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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public

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

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

KENNEDY KRIEGER CHILDREN'S HOSPITAL INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

707 N BROADWAY

City or town, state or province, country, and ZIP or foreign postal code

BALTIMORE, MD 21205

F Name and address of principal officer

BRAD L SCHLAGGAR MD PHD

707 N BROADWAY

BALTIMORE, MD 21205

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

52-0607971

E Telephone number

(443) 923-9200

G Gross receipts \$ 174,406,340

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.KENNEDYKRIEGER.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1937

M State of legal domicile MD

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO IMPROVE THE LIVES OF CHILDREN AND ADOLESCENTS WITH PEDIATRIC DEVELOPMENTAL DISABILITIES AND OTHER NEUROLOGICAL ISSUES

2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3

10

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

8

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

5

1,687

6 Total number of volunteers (estimate if necessary)

6

300

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

0

7b Net unrelated business taxable income from Form 990-T, line 34

7b

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

3,199,760

5,498,877

160,485,181

167,875,222

160,412

108,660

716,813

923,581

164,562,166

174,406,340

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Prior Year

Current Year

360,000

360,000

0

0

118,893,969

129,014,836

0

0

40,968,310

43,590,209

160,222,279

172,965,045

4,339,887

1,441,295

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

End of Year

127,476,570

91,736,523

47,409,140

54,993,568

80,067,430

36,742,955

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer

2020-05-08

Date

MICHAEL J NEUMAN SVP OF FINANCE

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-05-08

Check ☐ if self-employed

PTIN P00370694

Firm's name ▶ SC&H TAX & ADVISORY SERVICES LLC

Firm's EIN ▶ 20-5991824

Firm's address ▶ 910 RIDGEBROOK ROAD

Phone no (410) 403-1500

SPARKS, MD 21152

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

KENNEDY KRIEGER CHILDREN'S HOSPITAL (KKCH) OFFERS CLINICAL PROGRAMS TO MEET THE SPECIALIZED NEEDS OF CHILDREN AND ADOLESCENTS WITH DEVELOPMENTAL DISABILITIES. MORE THAN 35 DIFFERENT OUTPATIENT PROGRAMS AND FOUR INPATIENT UNITS ADDRESS THE SPECIFIC CONDITIONS OF CHILDREN WITH A WIDE RANGE OF DISORDERS. KKCH IS RECOGNIZED FOR THE RANGE OF SERVICES IN AREAS INCLUDING AUTISM, CEREBRAL PALSY, SPINA BIFIDA, NEUROREHABILITATION, SPINAL CORD INJURY AND FEEDING DISORDERS. AS A PROVIDER OF SPECIALTY PEDIATRIC HEALTHCARE SERVICES, KKCH IS VIEWED AS A "NICHE" PROVIDER. MANY SERVICES PROVIDED AT KKCH ARE NOT DUPLICATED THROUGHOUT THE GENERAL HEALTHCARE SYSTEM IN THE CITY, REGION OR WORLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code) (Expenses \$ 110,945,108 including grants of \$ 360,000) (Revenue \$ 120,303,091)
	See Additional Data

4b	(Code) (Expenses \$ 43,610,558 including grants of \$ 0) (Revenue \$ 47,986,545)
	See Additional Data

4c	(Code) (Expenses \$ 1,440,733 including grants of \$ 0) (Revenue \$ 509,167)
	See Additional Data

4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 155,996,399
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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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
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	No
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 Yes	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
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	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
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	No
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	No
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	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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 Yes	
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	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	Yes
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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	67
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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		2a	1,687	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
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		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c 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		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a 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		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
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						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 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? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section 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	10
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 in Schedule O		
b Enter the number of voting members included in line 1a, above, who are independent	1b	8
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	Yes
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in 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	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **MD**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 books and records
►MICHAEL J NEUMAN 1741 ASHLAND AVE 7TH FLOOR BALTIMORE, MD 21205 (443) 923-1810

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

□

● 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or 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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	4,899,227	2,859,925	705,596

