liabilities and net assets/fund balances	7,371,337.	33	14,108,265.
				-	Form 990 (2019)

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Part	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		33,2	15,3	358.
2	Total expenses (must equal Part IX, column (A), line 25)	2		31,1	28,2	220.
3	Revenue less expenses. Subtract line 2 from line 1	3			87,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-8,0	30,7	738.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		3,9	36,8	325.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		-2,0	06,7	775.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>	
					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," e	xplair	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	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	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	φlain	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	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits .		3b		

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

KIE	P	COLORADO	SCHOOLS					80-00375	34
Pai	τl	Reason	for Public Cha	rity Status (All c	organizations must o	omplet	e this pa	art.) See instructions).
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 churches, or association of churches described in section 170(b)(1)(A)(i).								
2	Х	A school d	lescribed in <mark>secti</mark>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital	or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
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
		hospital's	name, city, and s	tate:					
5		An organiz	zation operated	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in
		section 17	<mark>'0(b)(1)(A)(iv)</mark> . (0	Complete Part II.)					
6		A federal,	state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7				-		pport fro	om a go	vernmental unit or fro	om the general public
				(1)(A)(vi). (Compl					
8		1			o)(1)(A)(vi). (Complete				
9				=	ed in section 170(b)(1		-		
			=	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
4.0		university:		II	th 00 0/ - ('t-		(. ()	the form and annual
10		receipts fr	om activities rela	ted to its exempt f	ore than 331/3 % of its unctions - subject to	certain e	xception	s. and (2) no more tha	n 331/3% of its
		support fro	om gross investn	nent income and u	nrelated business tax	able inco	ome (les	s section 511 tax) from	businesses
11					975. See section 509 (usively to test for publi				
12			•	•	•				carry out the purposes
12			_	· · · · · · · · · · · · · · · · · · ·	-	-			See section 509(a)(3).
									nes 12e, 12f, and 12g.
а		\neg		=	, supervised, or contr		-	•	=
а	_			•	regularly appoint or e	•		• , ,	
			•	. , .	e Part IV, Sections A		ajointy of	the directors of tracte	000 01 1110
b			0 0	•	ed or controlled in co		with its	supported organizati	on(s), by having
-				•	rganization vested in				
					, Sections A and C.				
С				=	, ng organization opera	ited in co	onnectio	n with, and functiona	lly integrated with,
		its suppo	orted organization	n(s) (see instruction	ns). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		Type III	non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
		that is no	ot functionally into	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
	_	requirem	nent (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check th	nis box if the orga	anization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type	II, Type III
			-		ionally integrated sup	porting o	organizat	ion.	
f				l organizations					
<u>g</u>					orted organization(s).	1			
	(I) N	lame of suppor	rted 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))	docui	ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(D)									
/E\									
(E)									
Tota									

Page **2** Schedule A (Form 990 or 990-EZ) 2019

Par	Support Schedule for Orga (Complete only if you checke						
	Part III. If the organization fai						
	tion A. Public Support		T	T	Γ	T	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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	(a) 2015	(b) 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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	ee instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2019 (li						<u>%</u>
15	Public support percentage from 2018						<u>%</u>
16a	331/3% support test - 2019. If the org						
	box and stop here. The organization q						
b	33 1/3% support test - 2018. If the org						
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part VI how the organization meets t			-	· ·		
L	organization						
D	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga		-				
	Explain in Part VI how the organizati						-
	supported organization				-	-	
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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					<u>, </u>	
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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					<u> </u>	
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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 in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third. fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here .	· ·	•		•		` ^ ` /
Sec	tion C. Computation of Public Supp						
<u> 15</u>	Public support percentage for 2019 (line 8,		<u> </u>	mn (f))		15	%
16	Public support percentage from 2018 Sche					16	%
	tion D. Computation of Investment						,0
<u> 17</u>	Investment income percentage for 2019 (lin			13. column (f))		17	%
18	Investment income percentage for 2013 (in					18	
	331/3% support tests - 2019. If the org						
134	17 is not more than 331/3%, check this	_					
h	331/3% support tests - 2018. If the orga	-	_	•			
D	line 18 is not more than 331/3%, check				•		· . —
20	Private foundation. If the organization d		•	•			
				,,,			

Schedule A (Form 990 or 990-EZ) 2019 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of	f the	organization's	supported	organizations	listed	by	name	in	the	organiza	ation's	governi	ng
	documents	s? If "	'No," describe i	in Part VI h	now the supp	orted or	rganı	izations	are	de	signated.	If des	signated	by
	class or pu	ırpose,	describe the de	esignation. I	f historic and c	ontinuir	ng re	lationsh	ip,	expla	ain.			

