# KENNEDY CHILD STUDY CENTER FORM 990 TAX YEAR 2021

A For the 2021 calendar year, or tax year beginning

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

Open to Public Inspection

OMB No. 1545-0047

▶ 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.

A F	or th	e 202	1 calendar year, or tax year beginning	07/01/2021	$_{ m l}$ and endir	ng		06/	30/2022
ь			C Name of organization				D Employer ide	entifica	ation number
ВС	heck if ap	oplicable:	KENNEDY CHILD STUDY CENTER						
	Addre		Doing Business As				13-5671	639	
	7	change	Number and street (or P.O. box if mail is not delivered to street a	ddress)	Room/suite		E Telephone no	umber	
	Initial	return	2212 THIRD AVENUE				(212)98	38 – 9	9500
	Term	inated	City or town, state or province, country, and ZIP or foreign posta	l code			(=== / -		
	Amer	ided	NEW YORK, NY 10035				<b>G</b> Gross receipt	ts \$	21,347,864.
$\vdash$		cation	F Name and address of principal officer: JEANNE ALT				H(a) Is this a grou		
_	pendi	ng	2212 THIRD AVENUE, NEW YORK, NY 100				subordinates <b>H(b)</b> Are all subord		
_	Tay ay	empt sta			or 52		` '		(see instructions)
÷				4947(a)(1)	or   52		·		,
_			WWW.KENCHILD.ORG		1		H(c) Group exemp		
				er 🕨	L Year o	i iormatic	on: 1959 M	State	of legal domicile: NY
Ρ	art I		mmary	50 5:		D			
_	1		/ describe the organization's mission or most significant act						
nce		THE	RAPEUTIC SERVICES TO CHILDREN WITH I	EAETOSMEN.	TAL DISA	BTTT.I	TES.		
rna			·						
Governance	2		this box   if the organization discontinued its oper	•				1 1	
ŏ	3	Numb	er of voting members of the governing body (Part VI, line 1a	a)				3	20
8	4		er of independent voting members of the governing body (					4	20
Activities &	5	Total ı	number of individuals employed in calendar year 2021 (Par	t V, line 2a)				5	258
냚	6	Total ı	number of volunteers (estimate if necessary)					6	20
ď	7a	Total	unrelated business revenue from Part VIII, column (C), line 1	2				7a	
			nrelated business taxable income from Form 990-T, line 34					7b	
							Prior Year		Current Year
ø	8	Contri	butions and grants (Part VIII, line 1h)				1,107,03	3.	3,596,308.
nu.	9	Progra	am service revenue (Part VIII, line 2g)	COP	PY FOR		16,248,60	7.	17,731,950.
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)	PUBLIC	INSPECTION		6,11	L2.	1,149.
œ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and				-10,33	30.	18,457.
	12		revenue - add lines 8 through 11 (must equal Part VIII, colu				17,351,42	2.	21,347,864.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)					ONE	NONE
	14		its paid to or for members (Part IX, column (A), line 4)				NO	ONE	NONE
Ø	15		es, other compensation, employee benefits (Part IX, column				13,978,98	0.	13,502,628.
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)					ONE	NONE
- be	b	Total f	fundraising expenses (Part IX, column (D), line 25)	109,584			1.01.1		
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				4,682,93	2.	4,793,635.
			expenses. Add lines 13-17 (must equal Part IX, column (A),				18,661,91		18,296,263.
			nue less expenses. Subtract line 18 from line 12				-1,310,49	_	3,051,601.
es		TTOVOI	rac less expenses. Gastract line to from line 12.				ing of Current Y		End of Year
ets	20	Total :	assets (Part X, line 16)				16,208,39	_	16,400,886.
Ass Bal	21		liabilities (Part X, line 26)				14,901,63		12,160,653.
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21 from line 20.				1,306,75	_	4,240,233.
	rt II		anature Block				1,300,73	,	1,210,255.
			of perjury, I declare that I have examined this return, including acc	companying sched	dules and stater	ments ar	nd to the best of	mv k	nowledge and belief it is
tru	e, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all	information of wh	ich preparer ha	as any kn	owledge.	,	
Sig	ın		Signature of officer				Date		
He	re								
			Type or print name and title						
			Type preparer's name Preparer's signature		Date		Chaal	;, P	TIN
Paid	t		1200	2023	Check self-employe	"			
Pre	parer	<u> </u>	TODAY III		1, 12,				201333816
Use	Only		sname FORVIS, LLP				Firm's EIN		1-0160260
N/a:	, th a !		saddress 1155 AVENUE OF THE AMERICAS #1200 NEW				Phone no.	21	2-867-4000
_			cuss this return with the preparer shown above? (see instruc	JUUIS)					X Yes No
ror	rape	rwork	Reduction Act Notice, see the separate instructions.						Form <b>990</b> (2021)

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Ρċ	art III	Statement of Program Service			
_			response or note to any line in this Par	t III	
1	•	escribe the organization's missio			
			THERAPEUTIC SERVICES TO CH	HILDREN WITH	
	DEVEL	OPMENTAL DISABILITIES	,		
	Did the	organization undertake any sign	ificant program services during the ye	ear which were not listed on	the
	prior Fo				
3	services'	·	g, or make significant changes in I		
4	Describe expense	s. Section 501(c)(3) and 501(c	dule O.  ervice accomplishments for each of it  (4) organizations are required to report each program service reported.		
4a	(Code: _	) (Expenses \$16	489,954. including grants of \$	) (Revenue \$	17,731,950.
	SPECI	AL EDUCATION PRE-SCHOOL	OL PROVIDING INSTRUCTION AN	ID THERAPIES	
	FOR C	HILDREN WITH DEVELOPME	ENTAL DISABLITIES, AGES 3-5	DURING	
	FISCA	L YEAR 2022, THIS PRO	GRAM'S AVERAGE ENROLLMENT W	VAS 321	
	CHILE	REN PER MONTH.			
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	` -				
	-				
4c	(Code: _	) (Expenses \$	including grants of \$	) (Revenue \$	)
<u>4</u> d	Other pr	ogram services (Describe on Scl	nedule O )		
тu	(Expense	= :	The state of the s	- ¢ \	
40	· ·	ogram service expenses		<b>)</b>	