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 ▶ 110

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 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)	(B)	(C)
Name and business address	Description of services	Compensation
JOHNS HOPKINS UNIVERSITY 3400 N CHARLES STREET BALTIMORE, MD 21218	MEDICAL SERVICES	8,112,366
YELLOW CAB COMPANY 32245 COLLECTION CENTER DRIVE CHICAGO, IL 60693	TRANSPORTATION SERVICES	765,231
GENEDX INC 207 PERRY PARKWAY GAITHERSBURG, MD 20877	PROFESSIONAL SERVICES	564,242
RESPITECH MEDICAL INC 250 RANCK AVE LANCASTER, PA 17602	PROFESSIONAL SERVICES	561,608
SODEXO INC PO BOX 360170 PITTSBURGH, PA 15251	PROFESSIONAL SERVICES	265,921

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 14

Part VIII		Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>								
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . .	1b					
	c	Fundraising events . . .	1c					
	d	Related organizations	1d	3,274,134				
	e	Government grants (contributions)	1e	2,206,738				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	18,005				
	g	Noncash contributions included in lines 1a - 1f \$ _____						
	h	Total. Add lines 1a-1f ▶	5,498,877					
Program Service Revenue			Business Code					
	2a	OUTPATIENT SERVICES	624100	119,888,677	119,888,677			
	b	INPATIENT SERVICES	624100	47,986,545	47,986,545			
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	9	Total. Add lines 2a-2f ▶	167,875,222					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) ▶	108,660			108,660	
	4		Income from investment of tax-exempt bond proceeds ▶					
	5		Royalties ▶					
	6a	(i) Real		(ii) Personal				
		b		Less rental expenses				
	c		Rental income or (loss)					
	d		Net rental income or (loss) ▶					
	7a	(i) Securities		(ii) Other				
		b		Less cost or other basis and sales expenses				
	c		Gain or (loss)					
	d		Net gain or (loss) ▶					
	8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b		Less direct expenses b					
	c		Net income or (loss) from fundraising events . . . ▶					
	9a		Gross income from gaming activities See Part IV, line 19 a					
	b		Less direct expenses b					
c		Net income or (loss) from gaming activities . . . ▶						
10a		Gross sales of inventory, less returns and allowances a						
b		Less cost of goods sold b						
c		Net income or (loss) from sales of inventory . . . ▶						
		Miscellaneous Revenue	Business Code					
11a		REIMBURSABLE COSTS REVENUE	900099	408,420	408,420			
b		TUITION REVENUE	900099	62,337	62,337			
c		MEDICAL RECORD FEES	900099	25,786	25,786			
d		All other revenue		427,038	427,038			
e		Total. Add lines 11a-11d ▶		923,581				
12		Total revenue. See Instructions ▶		174,406,340	168,798,803	0	108,660	

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 response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 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.	360,000	360,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	3,894,940	268,446	3,626,494	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	96,606,610	92,573,789	4,032,821	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	6,691,454	6,303,241	388,213	
9 Other employee benefits.	14,944,084	13,863,614	1,080,470	
10 Payroll taxes.	6,877,748	6,362,526	515,222	
11 Fees for services (non-employees):				
a Management.				
b Legal.	484,363		484,363	
c Accounting.	159,737		159,737	
d Lobbying.	80,923		80,923	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	3,824		3,824	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	11,786,257	9,853,864	1,932,393	
12 Advertising and promotion.	391,665	201,529	190,136	
13 Office expenses.	8,272,577	6,360,657	1,911,920	
14 Information technology.	648,426	648,426		
15 Royalties.				
16 Occupancy.	19,534,689	17,459,907	2,074,782	
17 Travel.	816,508	761,810	54,698	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.	392,877		392,877	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a PROFESSIONAL DVLPMPT	548,607	510,429	38,178	
b NON-CAPITAL EQUIPMENT	301,815	301,815		
c PERMITS AND LICENSES	167,941	166,346	1,595	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	172,965,045	155,996,399	16,968,646	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,720,708	1	1,728,442
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	163,853	3	157,367
	4 Accounts receivable, net	22,106,605	4	22,978,744
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,547,175	9	1,733,324
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	10c	
	b Less: accumulated depreciation	10b		
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	6,160,123	12	6,589,734
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	93,778,106	15	58,548,912
	16 Total assets. Add lines 1 through 15 (must equal line 34)	127,476,570	16	91,736,523
Liabilities	17 Accounts payable and accrued expenses	30,386,498	17	30,493,240
	18 Grants payable		18	
	19 Deferred revenue	8,455	19	5,650
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	17,014,187	25	24,494,678
	26 Total liabilities. Add lines 17 through 25	47,409,140	26	54,993,568
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	76,521,572	27	33,327,480
	28 Temporarily restricted net assets	3,545,858	28	3,415,475
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	80,067,430	33	36,742,955
	34 Total liabilities and net assets/fund balances	127,476,570	34	91,736,523

