990

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)

 \blacktriangleright Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022

Open to Public Inspection

A F	or th	e 202	2 calendar year, or tax year begir	nning	07/01/20	22	and en	ding		06/30/	2023		
_			C Name of organization						D Employer ide	entification	number		
Вс	heck if ap	oplicable:	KENNEDY CHILD STUDY (CENTER									
	Addre		Doing Business As						13-	-567163	9		
	Name	change	Number and street (or P.O. box if mail is	not delivered	to street address	s)	Room/suit	е	E Telephone n	umber			
	Initial	return	2212 THIRD AVENUE						(22	12)988-	-9500		
	Term	inated	City or town, state or province, country, a	and ZIP or fo	reign postal code								
	Amer		NEW YORK, NY 10035						G Gross receip	ts \$ 20	,928,4	16.	
					H(a) Is this a grou subordinates		Yes	X No					
			2212 THIRD AVENUE, N	EW YORK	, NY 1003	35			H(b) Are all subord		Yes	No.	
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () 《 (i	nsert no.)	4947(a)(1)	or	527	If "No," attac	ch a list. (see ir	structions)		
J	Websi	te: 🕨	WWW.KENCHILD.ORG						H(c) Group exemp	ption number	>		
K	Form	of organ	nization: X Corporation Trust	Association	Other ►		L Yea	r of format	ion: 1959 M	State of lega	al domicile:	NY	
P	art I	Sui	mmary										
	1	Briefly	y describe the organization's mission o	r most sign	ificant activities	: TO PI	ROVIDE	EDUCA	rional ani	 D			
ė		TH	ERAPEUTIC SERVICES TO CH	HILDREN	WITH DEV	/ELOPME	NTAL DI	ISABIL	ITIES.				
Jan													
/err	2	Check	this box ▶ if the organization d	iscontinue	d its operation	s or dispose	ed of more	than 25%	of its net assets	 S.			
Governance	3	Numb	er of voting members of the governing	body (Part	VI, line 1a)					3		15	
	4	Numb	er of independent voting members of t	he governi	ng body (Part \	/I, line 1b)				4		 15	
ties	5		number of individuals employed in cale							5		293	
ctivities &	6		number of volunteers (estimate if neces							6		15	
Ą	7a	Total	unrelated business revenue from Part V	III, column	(C), line 12					7a			
			nrelated business taxable income from							7b			
									Prior Year	C	Current Yo	ear	
a	8	Contri	ibutions and grants (Part VIII, line 1h)					¬	3,596,30	8.	1,355	,797.	
nue	9		am service revenue (Part VIII, line 2g)			COP	Y FOR		17,731,95	0.	19,451	,405.	
Revenue	10		tment income (Part VIII, column (A), line			PUBLIC II	NSPECTIO	N	1,14			1,119.	
ď	11		revenue (Part VIII, column (A), lines 5,					_	18,45			,863.	
	12		revenue - add lines 8 through 11 (must					_	21,347,86		20,915		
	13		s and similar amounts paid (Part IX, colu							ONE		NONE	
	14		its paid to or for members (Part IX, colu						NO	ONE		NONE	
s	15		es, other compensation, employee bene					13,502,62	28.	15,795			
Expenses	16a		ssional fundraising fees (Part IX, column			_		_		ONE		NONE	
Бe	b		fundraising expenses (Part IX, column (
ш	17		expenses (Part IX, column (A), lines 11						4,793,63	35.	5,226	.349.	
			expenses. Add lines 13-17 (must equal						18,296,26		21,021		
	19		nue less expenses. Subtract line 18 fron						3,051,60		•	,693.	
o s									ning of Current Y		End of Yea		
ets	20	Total	assets (Part X, line 16)						16,400,88	36.	20,481	,660.	
Ass I Ba	21		liabilities (Part X, line 26)					•	12,160,65		16,159		
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21		20	 			4,240,23		4,321		
	rt II	Sig	gnature Block					-	, , , ,			,	
Un	der pei		of perjury, I declare that I have examined th							my knowle	dge and b	elief, it is	
true	e, corre	ct, and	complete. Declaration of preparer (other than	n officer) is b	ased on all inforr	mation of wh	ich preparer	has any kr	nowledge.				
Sig			Signature of officer						Date				
He	re												
			Type or print name and title										
_		Print/	Type preparer's name	Preparer's	signature		Date		Check	if PTIN			
Paid		AAR	ON SHAPIRO	AARON	SHAPIRO		05/	15/202		' .	333816		
	parer		sname ► FORVIS, LLP				1/-		Firm's EIN		L60260		
Use	Only		s address 1155 AVENUE OF THE A	AMERICAS #	1200 NEW YOR	K, NY 1003	 36		Phone no.		367-40		
May	the I		cuss this return with the preparer show							x		No	
			Reduction Act Notice, see the separat			<u> </u>					Form 99		

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Pa		Statement of Program Service			
_			response or note to any line in this Pa	rrt III	
1	•	escribe the organization's mission			
			THERAPEUTIC SERVICES TO C	HILDREN WITH	
	DEVEL	OPMENTAL DISABILITIES.			
2	Did the d	organization undertake any signif	icant program services during the y	ear which were not listed or	n the
	prior For				
3	services?		or make significant changes in		
4	Describe expenses	the organization's program ser	vice accomplishments for each of 4) organizations are required to re		
4a	` —		88,835. including grants of \$		19,451,405.
			PROVIDING INSTRUCTION A		
	FOR C	HILDREN WITH DEVELOPMEN	NTAL DISABLITIES, AGES 3-	5. DURING	
	FISCA	L YEAR 2023 THIS PROGRA	AM'S AVERAGE ENROLLMENT W	AS 335	
	_CHILD:	REN PER MONTH.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	_				
4c	(Code: _) (Expenses \$	including grants of \$) (Revenue \$)
ام ا/	Othor ne	param conviose (Describe on Caba	odulo O)		
4 0		ogram services (Describe on Sche	· · · · · · · · · · · · · · · · · · ·	10 ¢	
_	(Expense			JE Φ)	
40	Lotal pro	gram service expenses	TR . 888 . 835		

Form 990 (2022)

Part IV Checklist of Required Schedules

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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," complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	IIa		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		- 1
·	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	1.0		
-	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	X	
	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	,		
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20 -	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		Х
	aomestic government on Fartia, column (A), line 11 i 165, complete Scriedule I, Falts Fallo II	41		Λ

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Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	l		
	to defease any tax-exempt bonds?	24c		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		v
0.7		20		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
		29		Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
		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			
	19? Note : All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 293			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	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		X
	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	7.		37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		21
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
r	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	II TES. CUITDIELE L'UITI DUDS.			