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
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Schedule A (Form 990 or 990-EZ) 2019

Page 5 Schedule A (Form 990 or 990-EZ) 2019

Part	V Supporting Organizations (continued)			- 0
ıaıı	Cupporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		
ocom	on b. Type I dapporting digunizations		Yes	No
			103	110
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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? <i>If "Yes," explain in Part</i>			
	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			
	- The state of the		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		
Section	on D. All Type III Supporting Organizations			
	7. 1. 9 9		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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 ins	tructi	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 government entity (see	instru	ctions).	
2	Activities Test. Answer (a) and (b) 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 organization(s) to which the organization was responsive: In Test, their in Test, their with 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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
Section 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionally	y integra	ated Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

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Page 7 Schedule A (Form 990 or 990-EZ) 2019 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	ection D - Distributions						
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer	ed					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2015						
b	Excess from 2016						
С	Excess from 2017						
d	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

Part V

Schedule A (Form 990 or 990-EZ) 2019 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

KIPP COLORADO SCHOOLS 80-0037534 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** \mid X \mid For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization KIPP COLORADO SCHOOLS

Employer identification number 80-0037534

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	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_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization KIPP COLORADO SCHOOLS

Employer identification number 80-0037534

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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		\$	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		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
15		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
16		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
17		\$8,205.	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 KIPP COLORADO SCHOOLS

Employer identification number 80-0037534

Part II	Noncash Property	(see instructions)	. Use duplicate copies	of Part II if additiona	I space is needed
	140110a3111 10pcity	1000 111011 401101107.	. Obe auplicate copies	or r art ii ii aaaiiloria	i opace is riceaca.

(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
		\$	
(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
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization KIPP COLORADO SCHOOLS **Employer identification number** 80-0037534 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

KIE	PP COLORADO SCHOOLS	80-0037534
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	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 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 fund	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt 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).	
		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		2b
С.		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	24
3	historic structure listed in the National Register	2d
3	tax year >	ated by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	
	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	
	>	,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	Yes L No
9	in Part XIII, describe now the organization reports conservation easements in its revenue and e	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes the
Do	organization's accounting for conservation easements.	Similar Apada
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other S Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Similar Assets.
		atata a anti-a at hada a a a ha at a anti-
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue star	tement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or resea provide the following amounts relating to these items:	irch 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 as:	
	following amounts required to be reported under FASB ASC 958 relating to these items:	3 , 1
а		▶ \$
b	Revenue included on Form 990, Part VIII, line 1	> \$

Page 2 Schedule D (Form 990) 2019

Pa	rt Organizations Maintaini	ng Collection	ns of Art, F	listorical Tre	easures, d	or Other	Similar Assets (continued)		
3	Using the organization's acquisition	n, accession,	and other	records, chec	k any of t	he follow	ring that make sign	nificant use of its		
	collection items (check all that app	ly):								
а	Public exhibition		d	Loan	or exchanç					
b	Scholarly research		е	Other						
С	Preservation for future gene									
4	Provide a description of the organ	nization's colle	ctions and	explain how	they furthe	er the or	ganization's exemp	t purpose in Part		
	XIII.									
5	During the year, did the organization						_			
	assets to be sold to raise funds rath			as part of the	organizatio	on's collec	ction?	Yes No		
Pa	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1 a	Is the organization an agent, truste									
	included on Form 990, Part X?							Yes No		
b	If "Yes," explain the arrangement i	n Part XIII and	complete t	he following tal	ble:					
							Amount			
C	Beginning balance									
d	Additions during the year									
e	Distributions during the year									
f	Ending balance Did the organization include an am						account liability?	Yes No		
	If "Yes," explain the arrangement i									
	rt V Endowment Funds.	II F alt Alli. Cli	eck liele ii i	ine explanation	i ilas beeli	provided	OII FAIL AIII			
ıa	Complete if the organiza	ation answere	ed "Yes" on	Form 990. F	Part IV. lin	e 10.				
	geniprote ii ure organii.	(a) Current ye		b) Prior year	(c) Two ye		(d) Three years back	(e) Four years back		
10	Beginning of year balance			., . ,	.,,,,		(i)	(4)		
1a h	Contributions									
b	Net investment earnings, gains,									
С	and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage	of the current	year end ba	alance (line 1g.	, column (a)) held as				
а	Board designated or quasi-endown	nent ▶	%	, ,	•					
	Permanent endowment	%								
С	Term endowment ▶	%								
	The percentages on lines 2a, 2b, a		-							
3a	Are there endowment funds not in	the possessio	n of the org	anization that	are held a	ind admir	nistered for the	Vaa Na		
	organization by:							Yes No		
	(i) Unrelated organizations							3a(i)		
L	(ii) Related organizations If "Yes" on line 3a(ii), are the relate							3a(ii)		
р 4	Describe in Part XIII the intended u	J		•				3b		
حقت	rt VI Land, Buildings, and Equ		janization s	endowinent id	ilus.					
Га	Complete if the organize	ation answer	ed "Yes" or	n Form 990,	Part IV, lir	ne 11a. S	See Form 990, Pa	rt X, line 10.		
	Description of property	(a)	Cost or other b (investment)		or other basis other)		cumulated (c	l) Book value		
	Land		(111400111101111)	(0		аері	O S. Allori			
b	Buildings			3	384,518	. 8	36,849.	47,669.		
c	Leasehold improvements				136,563		12,488.	124,075.		
d	Equipment			2	204,557	. 2	04,557.			
е	Other									
	I. Add lines 1a through 1e. (Column		al Form 990,	Part X, colum	n (B), line	10c.)	▶	171,744.		