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	174,406,340
2	Total expenses (must equal Part IX, column (A), line 25)	2	172,965,045
3	Revenue less expenses Subtract line 2 from line 1	3	1,441,295
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	80,067,430
5	Net unrealized gains (losses) on investments	5	169,457
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 in Schedule O)	9	-44,935,227
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	36,742,955

Part XII Financial Statements and ReportingCheck 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 52-0607971
Name: KENNEDY KRIEGER CHILDREN'S HOSPITAL INC

Form 990 (2018)

Form 990, Part III, Line 4a:

OUTPATIENT PROGRAMSPATIENTS ARE SEEN ON AN OUTPATIENT BASIS IN ONE OF MORE THAN 35 DIFFERENT CLINICS A CHILD MAY BE SEEN BY A SINGLE PROFESSIONAL OR AN INTERDISCIPLINARY TEAM DEPENDING UPON THE NATURE OF THE CHILD'S NEEDS CLINICS PROVIDE DIAGNOSTIC AND TREATMENT SERVICES IN THE FOLLOWING AREAS ASSISTIVE TECHNOLOGY, ATAXIA TELAGIECTASIA, AUDIOLOGY, BEHAVIOR MANAGEMENT, BOTULINUM TOXIN TREATMENT, AUTISM AND RELATED DISORDERS, DEVELOPMENT AND LEARNING PROBLEMS, GENETIC MUSCLE DISORDERS, CEREBRAL PALSY, FEEDING DISORDERS, DEVELOPMENTAL COGNITIVE NEUROLOGY, DOWN SYNDROME, ENVIRONMENT HEALTH PROBLEMS, FRAGILE X, HOLOPROSENCEPHALY, SPINAL CORD INJURIES, MOVEMENT DISORDERS, NICU FOLLOW-UP, NEUROGENETICS, NEUROPHYSIOLOGY, NUTRITION, OCCUPATIONAL THERAPY, ORTHOPEDICS, OSTEOGENESIS IMPERFECT, CHILD PSYCHIATRY, REHABILITATION, PHYSICAL THERAPY, SOCIAL WORK AND SPEECH AND LANGUAGE

Form 990, Part III, Line 4b:

INPATIENT PROGRAMS ARE MADE UP OF 3 UNITS THE NEUROBEHAVIORAL UNIT (NBU) PROVIDES SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES WHO ARE SELF-INJURIOUS, AGGRESSIVE AND DISPLAY OTHER SEVERE BEHAVIORS THE PEDIATRIC FEEDING DISORDERS UNIT (PFDU) SERVES CHILDREN WITH SEVERE FEEDING PROBLEMS MEDICAL ASSESSMENTS, NUTRITIONAL MONITORING, ORAL MOTOR ASSESSMENTS AND INTENSE BEHAVIORAL INTERVENTIONS CAN BE CONDUCTED THE PEDIATRIC REHABILITATION UNIT (PRU) OPERATES ONE OF THE MOST SUCCESSFUL NEUROREHABILITATION PROGRAMS IN THE WORLD AND INCLUDES THE BRAIN INJURY PROGRAM AND THE INTERNATIONAL SPINAL CORD INJURY PROGRAM

Form 990, Part III, Line 4c:

PROFESSIONAL TRAINING PROGRAMSKENNEDY KRIEGER DEDICATES SUBSTANTIAL RESOURCES TO INCREASING THE NUMBER OF QUALIFIED SPECIALISTS IN THE FIELDS OF NEUROLOGICAL AND DEVELOPMENTAL DISABILITIES WE ALSO TAKE SERIOUSLY OUR RESPONSIBILITY NOT ONLY TO IMPROVE CARE THROUGH RESEARCH, BUT TO SHARE THAT KNOWLEDGE WITH OTHERS THAT IS WHY MORE THAN 400 INDIVIDUALS COME HERE TO TRAIN IN A WIDE VARIETY OF DISCIPLINES EACH YEAR THE GOALS OF THE INSTITUTE'S CLINICAL TRAINING PROGRAMS ARE TWOFOLD 1) TO TRAIN LEADERS IN THE FIELD OF NEURODEVELOPMENTAL DISABILITIES AND 2) TO HELP ENSURE THAT THERE IS A SUFFICIENT NUMBER OF QUALIFIED PROFESSIONALS TO MEET THE NEEDS OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS AND THEIR FAMILIES BY TRAINING FUTURE GENERATIONS OF RESEARCHERS AND PROFESSIONALS FROM UNDERGRADUATE STUDENTS TO CURRENT STAFF WE ARE ENSURING THAT CHILDREN EVERYWHERE CAN RECEIVE THE BEST POSSIBLE CARE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY S GRASMICK CHAIRWOMAN	1 00 16 00	X						0	76,534	8,419
RICHARD W CASS VICE CHAIRMAN	1 00 5 00	X						0	0	0
RICHARD J HIMELFARB DIRECTOR	1 00 2 00	X						0	0	0
STEPHEN M KEELTY DIRECTOR	1 00 3 00	X						0	0	0
GAYLE KELLY DIRECTOR	1 00 3 00	X						0	0	0
COLLEEN KOCH MD MS MBA DIRECTOR	1 00 2 00	X						0	0	0
HOWARD MILLER ESQ DIRECTOR	1 00 5 00	X						0	0	0
KENNETH SCHUBERTH MD DIRECTOR	1 00 2 00	X						0	0	0
HENRY A ROSENBERG JR DIRECTOR	1 00 2 00	X						0	0	0
GARY W GOLDSTEIN MD PRESIDENT & CEO - PART YEAR	22 00 18 00	X		X				481,447	410,352	37,233

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRADLEY SCHLAGGAR PRESIDENT & CEO	22 00 18 00	X		X				198,297	169,014	17,412
JAMES M ANDERS JR SECRETARY	22 00 18 00			X				433,947	369,866	34,562
MICHAEL VD JOHNSTON MD CMO & SECRETARY - PART YEAR	20 00 20 00			X				344,490	344,490	36,726
MICHAEL J NEUMAN TREASURER	22 00 18 00			X				194,094	165,433	37,770
MICHAEL F CATALDO PHD SVP & PROGRAM DIRECTOR	30 00 10 00				X			372,549	124,183	28,836
LAINY LEBOW-SACHS DIRECTOR OF EXTERNAL RELATIONS-PT YR	6 00 34 00				X			68,946	390,692	28,449
RAYMOND SHORT SVP OF HUMAN RESOURCES	22 00 18 00				X			134,449	114,595	40,423
LANA R WARREN PHD SVP OF CLINICAL SERVICES	40 00 0 00				X			247,591	0	22,468
MARK FURST SVP OF EXTERNAL RELATIONS	6 00 34 00				X			37,067	210,047	31,340
PAUL LIPKIN MD PROGRAM DIRECTOR	20 00 20 00				X			0	233,813	32,167