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Form	990	(2022)
Par	+ V	G

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response 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	1a	15			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or un	nder t	ne direct			
	supervision of officers, directors, trustees, or key employees to a management company or other p	person	?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			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 el			_		
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval			71.		3.7
_	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:			8a	Х	
a	The governing body?			8b	X	
ь 9	Each committee with authority to act on behalf of the governing body?			0.0	- 25	
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	be re	acrieu at	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte			Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pro-		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	_				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that c	ould give			
	rise to conflicts?			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
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 ar		- 1			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			15a	Х	
a	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			130	- 21	
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar	rorro	ngomont			
16a	with a taxable entity during the year?		•	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NY,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),		and 990-T	(sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap					
	Own website Another's website X Upon request Other (explain on Sc	hedule	∍ O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	nents,	conflict of	finter	est p	olicy,
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's l	oooks	and record	S		
	BHUPENDRA SHAH 2212 THIRD AVE. NEW YORK, NY 10035					

2129889500

Form **990** (2022)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line) (list any hours for related organizations below dotted line)		1099-MISC/	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations					
(1) JEANNE ALTER	35.00									
EXECUTIVE DIRECTOR	NONE			Х				274,606.	NONE	31,991.
(2) BHUPENDRA SHAH	35.00			21				2/1,000.	IVOIVE	31,001.
FINANCE DIRECTOR	NONE			х				181,439.	NONE	34,614.
(3) MARY MCKILLOP	35.00							101/137.	110112	31/0111
CURRICULUM DIRECTOR	NONE					X		177,321.	NONE	25,252.
(4) CAROLYN CLEVELAND	35.00									
DIRECTOR OF OPERATIONS	NONE					x		160,155.	NONE	33,146.
(5) JOE SPANBERGER	35.00							, ,	-	
DIRECTOR OF IT SERVICES	NONE					X		121,127.	NONE	21,376.
(6) GERALDO FELICIANO	35.00							,		,
EDUCATION DIRECTOR	NONE					X		119,092.	NONE	21,221.
(7) KRISTY CHAU	35.00									
EDUCATION DIRECTOR	NONE					X		125,051.	NONE	10,383.
(8) ADAM GOLDSTEIN	2.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(9) MICHAEL O'CONOR	4.00									
CHAIR (THRU 12/22)	NONE	Х		Х				NONE	NONE	NONE
(10) MELISSA SALERNO	2.00									
CO-CHAIR (FROM 1/23)	NONE	Х		Х				NONE	NONE	NONE
(11) JOSEPH GANNON	2.00									
CO-CHAIR (FROM 1/23)	NONE	Х		Х				NONE	NONE	NONE
(12) JOHN GIBBONS	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(13) RANDOLPH AMENGUAL	1.00									
DIRECTOR (THRU 4/23)	NONE	Х						NONE	NONE	NONE
(14) ANDREW KRAUS	1.00									_
DIRECTOR	NONE	X						NONE	NONE	NONE

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16) REV. MSGR KEVIN SULLIVAN	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
Now Part	(A)	(B)			((C)			(D)	(E)		(F)	
None	Name and title	Average							Reportable	Reportable	Es	stimated	d
15 POLA ROSEN 1.00 DIRECTOR (THRU 7/22) NONE X NONE NON			,										of
1.00		1 '											ion
15) POLA ROSEN			or a	Ins	Off	Kej	Hig	For					
15) POLA ROSEN			livid	titut	icer	/ em	hes	mer		,	_		
1.00			ual t	iona		loldt	ee t co						
1.00			rust	l ta		/ee	npe				9-		
1.00			e e	stee			nsat						
DIRECTOR (THRU 7/22)							ed.						
16 REV. MSGR KEVIN SULLIVAN 1.00 DIRECTOR NONE X NONE N			-										
DIRECTOR NONE X		 	X						NONE	NONE			NONE
17) EVAN ENNIS		+	-										
DIRECTOR (THRU 9/22)			X						NONE	NONE			NONE
18		+											
DIRECTOR NONE X NONE NONE NONE NONE NONE NONE NO			X						NONE	NONE			NONE
19 EDWARD LINDEN		+	-										
DIRECTOR			X						NONE	NONE			NONE
DIRECTOR	19) EDWARD LINDEN	1.00											
DIRECTOR NONE X NONE NONE NONE NONE NONE NONE NO			X						NONE	NONE			NONE
DIRECTOR NONE X NONE		+											
DIRECTOR NONE X NONE	DIRECTOR	NONE	X						NONE	NONE			NONE
DIRECTOR NONE X NONE	21) MATTHEW RAIMONDI	1.00											
DIRECTOR NONE X NONE	DIRECTOR	NONE	X						NONE	NONE			NONE
DIRECTOR (THRU 10/22) NONE X NONE	22) LAURA SHANLEY	1.00											
DIRECTOR (THRU 10/22) NONE X NONE NONE NONE NONE NONE NONE NONE NON	DIRECTOR	NONE	X						NONE	NONE			NONE
24) PREETI MONE 1.00 DIRECTOR NONE X 25) JESSICA SPODAK 1.00 DIRECTOR (THRU 1/23) NONE X 1b Sub-total 1,158,791 NONE NONE c Total from continuation sheets to Part VII, Section A NONE NONE NONE d Total (add lines 1b and 1c) 1,158,791 NONE 177,98 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 13 Yes None Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated	23) LILA HAN	1.00											
DIRECTOR NONE X NONE	DIRECTOR (THRU 10/22)	NONE	X						NONE	NONE			NONE
DIRECTOR (THRU 1/23) 1.00 DIRECTOR (THRU 1/23) NONE 1 1,158,791. NONE NONE NONE 177,98 1,158,791. NONE NONE NONE NONE NONE NONE NONE NONE 177,98 1,158,791. NONE 1,158,791. NONE 177,98 1,158,791. NONE 177,98 1 1,158,791. NONE 177,98 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 13 Yes Yes NONE 1,158,791. NONE 1,158,791. NONE 177,98 Yes NONE Yes NONE Yes NONE Yes NONE Yes NONE Yes NONE NON	24) PREETI MONE	1.00											
DIRECTOR (THRU 1/23) NONE X NONE NONE NONE 1b Sub-total C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 13 Yes N 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated	DIRECTOR	NONE	X						NONE	NONE			NONE
1b Sub-total ▶ 1,158,791. NONE 177,98 c Total from continuation sheets to Part VII, Section A ▶ NONE NONE NONE d Total (add lines 1b and 1c) ▶ 1,158,791. NONE 177,98 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 13 Yes N 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated	25) JESSICA SPODAK	1.00											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 13 Yes N 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated	DIRECTOR (THRU 1/23)	NONE	X							NONE			NONE
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	1b Sub-total							\blacktriangleright	1,158,791.	NONE		<u>177,</u>	983.
 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 13 Yes ► 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated 	c Total from continuation sheets to Part VII, S	Section A							NONE	NONE			NONE
reportable compensation from the organization ▶ 13 Yes N 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated												<u>177,</u>	983.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated	, ,		hose	liste	d al		•	o re	eceived more than	\$100,000 of			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated												Yes	No
	3 Did the organization list any former office	cer. directo	or. or	tru	ıste	e.	kev e	emn	lovee or highes	t compensated			
employee on line 1a? If "Yes," complete Schedule J for such individual											3		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such													

	employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	individual	4	
	· · · · · · · · · · · · · · · · · · ·		

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individua
	for services rendered to the organization? If "Yes," complete Schedule J for such person

3	
4	
5	

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

	KENNEDY	CHILD S	TUDY	CI	ENT	ΓER				13	-56716	539	
Form 990 Part V		ustons Ko	v Er	nlo		06	and l	Jial	host Component	od Employ	100s (o	ontinuod)	Page 8
raitv	(A) Name and title	(B) Average hours per week (list any hours for related	(do r box, office	not ch unles	Pos neck ss pe	c) sition more erson direct	e than c is both or/trust	one an	(D) Reportable compensation from the organization	Reporta compensati relate organiza (W-2/1099	able on from d tions	(F Estim amou oth comper from	ated nt of er nsation
		organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1039	-Wilde)	organi. and re organiz	zation lated
26) <u>I</u>	BRETT TREMAIN	1.00											
DIREC		NONE	Х						NONE		NONE		NONE
	STACEY WOLF	1.00											
DIREC		NONE	X						NONE		NONE		NONE
DIREC	CINDY MACHLES CTOR	1.00 NONE	X						NONE		NONE		NONE
			-										
1b Su	b-total												
	tal from continuation sheets to Part VII, S	Section A						•					
d To	tal (add lines 1b and 1c)							>					
	al number of individuals (including but not ortable compensation from the organization		hose	liste	d al	bove	e) who	o re	ceived more than	\$100,000	of		
	onable compensation not and organization	,										Υ	es No
3 Did	I the organization list any former office	cer. directo	r. or	tru	iste	e. I	kev e	amp	lovee, or highest	compens	ated		
	ployee on line 1a? If "Yes," complete Sched											3	Х
org	any individual listed on line 1a, is the panization and related organizations granizations granizations granizations	eater than	\$15	0,0	00?) If	"Yes	5,"	complete Schedu			4	X
	I any person listed on line 1a receive or services rendered to the organization? If ")											5	X
	n B. Independent Contractors	-											
	mplete this table for your five highest con mpensation from the organization. Report ar.												
SI	(A) EE SCHEDULE O Name and business ad	dress							(B) Description of se	rvices	С	(C) ompensat	on

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

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 ► 5

13-5671639

Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to ar	ny line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, s,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
يَ وَ	C	Fundraising events 1c					
its, r A	d	Related organizations	326,250.				
igi Bai	e	Government grants (contributions) 1e	521,785.				
ıs,	f	All other contributions, gifts, grants,	, , , , , , , , , , , , , , , , , , , ,				
ξË		and similar amounts not included above . 1f	507,762.				
t Page	_	Noncash contributions included in	331,71321				
E O	g	lines 1a-1f 1g	\$ 10,117.				
a So	h	Total. Add lines 1a-1f	•	1,355,797.			
	- "	Total. Add liftes 1a-11	Business Code	1,333,737.			
ø	_	SERVICE FEES	624100	19,451,405.	19,451,405.		
Š	2a	SERVICE FEED	024100	19,431,403.	19,431,403.		
Ser	b		-				
ĕ Ē	С		-				
gra Re	d		-				
Program Service Revenue	е		-				
ъ.	f	All other program service revenue		10 451 405			
	g	Total. Add lines 2a-2f		19,451,405.			
	3	Investment income (including dividends		4 110			4 110
	_	other similar amounts)		4,119.			4,119.
	4	Income from investment of tax-exempt bo		NONE			
	5	Royalties	(ii) Personal	NONE			
	_		(II) I elsolial				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	rtental meeme er (1888))NE NONE				
	d	Net rental income or (loss)		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					
Re	С	Gain or (loss) 7c					
	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
U		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18					
	b	Less: direct expenses	•				
	С	Net income or (loss) from fundraising even	ts	99,388.			99,388.
	9a	Gross income from gaming					
		activities. See Part IV, line 19	none				
	b	Less: direct expenses	none				
	С	Net income or (loss) from gaming activities	s	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10	a NONE				
		Less: cost of goods sold 10	<u> </u>				
	С	Net income or (loss) from sales of inventory		NONE			
S			Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS	900099	4,475.			4,475.
scellaneo Revenue	b		_				
e Se	С		_				
ĨŠ	d	All other revenue					
_	е	Total. Add lines 11a-11d		4,475.			
	12	Total revenue. See instructions		20,915,184.	19,451,405.		107,982.

