	Form	990-T	Ex	empt Organizat	ion Bu	isiness Inc	come	Tax Ret	urn	ОМЕ	3 No 1545-0687				
	Form 990-1 (and proxy tax under section 6033(e)) (and proxy tax under														
	Depar	lment of the Treasury	ł	►Go to www.irs.gov/Fo	orm990T for	r instructions and	the latest	ınformation.		- 0	Subtra transaction (as				
	Interna	al Revenue Service	Do	not enter SSN numbers on thi			Public Inspection for B) Organizations Only								
	A [_	Check box if address changed		Name of organization (	Check box if n	name changed and se	e instruction	ıs)			ification number see instructions )				
	B Exe	empt under section	-	KENNEDY CHILDRE											
	_	501( C ) <b>Q3</b> )	Print	Number, street, and room or si	13-	5671639	)								
	-	408(e) 220(e)	_ or	1	E Uni	Unrelated business activity code									
		408A 530(a)	type	2212 THIRD AVEN	(See	(See instructions )									
		529(a)		City or town, state or province											
	C Box	ok value of all assets	<b>i</b>	NEW YORK, NY 10	-	•			ĺ						
		end of year	F Gro	up exemption number (See											
	J	17,915,652.		ck organization type		<del></del>	501(c	) trust	401(	a) trust	Other trust				
	H E	nter the number of		nization's unrelated trades or			<del>_</del>			ne only (or first) unrelated					
		ade or business her					only one				e, describe the				
				end of the previous senten	nce, comple		•	•							
		ade or business, th		•		,									
		<del></del>		corporation a subsidiary in	an affiliated	group or a parent-s	subsidiary (	controlled grou	ıр?		Yes X No				
				identifying number of the pa		-					<u> </u>				
	$\overline{}$			UPENDRA SHAH			Telephor	ne number 🕨	212-98	8-9500					
	Par	t I Unrelated	Trade o	or Business Income		(A) Inco			oenses		(C) Net				
	1a	Gross receipts or	sales												
	b	Less returns and allowa	ances		ilance ▶ 1c	:									
	2	Cost of goods sol	ld (Sched	ule A, line 7)	2										
	3	Gross profit Sub	tract line	2 from line 1c	3										
	4a	Capital gain net ii	псоте (а	ttach Schedule D)	4a										
တ္ထ	b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 47	97) 4b				DEO	F 12 0= 5					
$\Rightarrow$	С	Capital loss dedu	ction for t	rusts	4c				REC	FIVE	<u>ی</u> ر				
Z	5	Income (loss) from a p	artnership or	an S corporation (attach statement).	<u>5</u>			4		20	S				
CANNED	6	Rent income (Sch	redule C)		<u>6</u>			<u> </u>	MAY	Z b 202	0 5				
Ö	7	Unrelated debt-fir	nanced in	come (Schedule E)	<u>7</u>						<u></u>				
Z	8	Interest annuities, roya	alties, and re	nts from a controlled organization (Sc	hedule F) 8	<del></del>		<u> </u>	OGU	EN, UT	<u> </u>				
VOV	9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Sch	nedule G) 9										
0	10		_	ncome (Schedule I)		)									
) 5	11			lule J)		<u> </u>									
2	12			tions, attach schedule)											
8	13					<del> </del>									
20	Pai	Total. Combine lines 3 through 12													
	14			directors, and trustees (Sche						4					
	15									5					
	16 17									6					
	17 18	-		(coo instructions)		•				7					
	18 19			(see instructions),						8					
	19 20									9					
	20 21			4562)					-	0					
	22			on Schedule A and elsewhe						2ь					
	23					_				3					
	23 24			compensation plans						4					
	25 25			S						5					
	26			Schedule I).						6					
	20 27			chedule J)						7					
	28			chedule)						8					
	29			s 14 through 28						9					
	30									0					
	31			is taxable income before net operating loss deduction. Subtract line 29 from line 13 operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)											
	32			e income Subtract line 31 fi						2					
				lotice, see instructions.	. 5 1110 00	<del> </del>	<u> </u>	<u> </u>	· · · · · ·		orm <b>990-T</b> (2018)				
				3/2020 10.40.1	7 AM 17	10 7 65		11015/0	~		UIII 999-1 (2010				