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TAMI W SWEARINGEN RN SVP OF NURSING	40 00 0 00				X			230,823	0	37,539
CRISTINA SADOWSKY MD PROGRAM DIRECTOR	40 00 0 00				X			227,897	0	40,549
SEYED ALI FATEMI CHIEF MEDICAL OFFICER	20 00 20 00				X			113,122	113,122	20,774
HAROLYN BELCHER PRESIDENT OF MEDICAL STAFF	40 00 0 00				X			223,436	0	18,793
KEN DAVIS VP OF INFORMATION SYSTEMS	22 00 18 00				X			112,990	96,303	38,776
JOANN KUBICA VP OF COMPLIANCE	32 00 8 00				X			165,923	41,481	22,336
LOUIS HAGOPIAN PROGRAM DIRECTOR	40 00 0 00					X		310,577	0	43,661
FRANK PIDCOCK MD PROGRAM DIRECTOR	40 00 0 00					X		258,595	0	38,944
JAY SALPEKAR PROGRAM DIRECTOR	40 00 0 00					X		254,937	0	13,041
BRUCE SHAPIRO MD PROGRAM DIRECTOR	40 00 0 00					X		246,297	0	32,746

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUZANNE RYBCZYNSKI PROGRAM DIRECTOR	40 00 0 00					X		241,753	0	42,632

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

KENNEDY KRIEGER CHILDREN'S HOSPITAL INC

Employer identification number

52-0607971

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	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 (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
7a 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	4b	
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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a 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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		
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		

Section 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)		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
3 By reason of the relationship described in (2), 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		

Section 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 instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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.		
b Did the activities described in (a) 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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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? Provide details in Part VI.		
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.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
Section 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	
Section 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)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	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	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 52-0607971
Name: KENNEDY KRIEGER CHILDREN'S HOSPITAL INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization KENNEDY KRIEGER CHILDREN'S HOSPITAL INC	Employer identification number 52-0607971
---------------------------------------------------------------------	----------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		80,923
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		38,303
j	Total. Add lines 1c through 1i			119,226
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	KENNEDY KRIEGER INSTITUTE, INC PAYS IT'S LOBBYISTS ALEXANDER & CLEAVER AND MCALLISTER & QUINN TO DIRECTLY CONTACT LEGISLATORS ON MATTERS AFFECTING HEALTH CARE, EDUCATION, COMMUNITY SERVICES, AND RESEARCH PROGRAMS. A PORTION OF THIS EXPENSE (\$71,439) HAS BEEN ALLOCATED TO THIS ENTITY. THE ORGANIZATION PAYS DUES TO MARYLAND HOSPITAL ASSOCIATION AND NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS. A PORTION OF THESE DUES (\$9,484) ARE USED FOR LOBBYING ACTIVITIES. LAINEY LEBOW-SACHS IS A KEY EMPLOYEE OF THE ORGANIZATION. A PORTION OF HER COMPENSATION (\$38,303) HAS BEEN ALLOCATED TO LOBBYING EXPENSES FOR HER LOBBYING RESPONSIBILITIES ON BEHALF OF THE ORGANIZATION.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
KENNEDY KRIEGER CHILDREN'S HOSPITAL INC

Employer identification number
52-0607971

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements			
d	Equipment			
e	Other			
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶			0

Schedule D (Form 990) 2018

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) RESTRICTED ASSETS	6,589,734	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	6,589,734	

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	58,548,912
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	58,548,912

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
ACCRUED PENSION PAYABLE	18,955,015	
ACCRUED WORKERS COMPENSATION	1,289,526	
RETIREMENT LIABILTY 457(B)	2,103,935	
CAPITAL LEASE OBLIGATION	2,146,202	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	24,494,678	

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		2e		
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		4c		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5		

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		2e		
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		4c		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b				
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5		

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Name of the organization

KENNEDY KRIEGER CHILDREN'S HOSPITAL INC

Employer identification number

52-0607971

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a	No
b If "Yes," did the organization make it available to the public?	6b	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,133,425		1,133,425	0 660 %
b Medicaid (from Worksheet 3, column a)			66,131,572	62,600,961	3,530,611	2 040 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			4,703,812	1,669,230	3,034,582	1 750 %
d Total Financial Assistance and Means-Tested Government Programs			71,968,809	64,270,191	7,698,618	4 450 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,339,236	851,047	3,488,189	2 020 %
f Health professions education (from Worksheet 5)			3,526,368	1,708,044	1,818,324	1 050 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			2,106,870		2,106,870	1 220 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			519,044		519,044	0 300 %
j Total. Other Benefits			10,491,518	2,559,091	7,932,427	4 590 %
k Total. Add lines 7d and 7j			82,460,327	66,829,282	15,631,045	9 040 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			145,976		145,976	0.080 %
2 Economic development						
3 Community support			93,601		93,601	0.050 %
4 Environmental improvements			4,082		4,082	0 %
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			12,119		12,119	0.010 %
9 Other						
10 Total			255,778		255,778	0.140 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	3,618,756	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	852,579	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	2,053,207
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	4,487,322
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-2,434,115
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
KENNEDY KRIEGER CHILDREN'S HOSPITAL INC**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.KENNEDYKRIEGER.ORG/CHNA</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____	10	No
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b Yes	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