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 resp	onse 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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	537,308.		537,308.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	27027			
-	persons described in section 4958(c)(3)(B)	NONE	11 007 440	(21 074	CC 422
	Other salaries and wages	12,595,747.	11,907,440.	621,874.	66,433
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,073.	28,863.		210
9	Other employee benefits	1,661,895.	1,549,663.	103,104.	9,128
10	Payroll taxes	971,505.	895,617.	70,652.	5,236
11	Fees for services (nonemployees):				
а	Management	NONE			
b	Legal	5,306.		5,306.	
	Accounting	99,005.		99,005.	
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	1 457 600	1 170 (00	015 711	60 206
	(A), amount, list line 11g expenses on Schedule O.)	1,457,620.	1,172,623.	215,711. 74,693.	69,286
	Advertising and promotion	74,693. 1,051,494.	1,014,192.	26,504.	10,798
13	Office expenses	NONE	1,014,192.	20,504.	10,790
14	Information technology	NONE			
15 16	Royalties	1,188,055.	1,074,888.	113,167.	
17	Travel	4,186.	4,024.	113,107.	162
	Payments of travel or entertainment expenses	1,100.	1,021.		102
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
	Interest	224,084.	174,298.	49,786.	
21		NONE			
22	Depreciation, depletion, and amortization	710,320.	677,802.	32,518.	
	Insurance	98,506.	84,169.	14,337.	
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	FOOD	307,032.	304,878.		2,154
b	OTHER	6,048.	378.	5,670.	
С					
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	21,021,877.	18,888,835.	1,969,635.	163,407
26	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

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,017,187.	1	4,957,373.
	2	Savings and temporary cash investments			1,469,658.	2	770,338.
	3	Pledges and grants receivable, net			NONE	3	NONE
	4	Accounts receivable, net			3,087,676.	4	1,480,528.
	5	Loans and other receivables from any current of	r form	ner officer, director,			
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	perso	ons	NONE	5	NON
Assets	6	Loans and other receivables from other disqual	ified p	persons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)	NONE	6	NONE
	7	Notes and loans receivable, net			NONE	7	NON
SS	8	Inventories for sale or use			NONE	8	NONE
⋖	9	Prepaid expenses and deferred charges	:		784,479.	9	352,421.
	10 a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		16,439,537.			
	b	Less: accumulated depreciation		10,051,757.	7,098,100.	10c	6,387,780.
	11	Investments - publicly traded securities			60,459.	11	70,283.
	12	Investments - other securities. See Part IV, line 11		-	NONE		NONE
	13	Investments - program-related. See Part IV, line 11			NONE		NONE
	14	Intangible assets	NONE		NONE		
	15	Other assets. See Part IV, line 11		883,327.	15	6,462,937.	
	16	Total assets. Add lines 1 through 15 (must equal			16,400,886.	16	20,481,660.
	17	Accounts payable and accrued expenses			2,385,707.	17	1,641,528.
	18	Grants payable	NONE		NONE		
	19	Deferred revenue	NONE		NONI		
	20	Tax-exempt bond liabilities			NONE		NONI
	21	Escrow or custodial account liability. Complete Pa			NONE	21	NONE
es	22	Loans and other payables to any current or					
Liabilities		trustee, key employee, creator or founder, subst					
<u>ja</u>		controlled entity or family member of any of these	-		NONE		NONE
_	23	Secured mortgages and notes payable to unrelate		· –	7,230,675.	23	6,827,614.
	24	Unsecured notes and loans payable to unrelated			1,823,221.	24	1,785,777.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	17-24	4). Complete Part X	701 050	٥.	E 004 0E3
	20	of Schedule D			721,050.		5,904,853.
	26	Total liabilities. Add lines 17 through 25			12,160,653.	26	16,159,772.
Fund Balances		Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33.	nere	X			
ä	27	Net assets without donor restrictions			2 662 055	27	2 527 072
Ba	28	Net assets with donor restrictions.		<u> </u>	3,662,855. 577,378.	27 28	3,537,973. 783,915.
2	20	Organizations that do not follow FASB ASC 958	311,310.	20	703,913.		
Ξ.		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 equ		_		30	
Assets	31	Retained earnings, endowment, accumulated inco	-	⊢		31	
ĭ.	32	Total net assets or fund balances		L	4,240,233.	32	4,321,888.
Net	33	Total liabilities and net assets/fund balances			16,400,886.	33	20,481,660.
	55	rotal habilitios and flot associs/fulla balances,			10,400,000.	JJ	Form 990 (2022)