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Part IV Checklist of Required Schedules

СII	One chilst of Nequired Ochedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		3.7
	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)	4		v
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
J	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			Λ
ŭ	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	37	
<b>h</b>	complete Schedule D, Part VI	11a	X	
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		Λ
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ö	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		X
. 5	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	<b>_</b>		
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part	Checklist of Required Schedules (continued)		V	Na
22	Did the experiention report more than 05 000 of greate or other assistance to or for democitic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22		X
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		- 21	
	\$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		Х
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%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			71
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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			
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		v
33	complete Schedule N, Part II	32		X
33	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,	- 55		
• •	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Dowl	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes	No
1 2	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   28			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 1E1030		Form	990	(2021)
	0979NT V01B <b>04/11/2023 12:04:37</b> V21-7.15 1181548		7	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 258			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	425		
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.			
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			
	The original control of the control			
	Enter the amount of reserves on hand	14a		Х
	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> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		Λ
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			- 22
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
• •	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

13-5671639 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		_X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	_		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			37
Socti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9 Codo	١	X
Secu	on B. Folicies (This Section B requests information about policies not required by the internal Nevertue	Code	.) Yes	No
40.	D'il the come c'est's a hard shortest have been seen (C'estes O	10a		X
	Did the organization have local chapters, branches, or affiliates?	104		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NY,	- ,		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(sec	ion 5	U1(c)
	Own website Another's website X Upon request Other (explain on Schedule O)			
40		£ !		a Barr
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	ınter	est p	опсу,
20	and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and record	c <b>b</b>		
20	BHUPENDRA SHAH 2212 THIRD AVE. NEW YORK, NY 10035	ა 🚩		