KENNEDY KRIEGER CHILDREN'S HOSPITAL INC			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) HTTP //WWW.KENNEDYKRIEGER.ORG/FINANCIAL-ASSISTANCE			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, PAGE 8			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V, PAGE 8			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

KENNEDY KRIEGER CHILDREN'S HOSPITAL INC

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	No
If "No," indicate why		
a <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

KENNEDY KRIEGER CHILDREN'S HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 7	<p>LINE A - CHARITY CARE AND UNREIMBURSED MEDICAID WERE DETERMINED BY USING A COST TO CHARGE RATIO THIS COST TO CHARGE RATIO WAS DETERMINED BASED UPON THE HOSPITAL'S COSTS AND CHARGE S FROM ITS MEDICAID COST REPORT AND FURTHER DOCUMENTED THROUGH THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE AGREEMENT WITH THE ORGANIZATION ALL OF THE OTHER AMOUNTS WERE R EPORTED AT COST UTILIZING THE ORGANIZATION'S COST ACCOUNTING SYSTEM CHARITY CARE IS DETERMINED BY THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY AND IS BASED UPON COST THE HOSPITAL U SES THE FEDERAL POVERTY GUIDELINES (AS UPDATED ANNUALLY) IN DETERMINING FREE AND DISCOUNTED CARE IN ADDITION, THE HOSPITAL CONSIDERS FREE OR DISCOUNTED CARE FOR THE MEDICALLY INDIGENT LINE B - THE NET COMMUNITY BENEFIT FOR MEDICAID IS BASED UPON MEDICAID COSTS NET OF MEDICAID REIMBURSEMENT AND DISPROPORTIONATE SHARE REVENUE LINE C - THE NET COMMUNITY BENEFIT FOR OTHER MEANS-TESTED PROGRAMS IS BASED UPON MEDICARE COSTS NET OF MEDICARE REIMBURSEMENT FROM THE FY 2019 MEDICARE COST REPORT LINE E - COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS INCLUDE GRANTS, THE COST OF PATIENT PARKING AND TRANSPORTATION, AND THE COSTS OF PROVIDING GUEST RELATIONS AND TRAINING SERVICES PATIENT PARKING KKC H PROVIDES VALET PARKING AT NO COST TO PATIENTS AND THEIR FAMILIES OR CAREGIVERS WHEN COMING FOR OUTPATIENT APPOINTMENTS OR VISITING INPATIENTS THE VALET PARKING SERVICE PROVIDES SIGNIFICANT ASSISTANCE TO CLIENTS BY HELPING TO EXIT AND ENTER THEIR VEHICLES, REMOVING EQUIPMENT FROM THE VEHICLES, AND ENSURING SAFETY TRANSPORTATION A PRIORITY AREA IDENTIFIED ON THE KKCH CHNA IS ACCESS TO SERVICES TRANSPORTATION IS AN ITEM THAT PRESENTS BARRIERS TO ACCESS TO CARE, EDUCATION AND EMPLOYMENT, ESPECIALLY FOR THOSE WITH DISABILITIES AND UNDERREPRESENTED GROUPS KKCH CLINICAL PROGRAMS PROVIDE TRANSPORTATION FOR THOSE WHO HAVE NO OTHER RESOURCES TO GET TO AND