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Part	XI Reconciliation of Net Assets					$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u> 184</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	1,0	21,	<u>877</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	06,	<u>693</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4,2	40,	<u> 233</u>
5	Net unrealized gains (losses) on investments	5				37
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	88,	311
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		4,3	21,	888
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," e.	xplain	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					
	reviewed on a separate basis, consolidated basis, or both:	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
~	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:	itou o	u			
	X Separate basis Consolidated basis Both consolidated and separate basis					
^	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	arsiah	t of			
·	the audit, review, or compilation of its financial statements and selection of an independent accounts	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	λριαιι	J11			
2 ~	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	tho			
sа	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergotation undergotation did not			<u> </u>		
i.	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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KEI	NEDY	CHILD STUDY CEN	ΓER				13-5	671639					
Pa	rt I	Reason for Public C	harity Status. (All	organizations must	comple	ete this p	oart.) See instruction	IS.					
The	organi	zation is not a private fo	undation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)						
1	X A	church, convention of c	hurches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).						
2	A	school described in sec	tion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)							
3	A	hospital or a cooperativ	e hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).						
4	A	medical research organ	ization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the										
	hc	ospital's name, city, and											
5	Ar	n organization operated	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in					
	se	ection 170(b)(1)(A)(iv).	(Complete Part II.)										
6	A	federal, state, or local of	government or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).						
7	Ar	n organization that norr	nally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public					
		escribed in section 170(
8	A	community trust describ	oed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)								
9	Ar	n agricultural research c	rganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college					
	or	r university or a non-land	d-grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or					
		niversity:											
10	re su ac	n organization that norm eceipts from activities re upport from gross invest cquired by the organizat	lated to its exempt f ment income and u ion after June 30, 1	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more thar s section 511 tax) from Part III.)	n 331/3 % of its					
11		n organization organized	•		-								
12		n organization organized	•	-	-								
		ne or more publicly supp	_			-							
		ne box on lines 12a throu	-				· ·	=					
а		Type I. A supporting or	•		•		• , , ,						
		the supported organizat				ajority of	the directors or truste	es of the					
		supporting organization.	•					()					
b		Type II. A supporting or	-										
		control or management			the sam	e person	is that control of man	age the supported					
_		organization(s). You must	=		! !								
С		Type III functionally int						ly integrated with,					
لہ		its supported organization		· ·				tad arganization(a)					
d		Type III non-functionally in	-					= ::					
		that is not functionally in	-	-	-			an allenliveness					
_		requirement (see instructional check this box if the organization)	•	•				I. Turno III					
е		functionally integrated,	=					і, туре ііі					
f		the number of supporte			porting t	Jigariizai	IOTI.						
g g		de the following informa	-										
		e of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of					
	(-)		(.,, =	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see					
				above (see instructions))	Yes	ment?	instructions)	instructions)					
					163	NO							
(A)													
(B)													
(C)													
(D)													
(E)													
·													

Ocne	1 die 7 (1 dilli 330) 2022						i age 🗕
Par	(Complete only if you checke	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
	Part III. If the organization fail	is to quality u	nder the tests	listed below, p	nease comple	te Part III.)	
	tion A. Public Support	4) 0040	420040	4 3 0000	4.0.004	() 0000	T (0 T)
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support			T	T	T	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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>					
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2022 (li					14	<u>%</u>
15	Public support percentage from 2021						<u>%</u>
16a	331/3% support test - 2022. If the organization of						
L	box and stop here. The organization quality the area.	-		_			
D	331/3% support test - 2021. If the org this box and stop here. The organization	=					
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets	2022. If the order meets the father facts-and-order	ganization did nacts-and-circums	ot check a box tances test, che est. The organia	on line 13, 16 eck this box ar zation qualifies	a, or 16b, and nd stop here. It as a publicly s	line 14 is Explain in supported
b	organization	2021. If the or zation meets the facts-and	ganization did r ne facts-and-ciro I-circumstances	not check a box cumstances test test. The organ	on line 13, 16 , check this bo ization qualifies	a, 16b, or 17a x and stop her s as a publicly s	e. Explain supported
18	organization						

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(=) 2010	(h) 2040	(a) 2020	(4) 2024	(=) 2022	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	~			•		
	organization, check this box and stop here						
	tion C. Computation of Public Supp		•			1	
15	Public support percentage for 2022 (line 8,		•			15	%
16	Public support percentage from 2021 Sche					16	%
	tion D. Computation of Investmen					T 1	
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3%, check		-	•			
20	Private foundation If the organization of	aid not chack	a hov on line '	ı⊿ 10a or 10h	chack this ho	v and see instri	ictions

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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.
 - 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.)

		Yes	No
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	3b		
3)	3с		
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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	445		
Section	on B. Type I Supporting Organizations	11c		
50011	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	162	NO
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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		Yes	No
2	provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
a b c	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	ee instr	ructions	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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 (explain	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izations r	nust complete Sectio	ns A through E.
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	g organization

Schedule A (Form 990) 2022

(see instructions).

Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Page 7

Secti	on D - Distributions		,		Current Year
1	Amounts paid to supported organizations to accomplish ex		1		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount Remainder, Subtract lines 4a and 4b from line 4.				
C					
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
a	E (0010				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				
					Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number

KENNEDY CHILD STUDY C		13-5671639				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private for	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion				
	501(c)(3) taxable private foundation					
Check if your organization is co	overed by the General Rule or a Special Rule .					
Note: Only a section 501(c)(7) instructions.	, (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See				
General Rule						
X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules						
regulations under sec 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 ed from any one contributor, during the year, total contributions of the great on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Pa), Part II, line 13, 16a, or ater of (1) \$5,000; or				
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						
_	sn't covered by the General Rule and/or the Special Rules doesn't file Sch line 2, of its Form 990; or check the box on line H of its Form 990-FZ or on					

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

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

Schedule B (Form 990) (2022)

Name of organization KENNEDY CHILD STUDY CENTER

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	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
2	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	N/A	\$14,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	N/A	\$15,117.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for

Name of organization KENNEDY CHILD STUDY CENTER

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$72,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization KENNEDY CHILD STUDY CENTER

Part I	Contributors (see instruction	ns). Use duplicate copies of	f Part I if additional space is needed.
--------	-------------------------------	------------------------------	---

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	N/A	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$125,000.	Person X Payroll Noncash

Name of organization

KENNEDY CHILD STUDY CENTER

Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$\$ 236,857.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

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		
		\$10,117	02/17/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. . . \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. \$	
	I		1

Page 3

Name of or	rganization			Employer identification number	
	KENNEDY CHILD STUDY CE	ENTER		13-5671639	
Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional and the second se	he year from any one ons completing Part III, e year. (Enter this inform	contributor. Colenter the total of	mplete columns (a) through (e) and exclusively religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g		(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer o	_	p of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relation		_	nship of transferor to transferee	
(a) No. from	#N P				
Part I	(b) Purpose of gift	(c) Use of g		(d) Description of how gift is held	
	(e) Trans Transferee's name, address, and ZIP + 4		_	p of transferor to transferee	
(a) No.	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held	
Part I					
	Transferee's name, address, a	(e) Transfer o	_	p of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047 Open to Public