2129889500

Form **990** (2021)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Continue					(0	C)					
Company   Comp	(A)	(B)		Position		(D)	(E)	(F)			
Por week (list who was for related organizations (Post of the properties)   Post of the properties o	Name and title		,						'	•	
Companies   Comp									· ·	•	
Comparison   Com		1 '				_		_			•
11   Jeanne Alter   35.00		, ,	ndiv or di	nsti	Offic	(ey	igh mpl	om-	,	,	
(1) JEANNE ALTER  S\$ 0.0  EXECUTIVE DIRECTOR  NONE  X  255,727.  NONE  32,642.  (2) BHUPENDRA SHAH  35.00  FINANCE DIRECTOR  NONE  X  167,825.  NONE  35,431.  (3) MARY MCKILLOP  35.00  CURRICULUM DIRECTOR  NONE  X  164,024.  NONE  X  164,024.  NONE  X  165,473.  NONE  25,151.  (4) CAROLYN CLEVELAND  DIRECTOR OF OPERATIONS  NONE  EDUCATION DIRECTOR  NONE  X  110,193.  NONE  20,751.  (6) JOE SPANBERGER  35.00  DIRECTOR OF IT SERVICES  NONE  DIRECTOR OF IT SERVICES  NONE  X  108,238.  NONE  20,299.  (7) KRISTY CHAU  35.00  EDUCATION DIRECTOR  NONE  X  111,883.  NONE  10,880.  (8) KENNETH LOHSEN  2.00  TREASURER (THROUGH 4/22)  NONE  X  NONE  X  NONE  NONE  NONE  NONE  X  NONE  N			idua	tutio	Ψ̈́	dme	est o	er	1099-NEC)	1099-NEC)	related organizations
(1) JEANNE ALTER  S\$ 0.0  EXECUTIVE DIRECTOR  NONE  X  255,727.  NONE  32,642.  (2) BHUPENDRA SHAH  35.00  FINANCE DIRECTOR  NONE  X  167,825.  NONE  35,431.  (3) MARY MCKILLOP  35.00  CURRICULUM DIRECTOR  NONE  X  164,024.  NONE  X  164,024.  NONE  X  165,473.  NONE  25,151.  (4) CAROLYN CLEVELAND  DIRECTOR OF OPERATIONS  NONE  EDUCATION DIRECTOR  NONE  X  110,193.  NONE  20,751.  (6) JOE SPANBERGER  35.00  DIRECTOR OF IT SERVICES  NONE  DIRECTOR OF IT SERVICES  NONE  X  108,238.  NONE  20,299.  (7) KRISTY CHAU  35.00  EDUCATION DIRECTOR  NONE  X  111,883.  NONE  10,880.  (8) KENNETH LOHSEN  2.00  TREASURER (THROUGH 4/22)  NONE  X  NONE  X  NONE  NONE  NONE  NONE  X  NONE  N		"	~ ±	nal 1		loye	w x				
(1) JEANNE ALTER  S\$ 0.0  EXECUTIVE DIRECTOR  NONE  X  255,727.  NONE  32,642.  (2) BHUPENDRA SHAH  35.00  FINANCE DIRECTOR  NONE  X  167,825.  NONE  35,431.  (3) MARY MCKILLOP  35.00  CURRICULUM DIRECTOR  NONE  X  164,024.  NONE  X  164,024.  NONE  X  165,473.  NONE  25,151.  (4) CAROLYN CLEVELAND  DIRECTOR OF OPERATIONS  NONE  EDUCATION DIRECTOR  NONE  X  110,193.  NONE  20,751.  (6) JOE SPANBERGER  35.00  DIRECTOR OF IT SERVICES  NONE  DIRECTOR OF IT SERVICES  NONE  X  108,238.  NONE  20,299.  (7) KRISTY CHAU  35.00  EDUCATION DIRECTOR  NONE  X  111,883.  NONE  10,880.  (8) KENNETH LOHSEN  2.00  TREASURER (THROUGH 4/22)  NONE  X  NONE  X  NONE  NONE  NONE  NONE  X  NONE  N			stee	rust		Ф	Dens				
(1) JEANNE ALTER		,		ee			sated				
EXECUTIVE DIRECTOR											
C   BHUPENDRA SHAH   35.00	(1) JEANNE ALTER	35.00									
STINANCE DIRECTOR	EXECUTIVE DIRECTOR	NONE			Х				255,727.	NONE	32,642.
(3) MARY MCKILLOP   35.00   CURRICULUM DIRECTOR   NONE   X   164,024.   NONE   25,151.	(2) BHUPENDRA SHAH	35.00									
CURRICULUM DIRECTOR	FINANCE DIRECTOR	NONE			Χ				167,825.	NONE	35,431.
CAROLYN CLEVELAND   35.00   DIRECTOR OF OPERATIONS   NONE   X   135,473.   NONE   32,788.	(3) MARY MCKILLOP	35.00									
DIRECTOR OF OPERATIONS	CURRICULUM DIRECTOR	NONE					Х		164,024.	NONE	25,151.
Column   C	(4) CAROLYN CLEVELAND	35.00									
EDUCATION DIRECTOR	DIRECTOR OF OPERATIONS	NONE					Х		135,473.	NONE	32,788.
Column	(5) GERALDO FELICIANO	35.00									
DIRECTOR OF IT SERVICES	EDUCATION DIRECTOR	NONE					X		110,193.	NONE	20,751.
(7) KRISTY CHAU       35.00         EDUCATION DIRECTOR       NONE       X       111,883.       NONE       10,880.         (8) KENNETH LOHSEN       2.00       X       X       NONE       NONE <td< td=""><td>(6) JOE SPANBERGER</td><td>35.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(6) JOE SPANBERGER	35.00									
EDUCATION DIRECTOR	DIRECTOR OF IT SERVICES	NONE					X		108,238.	NONE	20,299.
(8) KENNETH LOHSEN         2.00           TREASURER (THROUGH 4/22)         NONE         X         X         NONE	(7) KRISTY CHAU	35.00									
TREASURER (THROUGH 4/22)  (9) MICHAEL O'CONOR  CHAIR  NONE X X NONE NONE NONE  (10) MELISSA SALERNO  SECRETARY  NONE X X NONE NONE NONE  SECRETARY  NONE X X NONE NONE NONE  (11) ADAM GOLDSTEIN  TREASURER (SINCE 4/22)  NONE X X NONE NONE NONE  (12) JOHN GIBBONS  DIRECTOR  NONE X NONE NONE NONE  (13) RANDOLPH AMENGUAL  DIRECTOR  NONE X NONE NONE NONE  (14) ANDREW KRAUS  1.00	EDUCATION DIRECTOR	NONE					X		111,883.	NONE	10,880.
(9) MICHAEL O'CONOR         4.00           CHAIR         NONE         X         X         NONE	(8) KENNETH LOHSEN	2.00									
CHAIR	TREASURER (THROUGH 4/22)	NONE	X		Χ				NONE	NONE	NONE
(10) MELISSA SALERNO         1.00           SECRETARY         NONE         X         X         NONE	(9) MICHAEL O'CONOR	4.00									
SECRETARY	CHAIR	NONE	X		Χ				NONE	NONE	NONE
(11) ADAM GOLDSTEIN         2.00           TREASURER (SINCE 4/22)         NONE         X         X         NONE         <	(10) MELISSA SALERNO	1.00									
TREASURER (SINCE 4/22)         NONE         X         X         NONE         NONE         NONE           (12) JOHN GIBBONS         1.00         1.00         NONE         NONE <td< td=""><td>SECRETARY</td><td>NONE</td><td>X</td><td></td><td>Χ</td><td></td><td></td><td></td><td>NONE</td><td>NONE</td><td>NONE</td></td<>	SECRETARY	NONE	X		Χ				NONE	NONE	NONE
(12) JOHN GIBBONS         1.00           DIRECTOR         NONE X         NONE NONE           (13) RANDOLPH AMENGUAL         1.00           DIRECTOR         NONE X         NONE NONE           (14) ANDREW KRAUS         1.00	(11) ADAM GOLDSTEIN	2.00									
DIRECTOR NONE X NONE NONE NONE (13) RANDOLPH AMENGUAL 1.00 DIRECTOR NONE X NONE NONE NONE (14) ANDREW KRAUS 1.00	TREASURER (SINCE 4/22)	NONE	X		Χ				NONE	NONE	NONE
Column	(12) JOHN GIBBONS	1.00									
DIRECTOR NONE X NONE NONE (14) ANDREW KRAUS 1.00	DIRECTOR	NONE	X						NONE	NONE	NONE
(14) ANDREW KRAUS 1.00	(13) RANDOLPH AMENGUAL	1.00									
	DIRECTOR	NONE	Х						NONE	NONE	NONE
DIRECTOR NONE X NONE NONE NONE	(14) ANDREW KRAUS	1.00									
	DIRECTOR	NONE	X						NONE	NONE	NONE

