	AMENDED	RETURN - SECT	ION	512(A)(7)	REPEAL				
Form	990-T Exempt Or	rganization Bus	sine	ss Income	Гах <u>Re</u> turr	r L	OMB No 1545-0687		
		(and proxy tax und	ler se	ection 6033(e))	1806	ı	2047		
	For calendar year 2017 or other	er tax year beginning JUL 1,	20	17 , and ending J	IN 30, 201	<u>.8</u> .	ZU 17		
Depa		o www.lrs.gov/Form990T for it				_ L	Onen to Public Inspection to		
Intern		numbers on this form as it may			zation is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only		
A L		on (L Check box if name o	hanged	and see instructions.)		(Empl	oyer identification number oyees' trust, see		
	audress changed						instructions)		
	Exempt under section X 501(C)(3) Print KIPP NEW YORK, INC. Number, street, and room or suite no. If a P.O. box, see instructions.						20-3971209 E Unrelated business activity codes		
<u> </u>	Journal of the later and	d room or suite no. If a P.O. bo. ADWAY , NO . 100		istructions.		(See instructions)			
늗	_ `					4			
<u> </u>		City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10036					/		
C Bo	k value of all assets E Croup exemption	n number (See instructions)				L			
at	42,757,911. G Check organizati	on type X 501(c) cor	poration	501(c) trust	401(a)	trust	Other trust		
H De	scribe the organization's primary unrelated busine	ss activity. NONE	<u>'</u>			<u>'</u>			
	ring the tax year, was the corporation a subsidiary	 	nt-subsi	idiary controlled group?		Ye	s No		
	Yes," enter the name and identifying number of the	- ·		,					
	e books are in care of	<u></u>		Telept	one number				
Pa	rt I Unrelated Trade or Busines	s Income		(A) Income	(B) Expense:	3	(C) Net		
1 a	Gross receipts or sales			·					
b	Less returns and allowances	c Balanca 🕨	1c	•					
2	Cost of goods sold (Schedule A, line 7)		2						
3	Gross profit. Subtract line 2 from line 1c		3						
4a	Capital gain net income (attach Schedule D)		48						
b	Net gain (loss) (Form 4797, Part II, line 17) (attacl	h Form 4797)	4b						
C	Capital loss deduction for trusts		4c		<u> </u>				
5	Income (loss) from partnerships and S corporatio	ns (attach statement)	5						
6	Rent income (Schedule C)		6						
7	Unrelated debt-financed income (Schedule E)		7						
8	Interest, annuities, royalties, and rents from control		8						
9	Investment income of a section 501(c)(7), (9), or	(17) organization (Schedule G)							
	Exploited exempt activity income (Schedule I)		10						
11	Advertising income (Schedule J)		11						
12	Other income (See instructions; attach schedule)		12						
	Total. Combine lines 3 through 12		13	0.		1			
Ра	rt II Deductions Not Taken Elsev (Except for contributions, deductions	•							
14	Compensation of officers, directors, and trustees					14			
14 15	Salaries and wages	(Schedule K)			• • • • •	15			
16	Repairs and maintenance		•	••	•	16			
17	Bad debts			•		17			
18	Interest (attach schedule)	•		• • • •		18			
19	Taxes and licenses					19			
20	Charitable contributions (See instructions for lim	rtation rules)				20			
20707	Depreciation (attach Form 4562)	,		21	•				
က 22	Less depreciation claimed on Schedule A and els	sewhere on return		228	······	22b			
○ 23	Depletion		= 13 /1	ED 1		23			
C) 24	Contributions to deferred compensation plans	REC	FIV			24			
日25	Employee benefit programs			1.0		25			
Ω^{26}	Excess exempt expenses (Schedule I)	JUN	052	020 []		26			
11 27	Excess readership costs (Schedule J)	. 181 3011		<u> \alpha \tag{\alpha} \alp</u>		27			
₹28	Other deductions (attach schedule)			IJT .		28			
2 29	Total deductions. Add lines 14 through 28	OGE) <u>- </u>			29	0.		
<u>Ç</u> 30	Unrelated business taxable income before net op	erating loss deduction. Subtrac	ct line 29	9 from line 13		30	0.		
SCANNET SCANNET	Net operating loss deduction (limited to the amou	unt on line 30)				31			
32	Unrelated business taxable income before specifi	ic deduction. Subtract line 31 fr	rom line	30		32	0.		
33	Specific deduction (Generally \$1,000, but see line	e 33 instructions for exceptions	s)			33	1,000.		
34	Unrelated business taxable income. Subtract life	ne 33 from line 32. If line 33 is	greater	than line 32, enter the si	maller of zero or				
	line 32	·			-	34	0.		
72370	1 01-22-18 LHA For Paperwork Reduction Act	Notice, see instructions.					Form 990-T (2017)		