Form	990-T (2018)	<del> </del>	Page 2
Par	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1	
	instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
••	instructions),	35	
26	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
36	of lines 33 and 34	36	
		<del></del>	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	<del></del>
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	1 [ ]	•
	enter the smaller of zero or line 36	38	0.
Par	t IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on	1 11	
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		
	tV Tax and Payments	_ <del></del> -	
		<del>-                                    </del>	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	{	
	Other credits (see instructions)		
С	General business credit Attach Form 3800 (see instructions)	1 1 1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	]	
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from <u>line 44</u>	46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a			
h	Payments A 2017 overpayment credited to 2018	1 1 1	
~	Tax deposited with Form 8868	11	
	Foreign organizations Tax paid or withheld at source (see instructions) 50d	1 [ ]	
		1	
	Backup withholding (see instructions)	1 1 1	
	Credit for small employer health insurance premiums (attach Form 8941) 50f	<b>                                     </b>	
g	Other credits, adjustments, and payments Form 2439	<u> </u>	
	Form 4136 Other Total ▶ 50g	<u> </u>	10 763
51	Total payments. Add lines 50a through 50g	L-1.	18,763.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	18,763.
55	Enter the amount of line 54 you want	55	18,763.
Par	t VI Statements Regarding Certain Activities and Other Information (see instruction	s)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	ay have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the		
	here ▶	, , ,	X
			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	gn trust?	^_
	If "Yes," see instructions for other forms the organization may have to file		Ì
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements and to the tirue_earriegt, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	est of my knowledge a	and belief it is
Sigi		ay the IRS discuss	this return
Her	e / Lecutive Director with	th the preparer sh	
	· · / /	e instructions)? X Ye	s No
	Phnt/Type preparer's name Prelarbi signal P	k of PTIN	
Paid	AARON SHAPIRO AARON SHIFE		33816
	Darer Firm's name BKD, LLP	SEIN► 44-016	
Use	Only The state of	eno 212.867.4	
_	Phon		<b>90-T</b> (2018)
JSA		roini <b>3</b> i	(ZUIO)

JSA

	KE	NNEDY	CHILDI	REN'S C	CENT	ER INC.			13-	5671639		2
Form 990-T (2018) Schedule A - Cost of Go	ode So	ld En	or motho	d of invon	tory	valuation					<u> </u>	Page_3
1 Inventory at beginning of year		iu. Em	iei illetilot	3 OI IIIVEII	6			ar	6			
2 Purchases	· <del> 1</del>				7			id. Subtract line				
3 Cost of labor	· · —				1 ′		•	iter here and in				
4a Additional section 263A cos	· · <del>  · ·  </del>				1				- 1	}		
•					8			section 263A (		espect to	Yes	No
(attach schedule)	- E - T				1			or acquired for		-		
<ul><li>b Other costs (attach schedule</li><li>5 Total. Add lines 1 through 4</li></ul>	, . <del>   </del>				1		•	· · · · · · · · · · · · · · · · · · ·			1	х
Schedule C - Rent Income		Real Pr	operty a	nd Perso	onal	Property	Leased V	Vith Real Prope	rtv)			
(see instructions)	(		operty a			ороу			<b>.,</b> ,			
Description of property												
(1)												
(2)											_	
(3)												
(4)												
	2. Rer	nt receiv	ed or accru	ed								
(a) From personal property (if the personal property is more than more than 50%)			percent	age of rent f	for per	sonal property sonal property ed on profit or	exceeds	3(a) Deductions of in columns 2		onnected with (		ome
								<del> </del> _				
(1)												
(2)												
(3)		—						<del> </del>				
(4)								<u> </u>				
Total			Total					(b) Total deducti	ons.			
(c) Total income. Add totals of coll	٠.		•					Enter here and o				
here and on page 1, Part I, line 6, o					***	· · · · · · · · · · · · · · · · · · ·		Part I, line 6, colu	imn (B)	<u> </u>		
Schedule E - Unrelated Del	<u>bt-rinar</u>	iceu ir	icome (se	1			3.0	Deductions directly co	nnected	with or allocable	le to	
1. Description of debt-	financed or	onerty				me from or bt-financed		debt-finan				
Basanpilan ar quar	lanoca pr	орску			prope			nt line depreciation ch schedule)	(b) Other deductions (attach schedule)			
(1)		<del>-</del>					(4	<u></u>		(4.144.144		
(2)				<del>                                     </del>					_			
(3)			<del></del>	<del>                                     </del>								
(4)				<u> </u>								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of c	age adjus or allocab inanced p ach sche	property	4	i. Cołu 4 divid 7 colur	led		income reportable n 2 x column 6)		Allocable ded amn 6 x total o 3(a) and 3(t	f colum	
(1)						%						
(2)						%						
(3)						%					<u> </u>	
(4)						%						
_								e and on page 1, ne 7, column (A).		er here and o t I, line 7, colu		
<b>.</b>							i	i				