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employ	yees (c	ontinue	ed)
(A)	(B)			(0	C)			(D)	(E)			(F)
Name and title	Average			Pos	ition			Reportable	Reporta	able	Es	timated
	hours per	,				than o		compensation	compensati			ount of
	week (list any hours for					is both or/trust		from	relate			other pensation
	related							the organization	organiza (W-2/1099			om the
	organizations	divic	l titu	Officer	Key employee	Highest co employee	Former	(W-2/1099-MISC)	(** 2/1000	WIICO)	-	anization
	below dotted	dual	tion	7	nplo	st co	Ä					related
	line)	Individual trustee or director	Institutional trustee		уеє	J mp					orga	inizations
		tee	uste			ens						
			ě			compensated ee						
15) CLARA ORNES	1.00											
DIRECTOR (THROUGH 4/22)	NONE	X						NONE		NONE		NONE
(16) POLA ROSEN	1.00							110112				
DIRECTOR	NONE	X						NONE		NONE		NONE
17) REV. MSGR KEVIN SULLIVAN	1.00	21						NONE		IVOIVE		IVOIVE
DIRECTOR	NONE	X						NONE		NONE		NONE
( 18) EVAN ENNIS	1.00	Λ						NONE		NONE		INOINE
`	+	3,7						NONTE		NIONIII		NIONIE
DIRECTOR	NONE	X						NONE		NONE		NONE
( 19) VIJAY JESRANI	1.00	٠										
DIRECTOR	NONE	X						NONE		NONE		NONE
( 20) EDWARD LINDEN	1.00											
DIRECTOR	NONE	X						NONE		NONE		NONE
( 21) SHRUTI PATEL	1.00	-										
DIRECTOR	NONE	X						NONE		NONE		NONE
( 22) SAL PISCOPO	1.00	_										
DIRECTOR (THROUGH 3/22)	NONE	X						NONE		NONE		NONE
( 23) MATTHEW RAIMONDI	1.00	1										
DIRECTOR	NONE	X						NONE		NONE		NONE
( 24) LAURA SHANLEY	1.00											
DIRECTOR	NONE	X						NONE		NONE		NONE
( <u>25) LILA HAN                                   </u>	1.00											
DIRECTOR	NONE	X						NONE		NONE		NONE
1b Sub-total							$\blacktriangleright$	1,053,363.		NONE		177,942.
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$	NONE		NONE		NONE
d Total (add lines 1b and 1c)							$\blacktriangleright$	1,053,363.		NONE	-	177,942.
2 Total number of individuals (including but not	limited to t	hose	liste	d al	bove	e) who	re	ceived more than	\$100,000	of		
reportable compensation from the organization	n <b>&gt;</b>					9						
												Yes No
3 Did the organization list any former office	er, directo	or, or	tru	ste	e,	key e	mp	loyee, or highest	compens	ated		
employee on line 1a? If "Yes," complete Sched											3	
4 For any individual listed on line 1a, is the	sum of rer	oortak	مام ما	nm	ner	sation	ו בר	nd other compens	sation from	the		
organization and related organizations gro												
individual											4	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Yo											5	
Section B. Independent Contractors	, ,											
1 Complete this table for your five highest com	pensated i	ndepe	ende	ent (	con	tracto	rs t	hat received more	than \$100	0.000 o	of	
compensation from the organization. Report of												
year.												
(A)								(B)			(C)	
Name and business add	Iress							Description of se	rvices	С	compens	ation
-												

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 ▶

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Page	ì

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employ	ees (c	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportal compensatio related organizati	n from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
26) PREETI MONE	1.00										
DIRECTOR	NONE	Х						NONE		NONE	NONE
27) JESSICA SPODAK	1.00										
DIRECTOR	NONE	X						NONE		NONE	NONE
28) BRETT TREMAIN	1.00										
DIRECTOR	NONE	X						NONE		NONE	NONE
29) STACEY WOLF	1.00										
DIRECTOR	NONE	X						NONE		NONE	NONE
30) JOSEPH GANNON	1.00										
DIRECTOR	NONE	X						NONE		NONE	NONE
		-									
	<del></del>	-									
	<del></del> -										
1b Sub-total  c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	<del>-</del>						<b>&gt; &gt; &gt;</b>				
Total number of individuals (including but not reportable compensation from the organization)	limited to t						o re	ceived more than	\$100,000 c	of	
Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler.	er, directo										Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	) If	"Yes	5,"	complete Schedu	le J for s	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You Section B. Independent Contractors											5 X
Complete this table for your five highest com- compensation from the organization. Report of year.	•	•								-	
(A) SEE SCHEDULE O Name and business add	dress							(B) Description of se	rvices	C	(C) compensation
							+				

JSA 1E1055 2.000

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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 ► 7

13-5671639

# Form 990 (2021) KEN Part VIII Statement of Revenue

Га	t VIII	Check if Schedule O contains a respon	nse or note to ar	nv line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
ran	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c					
	d	Related organizations 1d	75,000.				
	e	Government grants (contributions) 1e	3,005,492.				
Sin	f	All other contributions, gifts, grants,					
er (		and similar amounts not included above . 1f	515,816.				
혈	g	Noncash contributions included in					
Ĕ		lines 1a-1f 1g	\$ 20,812.				
တွဲ ငွ	h	Total. Add lines 1a-1f		3,596,308.			
			Business Code				
Se	2a	SERVICE FEES	624100	17,731,950.	17,731,950.		
Program Service Revenue	b						
S Z	C						
eve	d						
99 R	e						
Ξ.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		17,731,950.			
	3	Investment income (including dividends,					
		other similar amounts)		1,149.			1,149.
	4	Income from investment of tax-exempt bond	proceeds . >	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NON	NONE				
	d	Net rental income or (loss)	<u> </u>	NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b					
	С	Gain or (loss)					
e	d	Net gain or (loss)	<u> </u>	NONE			
Other R	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses	-	NONE			
	.	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming	NONE				
	١.	activities. See Part IV, line 19 9a Less: direct expenses 9b	NONE				
	b	Less: direct expenses		NONE			
	10-	` '		HOME			
	10a	Gross sales of inventory, less returns and allowances	NONE				
	L		NONE				
	b C	Less: cost of goods sold		NONE			
···			Business Code				
oñ e	11a	MISCELLANEOUS	900099	18,457.			18,457.
ane nu(							1, 21
Miscellaneous Revenue	b						
် နှ	C d	All other revenue					
Σ	e	Total. Add lines 11a-11d	▶	18,457.			
	12	Total revenue. See instructions		21,347,864.	17,731,950.		19,606.