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	(40)	RILL HER TORKY		-						
Part I	1 7	Tax Computation								
35	Organ	nizations Taxable as Corporations. S	See instructions for tax computatio	n.			ĺ			
	Contr	olled group members (sections 1561	and 1563) check here 🕨 📖	See instructions	and:					
а	Enter	your share of the \$50,000, \$25,000,	and \$9,925,000 taxable income br	ackets (in that or	der):		1	İ		
	(1)	\$ (2)	\$	(3) 💲			ł	-		
b	Enter	organization's share of: (1) Additiona	al 5% tax (not more than \$11,750)	\$						
	(2) A	dditional 3% tax (not more than \$100	,000)	\$						
C	Incom	ne tax on the amount on line 34	-				►L	35c		0.
36	Trust	s Taxable at Trust Rates. See instruc	tions for tax computation. Income	tax on the amou	nt on line 3	34 from:	Į,			
4		Tax rate schedule or 🔲 Schedu	le D (Form 1041)				►L	36		
37	Proxy	tax. See instructions					▶ [37		
38	Altern	ative minimum tax					L	38		
39	Tax o	n Non-Compliant Facility Income. S	ee instructions				L	39		
40		Add lines 37, 38 and 39 to line 35c of	or 36, whichever applies		<u> </u>			40		0.
Part I	<u>v 1</u>	Tax and Payments					,			
41a	Foreig	gn tax credit (corporations attach Fori	n 1118; trusts attach Form 1116)		418		_	ł		
b		credits (see instructions)			41b			- 1		
C	Gener	al business credit, Attach Form 3800			. 41c			i		
đ	Credit	t for prior year minimum tax (attach F	orm 8801 or 8827)		. 41d		<u> </u>			
e	Total	credits. Add lines 41a through 41d						41e		
42	Subtra	act line 41e from line 40				. .		42		0.
43			5 🔲 Form 8611 🔲 Form 8	697 🔲 Form	8866 L	Other (attach sched	lule)	43	·	
44		tax. Add lines 42 and 43			1 1		-	44		0.
	•	ents: A 2016 overpayment credited t	0 2017	-	45a			ļ	•	
		estimated tax payments			45b		\dashv			
		eposited with Form 8868			45c					
	_	on organizations: Tax paid or withheld		• •	45d			-		
е		ip withholding (see instructions)			45e		\dashv			
1		for small employer health insurance		•	45f					
9		credits and payments:	Form 2439 X Other 3,05	0 • Total ▶	► 45g	3,05	ا ۱			
46		Form 4136		SEE SI			"	46	3,05	50.
46 47		ated tax penalty (see instructions). Cl					ŀ	47		
48		ue. If line 46 is less than the total of I		d		•• •		48		
49		payment. If line 46 is larger than the t			- •			49	3,05	50.
50		the amount of line 49 you want. Cree			• • •	Refunded	▶ ↑	50	3,05	
Part \		Statements Regarding Co		her Informa	tion (se	e instructions)				
51	At any	y time during the 2017 calendar year,	did the organization have an inter-	est in or a signati	re or othe	r authority			Yes	No
	over a	a financial account (bank, securities, o	or other) in a foreign country? If Yi	ES, the organizati	on may ha	ve to file			1 1	
	FinCE	N Form 114, Report of Foreign Bank	and Financial Accounts. If YES, en	ter the name of th	ne foreign (country				
	here	>								X
52	Durin	g the tax year, did the organization re	ceive a distribution from, or was it	the grantor of, or	r transfero	r to, a foreign trust?	,		\vdash	X
		S, see instructions for other forms the								!
53		the amount of tax-exempt interest re						ladas and holiof d		
Sign	COL	der penalties of perjury, I declare that I have rrect, and complete Declaration of preparer	examined this return, including accomp (other than taxpayer) is based on all info	anying scriedules al rmation of which pre	no statemen eparer has ar	is, and to the best of it iy knowledge	iy know	leage and belief, it	is ode,	
Here								May the IRS discuss this return with the preparer shown below (see		
		Signature of officer	P/1/2020	Title				ructions)?		No
		Print/Type preparer's name	Preparer's signature	· · · · · · · · · · · · · · · · · · ·	Date	Check	if	PTIN		
D-11		τι τιπο τγρο ριοραίοι ο παιπο	1 Topuloi 3 Signatule			self- emple		' ' ' '		
Paid		DAVE SEKERAK	DAVE SEKERA	K (05/27	· ·	,	P0139	5497	
Prepa	II EI	Firm's name CLIFTONL				Firm's El	N Þ	41-07		9
Use C	niy		GERMANTOWN PIK	E, STE	400					
		Firm's address PLYMOU		·		Phone no	. 2 :	15-643-	3900	

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FOOTNOTES

STATEMENT

THE 2017 TAX CUTS AND JOBS ACT CREATED IRC SEC. 512(A)(7) WITH AN ENACTMENT DATE OF JANUARY 1, 2018. IRC SEC. 512(A)(7) DEFINED THE CONCEPT OF DISALLOWED FRINGE BENEFITS AND REQUIRED THAT THESE EXPENSES BE INCLUDED IN UNRELATED BUSINESS TAXABLE INCOME. THE TAXPAYER CERTAINTY AND DISASTER RELIEF ACT OF 2019 SIGNED ON DECEMBER 20, 2019 REPEALED IRC SEC. 512(A)(7) RETROACTIVELY BACK TO ITS ORIGINAL ENACTMENT; AS SUCH THIS AMENDMENT IS BEING FILED TO REMOVE THE DISALLOWED FRINGE BENEFITS WHICH ARE NO LONGER INCLUDED IN UNRELATED BUSINESS INCOME AND NO LONGER SUBJECT TO INCOME TAX.

THE FOLLOWING LINES ON THE FORM 990-T HAVE BEEN CHANGED: PART I LINE 12 DECREASED FROM \$17,969 TO \$0.

PART II LINE 34 DECREASED FROM \$16,969 TO \$0.

PART III LINES 35C AND 40 DECREASED FROM \$3,050 TO \$0.

PART IV LINES 42 AND 44 DECREASED FROM \$3,050 TO \$0.

PART IV LINES 45G AND 46 INCREASED FROM \$0 TO \$3,050.

PART IV LINE 48 DECREASED FROM \$3,050 TO \$0.

PART IV LINES 49 AND 50 INCREASED FROM \$0 TO \$3,050.

A REFUND OF \$3,050 IS BEING REQUESTED WITH THIS RETURN.

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT	2		
DESCRIPTION	AMOUNT			
TAX DUE WITH ORIGINAL RETURN	3,050.			
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 45G	3,05	50.		