Form **990-T** (2018)

Schedule F-Interest, Ann	uities, Royalties							ations (se	e instruction	ons)		
	<del>-</del>		Exem	ot Co	ntrolled Or	ganizatio	ons				<del>, -</del>	
Name of controlled organization	2. Employer Identification number		3 Net unrelated income (loss) (see instructions)			4 Total of specified payments made		ed include	5 Part of column 4 that included in the controllin organization's gross incor		g connected with income	
(1)		$\neg \uparrow$						1 -				
(2)											Ţ <del>-</del>	
(3)				-								
(4)												
Nonexempt Controlled Organi	zations								_			
7. Taxable Income	8 Net unrelated in (loss) (see instruc				Total of specific ayments made		ıncl	Part of colum- uded in the conization's gro	ontrolling		Deductions directly nnected with income in column 10	
(1)												
(2)												
(3)												
(4)												
Totals						▶ ) Orga	Ent Par	d columns 5 er here and or t I, line 8, colu n (see ins	n page 1, umn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)	
1. Description of income	2 Amount of				3 Deduction of the 3 december 3 d	tions nected		4. S	et-asides n schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)												
(2)	<u> </u>											
(3)												
(4)	Enter here and										Enter here and on page 1	
Totals	Part I, line 9, c	·		r Th			come	(see instri	uctions)		Part I, line 9, column (B)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business incom		vith of	If a gain, compute		5 Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	<del> </del>				<u> </u>				<del>  "-</del> "	_	<del> </del>	
(2)												
(3)	<del>                                     </del>		_	_						_	<del> </del>	
(4)	<del>                                     </del>			_								
	Enter here and on page 1, Part I, line 10, col (A)	pag	here an e 1, Par 10, col	t I,						-	Enter here and on page 1, Part II, line 26	
Schedule J- Advertising I	acomo (see inst-	uotioss			L							
					idated Day						<del></del>	
Part I Income From Per	lodicals Report	ea on	aco	nsoi	idated bas	515	Γ		T			
2. Gross 1 Name of periodical advertising adv			3. Direct vertising costs		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5. Circulation income		6 Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)	1	· -			1						7	
(3)	<del>                                     </del>										7	
(4)					1						7	
Totals (carry to Part II, line (5))												
									· · · · · · · · · · · · · · · · · · ·		Form 990-T (2018	

Part II Income From Per 2 through 7 on a l			rate Basis (For	each periodical	isted in Part II	, fill in columns
Name of periodical	2 Gross advertising Income	3 Direct , advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶					}	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		,		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see insti	uctions)		
1. Name		2	Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business	
(1)				%		
(2)				%		
(3)				%		
(4)				%		
Total. Enter here and on page 1, Page 1, Page 1, Page 2, Page	art II, line 14					

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