13-5671639

# 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 respo	nse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	511,645.		511,645.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
	Other salaries and wages	9,960,207.	9,496,497.	390,768.	72,942
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	546,731.	539,446.	3,682.	3,603
9	Other employee benefits	1,698,670.	1,569,613.	118,574.	10,483
10	Payroll taxes	785,375.	712,785.	67,830.	4,760
11	Fees for services (nonemployees):				
а	Management	NONE			
b	Legal	2,018.		2,018.	
С	Accounting	85,209.		85,209.	
d	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	1,332,542.	1,153,812.	170,207.	8,523
	Advertising and promotion	94,945.	202 222	94,945.	0.000
	Office expenses	850,899.	802,980.	38,646.	9,273
	Information technology	NONE			
	Royalties	NONE	1 024 070	100 706	
	Occupancy	1,144,068.	1,034,272.	109,796.	
	Travel	2,296.	2,296.		
18	Payments of travel or entertainment expenses	MONE			
40	for any federal, state, or local public officials	NONE NONE			
	Conferences, conventions, and meetings	240,237.	189,414.	50,823.	
	Payments to affiliates	NONE	109,414.	30,043.	
		718,234.	685,716.	32,518.	
	Depreciation, depletion, and amortization	85,042.	73,643.	11,399.	
	Other expenses. Itemize expenses not covered	05,012.	73,043.	11,300.	
	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	FOOD	229,419.	229,419.		
	OTHER	8,726.	61.	8,665.	
c					
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	18,296,263.	16,489,954.	1,696,725.	109,584
	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)				

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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	2,882,403.	1	3,017,187.
	2	Savings and temporary cash investments	3,068,924.	2	1,469,658.
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	1,301,051.	4	3,087,676.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
Š	7	Notes and loans receivable, net	NONE		NONE
Assets	8	Inventories for sale or use	NONE		NONE
As	9	Prepaid expenses and deferred charges	399,015.	9	784,479.
	_	Land, buildings, and equipment: cost or other	333,0131		7017177
		basis. Complete Part VI of Schedule D 10a 16,439,536.			
	h	Less: accumulated depreciation	7,788,790.	100	7,098,100.
	11	Investments - publicly traded securities	39,000.	11	60,459.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14		NONE		NONE
	15	Intangible assets	729,208.		
		Other assets. See Part IV, line 11		15	883,327.
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	16,208,391.	16	16,400,886.
	17	Accounts payable and accrued expenses	2,319,487.	17	2,385,707.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
jak		controlled entity or family member of any of these persons	22	NONE	
_	23	Secured mortgages and notes payable to unrelated third parties	7,584,488.	23	7,230,675.
	24	Unsecured notes and loans payable to unrelated third parties	4,283,058.	24	1,823,221.
	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	714,600.	25	721,050.
	26	Total liabilities. Add lines 17 through 25	14,901,633.	26	12,160,653.
Sec		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	808,380.	27	3,662,855.
Ä	28	Net assets with donor restrictions	498,378.	28	577,378.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥,	32	Total net assets or fund balances	1,306,758.	32	4,240,233.
ž	33	Total liabilities and net assets/fund balances	16,208,391.	33	16,400,886.
-			10,200,371,		Form <b>990</b> (2021)

Form **990** (2021)

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Form 990 (2021) Page **12** 

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>864</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 263</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>601</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u>1,3</u>	06,	<u>758</u>
5	Net unrealized gains (losses) on investments	5				<u> 175</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-1	17,	<u>951</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		4,2	40,	<u> 233</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiah	t of			
·	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	- Piaiii	J.,			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
Ja	Single Audit Act and OMB Circular A-133?		1110	3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	lerao	the			
J	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

#### SCHEDULE A (Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

st. OMB No. 1545-0047
2021
Open to Public Inspection

13-5671639

Department of the Treasury Internal Revenue Service

Name of the organization

KENNEDY CHILD STUDY CENTER

Employer identification number

Pai	rt I	Reason for Public Cha	rity Status. (All o	organizations must	comple	te this p	art.) See instructions	5.	
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1	X	A church, convention of chu	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in secti	ction 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).		
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st	ate:						
5		An organization operated to	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in	
		section 170(b)(1)(A)(iv). (C	complete Part II.)						
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).		
7		An organization that norma	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)					
8		A community trust describe							
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	in conjunction with a	land-grant college	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state of	f the college or	
		university:							
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization	ted to its exempt f nent income and u n after June 30, 1	unctions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco ( <b>a)(2).</b> (0	ceptions ome (les: Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	n 331/3 % of its	
11	Щ	An organization organized	•	•	-		, , , ,		
12		An organization organized a	•	•					
		one or more publicly support	_						
		the box on lines 12a throug		,			•	, ,	
а	L	Type I. A supporting orga	•	•			• , , ,		
		the supported organization				ajority of	the directors or truste	es of the	
		supporting organization.	-					( )	
b	L		•						
		control or management of		=	the sam	e persor	ns that control or man	age the supported	
		organization(s). You must	•						
С		☐ Type III functionally integ						lly integrated with,	
		its supported organization	. , .	•				to al annon:ation(a)	
d		☐ Type III non-functionally			-				
		that is not functionally inte			-			an altentiveness	
_	Г	requirement (see instruct Check this box if the orga						I Type III	
е		functionally integrated, or					,, ,,,	і, туре ііі	
f	Fn	ter the number of supported	• •			•	IIOTI.		
a		ovide the following information	•						
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
	` '	0	( )	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see	
				above (see instructions))	Yes	Ment?	instructions)	instructions)	
						110			
(A)									
(B)									
(C)									
'D'									
(D)									
(E)									
Tota	al								