Depa	rtment of the Treasury		Attach to Form 990.			Open to Public
	nal Revenue Service	Go to www.irs.gov/h	Form990 for instructions and th	ne latest informa		Inspection
	e of the organization				Employer identif	
	NEDY CHILD ST				13-567	1639
Pa		tions Maintaining Donor Adv e if the organization answered			Accounts.	
	Complete	e ii tile organization answered	(a) Donor advised fund		(b) Funds a	and other accounts
	Total number at a	and of year	``		(b) i undo c	and other decounts
		and of year				
		of contributions to (during year).				
		of grants from (during year)				
		at end of year		a cocata hald	in donor odvice	٠ ا
	_	ion inform all donors and donor	_			
	_	anization's property, subject to the ion inform all grantees, donors, a	_			
		e purposes and not for the bene				
		nissible private benefit?				
Da		ation Easements.			· · · · · · · · · · · ·	1es 140
Га		e if the organization answered	"Yes" on Form 990 Part I	IV line 7		
		servation easements held by the				
		n of land for public use (for example			of a historically	important land area
		of natural habitat			of a certified his	•
		n of open space		1 10301 Valion	or a certifica filo	torio stractare
		a through 2d if the organization he	eld a qualified conservation o	contribution in	the form of a co	onservation
	•	last day of the tax year.	ola a qualifica conscivation c			he End of the Tax Year
ı		onservation easements			2a	
)		tricted by conservation easements			2b	
	_	rvation easements on a certified			2c	
		rvation easements included in (c)	`	` '	20	
		e listed in the National Register.		I	2d	
		ervation easements modified, tra				rganization during the
	tax year		noromou, rolousou, extingulo	riod, or torrin	nated by the e	rgamzation daming the
	-	where property subject to conse	rvation easement is located			
		zation have a written policy reg			on, handling o	f
	_	forcement of the conservation ea	- · · · · · · · · · · · · · · · · · · ·		_	
		hours devoted to monitoring, insp				
			3, a 3, a 4, a 4, a 4, a 4, a 4, a 4, a	3		3 ,
	Amount of expens	ses incurred in monitoring, inspec	ting, handling of violations, an	nd enforcing co	onservation ease	ements during the year
	Does each conser	vation easement reported on line 2	2(d) above satisfy the requirer	ments of section	on 170(h)(4)(B)(i)
)(4)(B)(ii)?				
		cribe how the organization re				
	•	nd include, if applicable, the text	9	anization's fina	ancial statemer	nts that describes the
		counting for conservation easeme				
а		tions Maintaining Collections			Similar Asse	ts.
	Complete	e if the organization answered	"Yes" on Form 990, Part I	IV, line 8.		
	If the organization	n elected, as permitted under FA	ASB ASC 958, not to report	in its revenue	e statement and	balance sheet works
	of art, historical in	treasures, or other similar asse Part XIII the text of the footnote	ts neld for public exhibition to its financial statements the	n, education, at describes th	or research in	turtherance of public
	•	n elected, as permitted under F				
	art, historical trea	sures, or other similar assets he	ld for public exhibition, educ	cation, or rese	earch in further	ance of public service
	provide the follow	ring amounts relating to these iter	ns:			·
		ded on Form 990, Part VIII, line 1				
		ed in Form 990, Part X				
		n received or held works of a				
	following amounts	s required to be reported under F	ASB ASC 958 relating to the	se items:		

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

Schedule D (Form 990) 2022

Pa	rt Organizations Maintaini	ng Colle	ctions of	Art, Histo	rical Tre	asures	s, or	Other	Similar A	ssets (c	continue	d)	
3	Using the organization's acquisition	n, acces	sion, and	other reco	rds, check	c any o	f the	follow	ing that m	ake sigr	nificant u	se of	its
	collection items (check all that app	ly):			_								
а	Public exhibition			d	Loan	or excha							
b	Scholarly research			e	Other								_
С	Preservation for future gene	rations											
4	Provide a description of the organ	nization's	collections	s and expl	ain how t	hey fur	ther	the org	ganization's	exempt	t purpose	e in F	² art
	XIII.												
5	During the year, did the organization									_			
	assets to be sold to raise funds rath			ained as pa	art of the o	organiza	ation'	s collec	ction?		Yes		No
	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.												
1 a	Is the organization an agent, trus												
	included on Form 990, Part X?									L	Yes		No
b	If "Yes," explain the arrangement i	n Part XII	I and com	plete the fo	llowing tab	ole:							
										Amount			
С	Beginning balance					1							
d	Additions during the year												
e	Distributions during the year												
f O-	Ending balance						1f	-41:-1		:11:40	V		
	Did the organization include an am			•	•					, _	Yes	\vdash	No
	If "Yes," explain the arrangement in the arrangemen	n Part XII	i. Check n	ere ii the e	xpianation	nas be	en pr	ovided	on Part XIII				—
Га	rt V Endowment Funds. Complete if the organiza	ation ans	wered "Ye	es" on Foi	m 990 F	Part IV	line	10					
	Complete ii tilo organiza		rrent year	(b) Pri		(c) Two			(d) Three ye	ars back	(e) Four y	ears b	ack
4.	Designing of year balance	(4) 04	Toni you.	(2):	, you.	(-)	,		(4)	are such	(0) : 0 a.)	00.0 2	
1a	Beginning of year balance												
b	Contributions												
С	Net investment earnings, gains,												
_	and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
t	Administrative expenses												
g	End of year balance	of the out	*****	and halana	o /line 1 a		(0))	مماط مم					
2 a	Provide the estimated percentage Board designated or quasi-endown				e (line 1g,	Column	i (a))	neid as	•				
	Permanent endowment	 %		,,									
	Term endowment %	/0											
_	The percentages on lines 2a, 2b, a	and 2c sh	ould equal	100%.									
3a	Are there endowment funds not in		-		ation that	are held	d and	d admir	nistered for t	the			
	organization by:										Y	es	No
	(i) Unrelated organizations										3a(i)		
	(ii) Related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate										3b		
4	Describe in Part XIII the intended u	-											
Pa	rt VI Land, Buildings, and Equ	uipment.					lin a	44- () F	000 D-	V - L'	40	_
	Complete if the organization of property	ation ans		es" on Fo r other basis	(b) Cost of				cumulated		ITT X, IINE I) Book valu		
	2 3 3 3 1 property			stment)	(0	ther)			eciation	,u	, DOOR VAIL		
1 a	Land					162,15						2,15	
b	Buildings					29,71			02,118.		5,827		
С	Leasehold improvements					14,00			81,467.			2,53	
d	Equipment				1,1	33,67	3.	1,0	68,172.		65	5,50	1.
<u>e</u>	Other			000 =		(5)							
I Ota	I Add lines 1a through 1e (Column	(d) mile	r equal For	m 990 Pan	x columi	n (K) lin	ne 10	C I	ı		6 385	/ 7Q	()

