

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning and ending

Go to www.irs.gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Part I: Name of organization (KHAN ACADEMY, INC.), Employer identification number (26-1544963), Address (P.O. BOX 1630, MOUNTAIN VIEW, CA 94042)

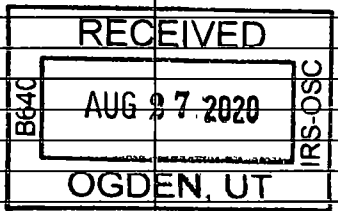
Part II: Book value of all assets at end of year (86,675,767), Group exemption number, Check organization type (501(c) corporation)

Part III: Enter the number of the organization's unrelated trades or businesses, Describe the only (or first) unrelated trade or business here

Part IV: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (Yes/No)

Part V: The books are in care of (MICHAEL JOHNSON), Telephone number (650-336-5426)

Table with 5 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Includes rows for Gross receipts, Cost of goods sold, Capital gain, Net gain, etc.



Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

Table with 3 columns: Line number, Description, Amount. Includes rows for Compensation of officers, Salaries and wages, Repairs and maintenance, etc.

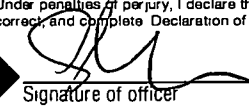
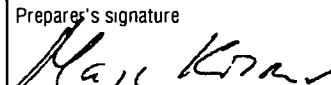
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<b>Part III Total Unrelated Business Taxable Income</b>	
32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 0.
33 Amounts paid for disallowed fringes	33
34 Charitable contributions (see instructions for limitation rules)	34 0.
35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35
36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 1</b>	36 0.
37 Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35	37
38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
39 <b>Unrelated business taxable income</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39 0.

<b>Part IV Tax Computation</b>	
40 <b>Organizations Taxable as Corporations</b> Multiply line 39 by 21% (0.21)	40 0.
41 <b>Trusts Taxable at Trust Rates</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41
42 <b>Proxy tax</b> See instructions	42
43 <b>Alternative minimum tax</b> (trusts only)	43
44 <b>Tax on Noncompliant Facility Income</b> See instructions	44
45 <b>Total</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.

<b>Part V Tax and Payments</b>	
46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a
b Other credits (see instructions)	46b
c General business credit Attach Form 3800	46c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	46d
e <b>Total credits</b> Add lines 46a through 46d	46e
47 Subtract line 46e from line 45	47 0.
48 Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48
49 <b>Total tax</b> Add lines 47 and 48 (see instructions)	49 0.
50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
51a Payments: A 2018 overpayment credited to 2019	51a 4,108.
b 2019 estimated tax payments	51b 6,000.
c Tax deposited with Form 8868	51c
d Foreign organizations: Tax paid or withheld at source (see instructions)	51d
e Backup withholding (see instructions)	51e
f Credit for small employer health insurance premiums (attach Form 8941)	51f
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g
52 <b>Total payments.</b> Add lines 51a through 51g	52 10,108.
53 Estimated tax penalty (see instructions) Check if Form 2220 is attached <input type="checkbox"/>	53
54 <b>Tax due</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
55 <b>Overpayment</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55 10,108.
56 Enter the amount of line 55 you want <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	56 10,108.

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		
57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>INDIA</b>	Yes	No
58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file		X
59 Enter the amount of tax-exempt interest received or accrued during the tax year <b>\$</b>		

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	Signature of officer 	Date <b>8/16/20</b>
<b>Paid Preparer Use Only</b>	Preparer's signature 	Title <b>CEO</b>
	Print/Type preparer's name <b>MAGA E. KISRIV</b>	Date <b>8/12/2020</b>
	Firm's name <b>HOOD &amp; STRONG LLP</b>	Firm's EIN <b>94-1254756</b>
	Firm's address <b>275 BATTERY ST, STE 900 SAN FRANCISCO, CA 94111</b>	Phone no <b>415.781.0793</b>

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	4,573.	0.	4,573.	4,573.
12/31/14	7,820.	0.	7,820.	7,820.
12/31/15	11,279.	0.	11,279.	11,279.
NOL CARRYOVER AVAILABLE THIS YEAR			23,672.	23,672.