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

Schedule A (Form 990) 2021

	,						- 3 -
Par							
	(Complete only if you checked Part III. If the organization fair						alify under
500	tion A. Public Support	is to quality u	nder the tests	iisted below, p	nease comple	te Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale	ndar year (or fiscal year beginning iii)	(a) 2017	(b) 2010	(6) 2019	(d) 2020	(e) 2021	(i) 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)						
<u>6</u>	Public support. Subtract line 5 from line 4						
	tion B. Total Support	(=) 2047	/h) 2049	(2) 2010	(4) 2020	(-) 2024	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup	•	_			1	
14	Public support percentage for 2021 (li						<u>%</u>
15	Public support percentage from 2020						%
ıoa	ia 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
h	331/3% support test - 2020. If the organization q			-			
		•					
17a	this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
b	organization	<b>2020.</b> If the orzation meets th	ganization did r ne facts-and-ciro	ot check a box cumstances test	on line 13, 16 , check this bo	a, 16b, or 17a x and <b>stop her</b> e	, and line <b>e.</b> Explain
18	organization						

Schedule A (Form 990) 2021

	Part III	Support Schedule for	<b>Organizations</b>	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			/1	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ıa	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						
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						ı
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
9	Amounts from line 6		, ,	. ,	, ,	.,	
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
	loss from the sale of capital assets						
13	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first socon	d third fourth	or fifth tax 10	l ar as a soction	501(c)(2)
14	organization, check this box and <b>stop here</b> .	-			•		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,			ımn (f))		15	%
16	Public support percentage from 2020 Sche					16	
$\overline{}$	tion D. Computation of Investment					10	/0
17	Investment income percentage for 2021 (lir			13 column (f))		17	%
18	Investment income percentage for 2021 (iii					18	
	331/3% support tests - 2021. If the or						
154	17 is not more than 331/3%, check this	-					. $\square$
<b>L</b>	331/3% support tests - 2020. If the orga		_				
b	line 18 is not more than 331/3%, check				•		
20	<b>Private foundation.</b> If the organization of		-	•		• • •	
			- 20% JII IIIIO	,	,	500 1110111	

JSA 1E1221 1.000

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.** 
  - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 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 line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Vas No

Part	Supporting Organizations (continued)			age <b>C</b>
rait	Cupporting Organizations (Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		. 03	.,,
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI</b> .	11c		
Secti	on B. Type I Supporting Organizations		14	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
3ecti	on C. Type II Supporting Organizations		I	
			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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		ı	
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	Yes	No
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	structi	ons).	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.		<b></b> /-	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	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 <b>Part VI identify those supported organizations and explain</b> 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.	<b>2</b> a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in <b>Part VI</b> .	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990) 2021

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	<u> </u>					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ). <b>See</b> instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
_7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Se	ection 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						
_	Average monthly cash balances	1b						
C	Fair market value of other non-exempt-use assets	1c						
	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 0.015 of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Se	ction C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4		4						
5	Income tax imposed in prior year	5						
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6						
7			ted Type III supporting	g organization				
	(see instructions).	, ,	31 11°-					

Schedule A (Form 990) 2021

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	1				
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of suppor	ted					
	organizations, in excess of income from activity		2	2				
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations 3	3				
4	4 Amounts paid to acquire exempt-use assets							
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )							
6	Other distributions (describe in Part VI). See instructions.		6	6				
7	Total annual distributions. Add lines 1 through 6.		7	7				
8	Distributions to attentive supported organizations to which	the organization is res	ponsive					
	(provide details in <b>Part VI</b> ). See instructions.							
9	9 Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount		10	0				
		(i)	(ii)		(iii)			

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

0979NT V01B 04/11/2023 12:04:37 V21-7.15 1181548

### Schedule B (Form 990)

**Schedule of Contributors** 

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

KENNEDY CHILD STUD	Y CENTER		13-5671639						
Organization type (check o	Organization type (check one):								
Filers of:	Filers of: Section:								
Form 990 or 990-EZ									
	eated as a private four	ndation							
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated	d as a private foundati	ion						
	501(c)(3) taxable private foundation								
Check if your organization	is covered by the <b>General Rule</b> or a <b>Special Rule</b> .								
, ,	)(7), (8), or (10) organization can check boxes for both the	General Rule and a S	pecial Rule. See						
General Rule									
_	on filing Form 990, 990-EZ, or 990-PF that received, during yor property) from any one contributor. Complete Parts I contributions.		_						
Special Rules									
regulations under 16b, and that rec	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), 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.								
contributor, durin literary, or educa	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 (entering "N/A" in column (b) instead of the contributor name and address), 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 totaling \$5,000 or more during the year									
Caution: An organization th	at isn't covered by the General Rule and/or the Special F	Rules doesn't file Sche	edule B (Form 990), 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

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

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

Schedule B (Form 990) (2021)

Name of organization KENNEDY CHILD STUDY CENTER

Employer identification number 13-5671639

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
1_	N/A	\$13,500.	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	N/A	\$8,682.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$15,841.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for
No4	Name, address, and ZIP + 4  N/A  (b)	\$20,812.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4  N/A  (b)  Name, address, and ZIP + 4	\$ 20,812.  (c) Total contributions	Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

Name of organization KENNEDY CHILD STUDY CENTER

Employer identification number 13-5671639

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	N/A	\$5,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9_	N/A	\$5,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	N/A	\$5,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	N/A	\$6,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

	KENNEDY CHILD STUDY CENTER		13-5671639
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
13	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$\$	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	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	N/A	\$\$	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	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

KENNEDY CHILD STUDY CENTER 13-5671639

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	STOCK		
		\$20,294.	05/06/2022
		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		Ψ	
(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
		Φ	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		¢	
		\$	

Name of o	rganization			Employer identification number	
	KENNEDY CHILD STUDY C			13-5671639	
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any one ons completing Part III, easy year. (Enter this inform	contributor. Co	mplete columns (a) through (e) and exclusively religious, charitable, etc	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held	
			-		
	Transferee's name, address, a	(e) Transfer of and ZIP + 4	_	p of transferor to transferee	
(a) No.	(h) Duman of sife	(a) Hag of size		(d) December of how wife in held	
Part I	(b) Purpose of gift	(c) Use of gi		(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer of and ZIP + 4	of gift  Relationship of transferor to transferee		
	-				
(a) No. from Part I	(b) Purpose of gift	Purpose of gift (c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer of and ZIP + 4		p of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, a	gift Relationshi	tionship of transferor to transferee		

### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number KENNEDY CHILD STUDY CENTER 13-5671639 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

\*\*S

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

and section 170(h)(4)(B)(ii)?