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 KENNEDY CHILD S	STUDY CENTER	1	3-5671639 Page
Part VII	Investments - Other Securities.			
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financi	ial derivatives		,	
` '	held equity interests			
	Thora equity interests 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 99	00, Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	"Voo" on Form 00	00 Part IV line 44d Cae Form 000	Dort V line 15
	Complete if the organization answered		o, Part IV, line 11d. See Form 990	
(4)DEETN		cription		(b) Book value
	ED BENEFIT PENSION ASSET -OF-USE ASSET			1,245,671. 5,217,266.
	-OF-USE ASSET			5,217,200.
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		6,462,937.
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 99	00, Part IV, line 11e or 11f. See For	m 990, Part X,
1.		ion of liability		(b) Book value
	ral income taxes	ion or nability		(D) Book value
_ ` ′	RED RENT			6,450.
	LIABILITY			5,898,403.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 25.) .			5,904,853.

2. 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 .

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.	າ.	
1	Total revenue, gains, and other support per audited financial statements	1	21,103,532.
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	188,348.
3	Subtract line 2e from line 1	3	20,915,184.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	20,915,184.
Part			20/210/1011
	· · · · · · · · · · · · · · · · · · ·	4	01 001 077
1	Total expenses and losses per audited financial statements	1	21,021,877.
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	21,021,877.
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	21,021,877.
	XIII Supplemental Information.		
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, nation.	line 4; Part X, line
SEE	SUPPLEMENTAL PAGE		

Part XIII Supplemental Information (continued)

PART XI, LINE 2D:

POST-RETIREMENT BENEFIT OBLIGATION ADJUTMENT: \$188,311

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 G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization

Actacl to Form 990 or Instruction

OMB No. 1545-0047

2022

Open to Public

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

Inspection

Employer identification number

	NEDY CHILD STUDY CENTER					13-567163	
Part		-			'Yes" on Form 99	90, Part IV, line 1	7.
	Form 990-EZ filers are not re	·			anticities Observe	-11 46-44	
1	Indicate whether the organization rais	_		_			
a	Mail solicitations	e			non-government g		
b	Internet and email solicitations	f			government grant	S	
C	Phone solicitations	g	Spe	ciai fundra	ising events		
d	In-person solicitations						
	Did the organization have a written or or key employees listed in Form 990, If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the o	Part VII) or entity viduals or entities	in connec	ction with p	orofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		33 (4)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Γotal							
3	List all states in which the organizat registration or licensing.	ion is registered of	or license	d to solicit	t contributions or	has been notified	it is exempt from

Sche	edule	G (Form 990) 2022 KENN	EDY	CHILD STUDY CEN	ITER		1	_3-5671639 Page 2
Pa	rt II	Fundraising Events. Comp than \$15,000 of fundraising gross receipts greater than \$5	eve	ent contributions and g				
o.		giode receipte giodici man ve		(a) Event #1 SPRING EVENT (event type)		rent #2	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts		112,620.				112,620
æ	2	Less: Contributions Gross income (line 1 minus line 2)	s	112,620.				112,620
	4	Cash prizes		,				, , , , ,
"	5	Noncash prizes	.					
Direct Expenses	6	Rent/facility costs	.					
t Exp	7	Food and beverages	.	9,293.				9,293
Direc	8	Entertainment	.					
	9	Other direct expenses	. [3,939.				3,939
Pa	10 11 rt		act li	ine 10 from line 3, col	umn (d) <u>.</u>			99,388
		\$15,000 on Form 990-EZ			I			
Revenue			-	(a) Bingo		bs/instant essive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue	_					
enses	2	Cash prizes						
Expe	3	Noncash prizes	.					
Direct Exp	4	Rent/facility costs	.					
_	5	Other direct expenses	_					
	6	Volunteer labor	. [Yes % No	Yes No	%	Yes% No	
	7	Direct expense summary. Ad	d lin	nes 2 through 5 in colu	umn (d)			
	8	Net gaming income summary	<u>γ. Sι</u>	ubtract line 7 from line	e 1, columi	n (d)		
9 a b	ı l	Enter the state(s) in which the ostate is the organization licensed to of "No," explain:	cond		in each of	these state	es?	Yes No
l O a		Were any of the organization's gar f "Yes," explain:	ning	g licenses revoked, susp	pended, or to	erminated du	uring the tax year?	Yes No

Schedule G (Form 990) 2022

	ule G (Form 990 or 990-EZ) 2022 KENNEDY CHILD STUDY CENTER	13-56	71639	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	3a		%
		3b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books			
	records:	ana		
	Name ▶			
	Address ▶			
15 a	Does the organization have a contract with a third party from whom the organization receives ga	aming _		
	revenue?	[Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	nd the		
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ►\$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proc	eeds to_		
	retain the state gaming license?	[Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organ	izations		
	or spent in the organization's own exempt activities during the tax year ▶ \$			
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	(see instructions).			