80-0037534 Page **3**

	-orm 990) 2019			Page 3			
Part VII	t VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line						
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market				
(1) Financia	al derivatives						
	held equity interests						
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)	m (h) mayot anyol Farma COO Bort V and (D) line 42.)						
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) . Investments - Program Related.						
rait viii	Complete if the organization answered						
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market				
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)						
Part IX	Other Assets.						
Ιαιτιχ	Complete if the organization answered	l "Yes" on Form 99	0. Part IV. line 11d. See Form 990.	Part X. line 15.			
		scription	, , , , , , , , , , , , , , , , , , , ,	(b) Book value			
(1)	, ,	· ·		. ,			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)	was the same to save to save to save the sa	Una 45)					
Part X	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities.	irie 15.)					
Part A	Complete if the organization answered line 25.	l "Yes" on Form 99	0, Part IV, line 11e or 11f. See Forn	n 990, Part X,			
1.		otion of liability		(b) Book value			
	ral income taxes	-		(.,			
	PENSION LIABILITY			9,810,691.			
(3) NET	OPEB LIABILITY			791,600.			
(4) PPP	LOAN ADVANCE			3,594,300.			
(5)							
(6)							
(7)							
(8)							
(9)				44.400.==			
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u> </u>	14,196,591.			
•	or uncertain tax positions. In Part XIII, provide 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 $\frac{\text{JSA}}{9\text{E}1270} \frac{\text{JSA}}{3564 \text{JK}} = \frac{\text{Schedule D (Form 99 PA}}{3564 \text{JK}} = \frac{\text{Schedule D (Form 99 PA}}{12000} = \frac{\text{Schedule D (Form 99 PA}$

Schedule D (Form 990) 2019 Page 4

	C D (1 0 m 330) 2013		r age -
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	33,215,358.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
a	Not unrealized gains (1053es) of investments 111111111111111111111111111111111111		
b	Donated services and use of lacinities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
С	Receive the of phot year granter in the interest		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	33,215,358.
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.)		
	Add lines 4a and 4b	4c	
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	33,215,358.
Part			
rait		II I I.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<u> </u>	20 001 146
1	Total expenses and losses per audited financial statements	1	30,901,146.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses		
C	105 160	-	
d	other (besonible in rate Ain.)	1	185,169.
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	30,715,977.
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.)		
	Add lines 4a and 4b	4c	412,243.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	31,128,220.
	XIII Supplemental Information.		<u> </u>
	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	Part \/	line 4: Part X line
2: Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	, r are x, mio
SEE	PAGE 5		

Schedule D (Form 990) 2019 KIPP COLORADO SCHOOLS 80-0037534 Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART VII, LINE 2D

EXPENSE ON BOOKS, NOT ON RETURN:

135,734 CAPITAL OUTLAY EXPENSE NOT REPORTED AS

EXPENDITURE ON GOVERNMENTAL FUND REPORT

49,435 CREDIT AGAINST OPEB EXPENSE NOT REPORTED AS

EXPENDITURE ON GOVERNMENTAL FUND REPORT

185,169 TOTAL

SCHEDULE D, PART XII, LINE 4B

EXPENSE ON RETURN, NOT ON BOOKS:

37,509 DEPRECIATION EXPENSE TREATED AS CAPITAL OUTLAY

ON GOVERNMENTAL FUNDS REPORT

374,734 PENSION CREDIT NOT REPORTED AS EXPENDITURE

ON GOVERNMENTAL FUNDS REPORT

412,243 TOTAL

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization KIPP COLORADO SCHOOLS Employer identification number 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		21	
_	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy 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	
	describe. If 140, please explain. If you need more space, use Part II			
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
¬ a	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	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		37	
4	with student admissions, programs, and scholarships?	4c 4d	X	
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	40	21	
	in you anowered the tell and of the above, please explain. If you need more space, all it are in.			
_				
5 а	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		X
а	Students rights of privileges:	Ja		21
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		X
4	Scholarships or other financial assistance?	5d		х
u	Scholarships of other linarida assistance:	Ju		21
е	Educational policies?	5e		Х
f	Use of facilities?	5f		X
~	Athletic programs?	5g		X
g	Attrietic programs:	Jy		21
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	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		Х
_	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	_	v	
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

Schedule E (Form 990 or 990-EZ) (2019)

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.