Yes

No

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- **b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2021

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

Yes

Pa	rt III Organizations Maintaini	ing Collections of	Art, Histo	rical Tre	easure	s, or	Other	Similar A	ssets (d	continu	ed)	
3	Using the organization's acquisition	on, accession, and	other recor	ds, checl	k any o	f the	follow	ing that m	nake sigr	nificant	use c	of its
	collection items (check all that app	oly):		_								
а	Public exhibition		d		or excha							
b	Scholarly research		e	Other								
С	Preservation for future gene											
4	Provide a description of the organ	nization's collection	s and expl	ain how	they fui	rther	the or	ganization's	s exemp	t purpo:	se in	Part
_	XIII.	11. 14										
5	During the year, did the organization								_			٦
Бо	assets to be sold to raise funds rath		tained as pa	art of the	organiza	ation	s collec	ction?		Yes		No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.		es" on For	m 990, F	Part IV,	line	9, or r	eported a	n amour	nt on Fo	orm	
1a	Is the organization an agent, trus	tee, custodian or	other intern	nediary fo	or cont	ributi	ons or	other asse	ets not			
	included on Form 990, Part X?								[	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	llowing tal	ole:							
									Amount			
С	Beginning balance											
d	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f				1 1/		٦
	Did the organization include an am									Yes		No
	If "Yes," explain the arrangement i	n Part XIII. Check r	iere ir the e	xpianation	nas be	en pr	ovided	on Part XIII			-	
Га	rt V Endowment Funds. Complete if the organiza	ation answered "V	'es" on For	m 990 F	Part I\/	line	10					
	Complete ii the organiza	(a) Current year	(b) Pric		(c) Tw			(d) Three ye	aare hack	(e) Fou	veare	hack
	<b>D</b>	(a) ourient year	(5) 1 110	n you	(0, 1	o you.	- Duon	(d) Three ye	Dais back	(6) 1 001	ycars	Daok
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
٦	and losses											
d e	Grants or scholarships Other expenditures for facilities											
e	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage		end balanc	e (line 1a	column	) (a))	held as					
a	Board designated or quasi-endown			o (o .g,	COIGITII	. (ω))	noia ao	•				
b	Permanent endowment	%										
С	Term endowment ▶	_%										
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.									
3a	Are there endowment funds not in	the possession of	the organiza	ation that	are hel	d and	d admir	nistered for	the	г		
	organization by:										Yes	No
	(i) Unrelated organizations									3a(i)		
_	(ii) Related organizations									3a(ii)		
	If "Yes" on line 3a(ii), are the relate	J	•							3b		
4	Describe in Part XIII the intended of the Land, Buildings, and Equ		ation's endo	wment tu	nas.							
Га	Complete if the organize	ation answered "\	es" on Fo	rm 990,	Part IV	, line	11a. S	See Form	990, Pa	rt X, Iir	e 10	
	Description of property		or other basis	(b) Cost		asis		cumulated	(d	) Book va	alue	
	Land	, -	stment)	<b>-</b>	ther) 162,15	50	depr	eciation		Δθ	52,1	50
b	Buildings				329,71		3.8	66,896.		6,46		
C	Leasehold improvements				514,00	_		45,257.			58,7	
d	Equipment				.33,67			29,283.			)4,3	
е	Other				.,							
	I. Add lines 1a through 1e. (Column	n (d) must equal For	m 990, Part	X, colum	n (B), lir	ne 10	c.)	<u></u> .▶		7,09	8,1	00.

Schedule D (Form 990) 2021

Schedule D (F	-	STUDY CENTER	13	3-5671639 Page
Part VII	Investments - Other Securities.		D . N . II	D () (     10
	Complete if the organization answered  (a) Description of security or category	(b) Book value	(c) Method of valuati	on:
	(including name of security)		Cost or end-of-year mark	et value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(A)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
<u>(6)</u>				
(7) (8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	<b>(a)</b> De	scription		(b) Book value
	ED BENEFIT PENSION ASSET			883,327.
(2)				
(3)				
(4)				
<u>(5)</u> (6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		883,327.
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Forr	n 990, Part X,
1.		tion of liability		(b) Book value
_ ` ′	al income taxes			
(2)DEFERI	RED RENT			721,050.
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)			721,050.

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

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	21,229,738.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d -117,951.		
	Add lines 2a through 2d	2e	-118,126.
e	Subtract line 2e from line 1	3	21,347,864.
3			21,317,001.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  4a		
a	investment expenses het included en reini ees, rait viii, inie re		
b	Cutof (Boothoo in the cutoff of the cutoff o	4.	
с 5	Add lines 4a and 4b	4c 5	21 247 064
Part			21,347,864.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		10 006 063
1	Total expenses and losses per audited financial statements	1	18,296,263.
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		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	18,296,263.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	18,296,263.
Part	XIII Supplemental Information.		
Provid 2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation.	line 4; Part X, line
SEE	SUPPLEMENTAL PAGE		

# Part XIII Supplemental Information (continued)

PART XI, LINE 2D:

POST-RETIREMENT BENEFIT OBLIGATION ADJUSTMENT: \$-117,951

PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

# **SCHEDULE J** (Form 990)

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

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

► 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

KENNEDY CHILD STUDY CENTER

Employer identification number

13-5671639

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	4.		
•	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.			
	Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
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		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

# 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC cor		1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(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
BHUPENDRA SHAH	(i)	167,825.			13,006.	22,425.	203,256.	
1 FINANCE DIRECTOR	(ii)							
JEANNE ALTER	(i)	255,727.			19,819.	12,823.	288,369.	
2 EXECUTIVE DIRECTOR	(ii)							
MARY MCKILLOP	(i)	164,024.			12,712.	12,439.	189,175.	
3 CURRICULUM DIRECTOR	(ii)							
CAROLYN CLEVELAND	(i)	135,473.			10,499.	22,289.	168,261.	
4 DIRECTOR OF OPERATIONS	(ii)							
	(i)							
5	(ii)							
	(i)							
_ 6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

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.

gov/form990. Inspection
Employer identification number

13-5671639

KENNEDY CHILD STUDY CENTER

FORM 990, PART VI, LINE 1A

NO DIFFERENCES IN VOTING RIGHTS

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

THE FORM 990 IS REVIEWED BY THE FINANCE AND AUDIT COMMITTEES PRIOR TO FILING WITH THE IRS. IF THE COMMITTEES HAVE ANY QUESTIONS THEY ARE ADDRESSED.