Schedule G (Form 990 or 990-EZ) 2022

SCHEDULE J (Form 990)

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

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Name of the organization

KENNEDY CHILD STUDY CENTER

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			
_	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 Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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:	4-		3.5
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 costion $E04/a/(2)$, $E04/a/(4)$, and $E04/a/(20)$ experientians must complete lines $E.0$.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
5	compensation contingent on the revenues of:			
а	The organization?	5a		X
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		_X_
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) 2022

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

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

	(B) Breakdown of W-2	and/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
BHUPENDRA SHAH	(i) 181,439.			11,794.	22,820.	216,053.		
1 FINANCE DIRECTOR	ii)							
JEANNE ALTER	(i) 274,606.			17,849.	14,142.	306,597.		
2 EXECUTIVE DIRECTOR	ii)							
MARY MCKILLOP	(i) 177,321.			11,526.	13,726.	202,573.		
3 CURRICULUM DIRECTOR	ii)							
CAROLYN CLEVELAND	(i) 160,155.			10,410.	22,736.	193,301.		
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)							
	ii)							
	(i)							
	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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 13-5671639

Name of the organization

FORM 990, PART VI, LINE 1A

KENNEDY CHILD STUDY CENTER

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 JULY 2022

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 13-5671639

KENNEDY CHILD STUDY CENTER

COMPENSATION SURVEYS. THE PROCESS WAS LAST DONE IN JULY 2022. 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 \$188,311

Name of the organization

KENNEDY CHILD STUDY CENTER

Employer identification number

13-5671639

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MULTILINGUAL THERAPY ASSOCIATES, INC P.O. BOX 462		
WHITEHOUSE STATION, NJ 08889	THERAPY SERVICES	191,156.
SAFETY BUILDING SECURITY SERVICES LLC 5 WEST 37TH STREET#803		
NEW YORK, NY 10018	SECURITY	107,185.
NPORT PLLC		
P.O. BOX 504884		
ST. LOUIS, MO 63150	RN SERVICES	203,250.
PARISH PROPERTY MANAGEMENT, INC		
11 SEVENTH STREET		
PELHAM, NY 10803	FACILITY MANAGEMENT	495,928.
HUMARESO		
114 43RD AVENUE SW		
VERO BEACH, FL 32968	HR SERVICE	198,922.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization	Employer identification number
KENNEDY CHILD STUDY CENTER	13-5671639

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
3)					
4)					
5)					
(6)					

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(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	Section 5	g) 512(b)(13) rolled tity?
						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)	-						
(4)							
(5)							
(6)	-						
(7)							

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

Schedule R (Form 990) 2022

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

	(a) address, and EIN of ated organization	(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	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man	(j) eral or aging tner?	(k) Percentage ownership
			Country					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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(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	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1	During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Χ
b	Gift, grant, or capital contribution to related organization(s)				1b		Χ
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		Χ
е	Loans or loan guarantees by related organization(s)				1e	Х	
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s).				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		Χ
	Performance of services or membership or fundraising solicitations by related organization(s).				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	nis line, including cove	ered relationships and transa	action thre	sholds	3.	
	(a)	(b)	(c) Amount involved	Madhad	(d)		_
	Name of related organization	Transaction type (a - s)	Amount involved	Method amou	unt invo		g
(1)							
(2)							
(3)							
(4)							
(=\							
(5)							
(C)							
(6)			0-1	adula D (For	000) 1	202
SA			Sch	edule R (rorm :	990) 2	2022

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	(d) Predominant income (related, inrelated, excluded from tax under		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

filing of this	form, visit www.irs.gov/e-file-providers/e-file-	for-charities	s-and-non-profits.			, oo		
Automatio	6-Month Extension of Time. Only subm	it original	(no copies needed).					
-	tions required to file an income tax return oth orm 7004 to request an extension of time to f		· · · · · · · · · · · · · · · · · · ·	20-C filers), partnersh	ips, F	REMICs,	, and trusts	
Type or	e or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN)							
print	t KENNEDY CHILDREN'S CENTER, INC. 13-5671639							
File by the	Number, street, and room or suite no. If a P.O. bo		ctions.	13 307103	, ,			
due date for	2212 THIRD AVENUE							
filing your return. See	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.					
instructions.	NEW YORK, NY 10035							
Enter the R	Leturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 1	
Application	1	Return	Application				Return	
ls For		Code	Is For				Code	
Form 990 c	or Form 990-EZ	01	Form 1041-A				08	
Form 4720	(individual)	03	Form 4720 (other tha	n individual)			09	
Form 990-P	PF	04	Form 5227				10	
	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
	Γ (trust other than above)	06	Form 8870				12	
Form 990-1	Γ (corporation)	07						
 If the org If this is for the who a list with the 1 requ 	2212 THIRD AVE. ne No. ► 212 9889500 ganization does not have an office or place of for a Group Return, enter the organization's follogroup, check this box ne names and TINs of all members the extension est an automatic 6-month extension of time up to organization named above. The extension is	business ir our digit Gro If it is for pa ion is for. ntil	Fax No. ▶ In the United States, check to bup Exemption Number (art of the group, check to the group in the group.	GEN)		If th and atta	is is ach	
2 If the	calendar year 20 or tax year beginning 07 / tax year entered in line 1 is for less than 12 m Change in accounting period	01_, 2022 nonths, chec	ck reason: Initial re			23		
	s application is for Forms 990-PF, 990-T, fundable credits. See instructions.	4720, or	6069, enter the ten	tative tax, less any	3a	\$	NONE	
	s application is for Forms 990-PF, 990-T, ated tax payments made. Include any prior yea		-		3b	\$	NONE	
	ce due. Subtract line 3b from line 3a. In EFTPS (Electronic Federal Tax Payment System	•	• •	orm, if required, by	3с		NONE	
Caution: If you	ou are going to make an electronic funds withdraw	val (direct de	ebit) with this Form 8868,	see Form 8453-TE and F				
					_	0000		

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

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