SCHEDULE E, PART I, LINE 6A

KIPP COLORADO SCHOOLS ARE PUBLICLY FUNDED UNDER DENVER PUBLIC SCHOOLS

SCHEDULE J (Form 990)

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

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

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

OMB No. 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service Name of the organization

KIPP COLORADO SCHOOLS

Inspection Employer identification number

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 reimbursement or provision of all of the expenses described above? If "No," complete Part III to					
	explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all					
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line					
	1a?	2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X					
4 a	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: Receive a severance payment or change-of-control payment?	4a 4b		X		
b						
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only costion 504/c)/(2) 504/c)/(4) and 504/c)/(20) argonizations must complete lines 5.0					
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
3	compensation contingent on the revenues of:					
а	The organization?	5a		Х		
b	Any related organization?	5b		Х		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the net earnings of:					
а	The organization?	6a		Х		
b	Any related organization?	6b		Х		
	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		Х		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

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

Schedule J (Form 990) 2019

KIPP COLORADO SCHOOLS 80-0037534

Schedule J (Form 990) 2019 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 o	f W-2 and/or 1099-MI	SC 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
ANJALI FEATHERSTONE	(i)	137,548.	0.	86.	9,353.	6,433.	153,420.	
1 ^{COO/INTERIM CEO}	(ii)	0.	0.	0.				
KIMBERLEE SIA	(i)	129,507.	0.	100.	8,806.	15,458.	153,871.	
2 EXECUTIVE DIRECTOR THRU 10/19	(ii)	0.	0.	0.				
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

KIPP COLORADO SCHOOLS 80-0037534

Schedule J (Form 990) 2019

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

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

2019

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

FORM 990, PART VI, SECTION B, LINE 11B PROCESS TO REVIEW THE FORM 990:

THE DIRECTOR OF FINANCE 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 DIRECTOR OF FINANCE. 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:

EXECUTIVE DIRECTOR COMPENSATION IS REVIEWED, APPROVED AND DOCUMENTED BY
THE BOARD OF DIRECTORS. AN INFORMAL SURVEY OF EXECUTIVE DIRECTOR

COMPENSATION AT SIMILAR EDUCATIONAL EXEMPT ORGANIZATIONS BY THE BOARD OF
DIRECTORS WAS USED FOR COMPARABILITY PURPOSES.

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

REVIEW OF OTHER OFFICER OR KEY EMPLOYEES COMPENSATION:

THE COO'S AND CSO'S COMPENSATION IS REVIEWED, APPROVED AND DOCUMENTED BY
THE EXECUTIVE DIRECTOR. AN INFORMAL SURVEY OF COMPENSATION AT SIMILAR
EDUCATIONAL EXEMPT ORGANIZATIONS WAS USED BY THE EXECUTIVE DIRECTOR 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.

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:

Schedule O (Form 990 or 990-EZ) 2019 Page 2

Name of the organization

KIPP COLORADO SCHOOLS

Employer identification number

80-0037534

GOVERNMENTAL FUND BALANCE PER AUDITED FINANCIAL STATEMENTS 12,018,072

CAPITAL ASSETS USED IN GOVERNMENTAL ACTIVITIES ARE NOT 171,744

FINANCIAL RESOURCES AND THEREFORE ARE NOT REPORTED IN

THE GOVERNMENTAL FUND.

THE NET PENSION LIABILITY IS NOT DUE AND PAYABLE IN THE (9,810,691)

CURRENT PERIOD AND, THEREFORE IS NOT REPORTED IN THE

GOVERNMENTAL FUND

THE NET OPEB LIABILITY IS NOT DUE AND PAYABLE IN THE CURRENT (791,600)

PERIOD AND THEREFORE IS NOT REPORTED IN THE GOVERNMENTAL

FUND

LONG-TERM LIABILITIES IS NOT DUE AND PAYABLE IN THE (3,594,300)

CURRENT PERIOD AND THEREFORE IS NOT REPORTED IN THE

GOVERNMENTAL FUND

TOTAL NET ASSETS REPORTED ON FORM 990 (2,006,775)

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

3,936,825

ATTACHMENT 1

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

DENVER PUBLIC SCHOOLS ADMIN/SPEN/SERVOCES 3,777,273.

1860 LINCOLN STREET DENVER, CO 80203

KOKUA SUBSTITUTE TEACHING 148,506.

73 W MONROE

CHICAGO, IL 60603