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

THE ANNUAL CONFLICT OF INTEREST POLICY IS MONITORED BY DISCUSSION

EACH YEAR WITH THE RESPECTIVE BOARD MEMBERS AND OFFICERS AND BY

OBTAINING ANNUAL SIGNED STATEMENTS FROM EACH SUCH INDIVIDUAL

REGARDING THE POLICY. MEMBERS OF THE BOARD OF TRUSTEES HAVE A

CONTINUING OBLIGATION TO DISCLOSE ANY PERSONAL INTEREST,

RELATIONSHIP, OR HOLDING THAT COULD POTENTIALLY RESULT IN A CONFLICT

OF INTEREST. IN ADDITION, THE CONFLICT OF INTEREST POLICY REQUIRES AN

INTERESTED BOARD MEMBER TO PROMPTLY DISCLOSE TO THE CHAIR ALL

MATERIAL FACTS RELATING TO ANY ACTUAL, POTENTIAL OR PERCEIVED

CONFLICT OF INTEREST. THE INTERESTED BOARD MEMBER MUST RECUSE HIMSELF

OR HERSELF FROM DISCUSSION AND VOTING RELATING TO THE MATTER.

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

THE BOARD OF DIRECTORS USES A NUMBER OF SOURCES TO DETERMINE THE COMPENSATION LEVEL OF THE EXECUTIVE DIRECTOR INCLUDING A WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEYS, AND APPROVAL BY THE BOARD OF DIRECTORS. THE PROCESS WAS LAST DONE IN DECEMBER 2021

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

COMPENSATION FOR OTHER OFFICERS IS DETERMINED PRIMARILY BY

# 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

2021

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.

gov/form990. Inspection
Employer identification number

13-5671639

KENNEDY CHILD STUDY CENTER

COMPENSATION SURVEYS. THE PROCESS WAS LAST DONE IN DECEMBER 2021.

JEANNE ALTER, THE EXECUTIVE DIRECTOR, DOES THE REVIEW EVERY YEAR.

FORM 990, PART VI, SECTION C, LINE 19

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

FORM 990, PART XI, LINE 9

POST-RETIREMENT BENEFIT OBLIGATION ADJUSTMENT \$-117,951

Name of the organization

KENNEDY CHILD STUDY CENTER

Employer identification number

13-5671639

IAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PARISH PROPERTY MANAGEMENT, INC		
11 SEVENTH STREET		
PELHAM, NY 10803	GENERAL CONTRACTOR	406,899.
RCM TECHNOLOGIES, INC.		
P.O. BOX 53642		
PITTSBURGH, PA 15253	THERAPY SERVICES	168,431.
HUMARESO		
114 43RD STREET		
VERO BEACH, FL 32968	HUMAN RESOURCES	140,711.
MULTILINGUAL THERAPY ASSOCIATES, INC.		
361 STATE ROUTE 31 SUITE 1202		
FLEMINGTON, NJ 08822-3389	THERAPY SERVICES	162,136.
SAFETY BUILDING SECURITY SERVICES LLC		
5 WEST 37TH STREET, #803		
NEW YORK, NY 10018	SECURITY SERVICE	104,367.

#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

 $\blacktriangleright$  Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization

KENNEDY CHILD STUDY CENTER

Employer identification number 13-5671639

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controllin entity
1)					
2)					
3)					
5)					
6)					

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?		
						Yes	No	
(1) THE CATHOLIC CHARITIES OF THE ARCHD 13-5562184								
1011 FIRST AVENUE NEW YORK, NY 10022	COORDINATE	NY	501(C)(3)	LINE 1	N/A		Х	
(2)								
(3)								
(A)								
_(4)								
(5)								
(6)								
(7)								

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Schedule R (Form 990) 2021

books and an increase and an increase and an area and an area and area area.												
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Dispro	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		eral or aging ner?	(k) Percentage ownership
		oou,		,			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<i></i>			,				
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

	(					
Par	Transactions With Related Organizations. Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ye	s No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	•			1a	Х
b	Gift, grant, or capital contribution to related organization(s)				1b	X
С	Gift, grant, or capital contribution from related organization(s)				1c X	:
d	Loans or loan guarantees to or for related organization(s)				1d	X
е	Loans or loan guarantees by related organization(s)				1e X	:
f	Dividends from related organization(s)				1f	X
g	Sale of assets to related organization(s)				1g	X
h	Purchase of assets from related organization(s)				1h	X
i	Exchange of assets with related organization(s)				1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
I	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
	Performance of services or membership or fundraising solicitations by related organization(s).				1m	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n 1o	X
0	Sharing of paid employees with related organization(s)				10	^
	Delash was an aid to related a received (a) for a manage				10	v
	Reimbursement paid to related organization(s) for expenses				1p 1g	1 X
Ч	Reinfoursement paid by related organization(s) for expenses				19	- 23
	Other transfer of cash or property to related organization(s)				1r	X
S	Other transfer of cash or property from related organization(s).				1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cover	ered relationships and trans	action thres		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved		(d) of determi int involve	
(1)						
(2)						
(3)						
(4)						
		1	i .	1		

Schedule R (Form 990) 2021

(5)

# Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Are all sec 501( organiz	c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	tner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
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(15)													
(16)													