FROM THEIR HEALTHCARE APPOINTMENTS AT THE FACILITY KENNEDY KRIEGER INSTITUTE CONDUCTED MANY COMMUNITY HEALTH IMPROVEMENT SERVICES DURING 2019 ONE OF WHICH IS DIALECTICAL BEHAVIOR THERAPY (DBT) PARENT GROUPS WITH THE INCREASING STRESSORS IN OUR COMMUNITY AND THOSE FACED BY OUR FAMILIES WHO CARE FOR CHILDREN WITH SPECIAL NEEDS, THIS APPROACH HAS PROVEN TO BE AN EFFECTIVE EVIDENCE-BASE INTERVENTION NOT ONLY IS IT USED FOR TREATMENT, BUT OFFERING PARENT GROUPS AS A SUPPLEMENT HAS BEEN OF VALUE TO THE MARYLAND COMMUNITY DBT IS A TYPE OF COGNITIVE BEHAVIORAL THERAPY ITS MAIN GOALS ARE TO TEACH PEOPLE HOW TO LIVE IN THE MOMENT, COPE HEALTHILY WITH STRESS, REGULATE EMOTIONS, AND IMPROVE RELATIONSHIPS WITH OTHERS PARTICIPATION IN SOCIAL AND RECREATIONAL ACTIVITIES IS OFTEN LACKING FOR CHILDREN AND ADULTS WITH DISABILITIES OUR PROGRAMS COLLABORATE WITH COMMUNITY ENTITIES TO OFFER ACTIVITIES SUCH AS SAILING, BASKETBALL SOCCER AND ORGANIZED TEAM SPORTS TO CHILDREN AND ADULTS WITH DISABILITIES THAT OTHERWISE MAY NOT BE ABLE TO ENGAGE IN SUCH ACTIVITIES SEVERAL COLLABORATIVE RELATIONSHIPS INCLUDE A COMMUNITY FITNESS CENTER FOR ADULTS, BALTIMORE SAILING CLUB, AND BASKETBALL TEAMS KENNEDY KRIEGER RUNS THE BENNETT CENTER WHICH ARE PROGRAMS FOR CHILDREN AND YOUNG ADULTS AGES 5-18 ARE OFFERED BY THE BENNETT INSTITUTE PHYSICALLY CHALLENGED SPORTS PROGRAM AND THE BENNETT BLAZERS ACTIVITIES OFFERED INCLUDE AMBULATORY SPORTS, BOCCIA, HANDCYCLING, I-SKATE DOROTHY HAMILL'S ADAPTIVE ICE SKATING PROGRAM, JUNIOR BASEBALL, MOTOR DEVELOPMENT, POWER SOCCER, RUNNING (FOR BALTIMORE RUNNING FESTIVAL PARTICIPANTS), SAILING, SITTING VOLLEYBALL, SLED HOCKEY, SWIMMING, TENNIS/POLYBAT, TENNIS, TRACK AND FIELD, WHEELCHAIR BASKETBALL, WHEELCHAIR FLOOR HOCKEY, WHEELCHAIR FOOTBALL, WHEELCHAIR LACROSSE, WHEELCHAIR RUGBY, AND WHEELCHAIR SOFTBALL KENNEDY KRIEGER OFFERS A CAMP EXPERIENCE FOR CHILDREN WITH DISABILITIES IN WHICH STAFF (THERAPISTS, NURSES, ETC) VOLUNTEER THEIR TIME TO PROVIDE IMPORTANT EXPERTISE DURING THIS WEEKEND TRIP CHILDREN WITH DISABILITIES CAN PARTICIPATE WITH THEIR TYPICALLY DEVELOPING SIBLINGS LINE F - HEALTH PROFESSIONS EDUCATION INCLUDES THE COSTS (BOTH DIRECT AND INDIRECT) OF INTERNS, RESIDENTS ALONG WITH OTHER ALLIED HEALTH PROFESSIONALS THE ORGANIZATION CURRENTLY TRAINS OVER 400 PEOPLE IN A WIDE VARIETY OF DISCIPLINES FROM ALL ACADEMIC LEVELS LINE H - THE HOSPITAL HAS REPORTED \$2,106,870 IN THE CATEGORY OF RESEARCH THAT IS FUNDED BY THE HOSPITAL LINE I - CASH AND IN-KIND CONTRIBUTIONS FROM THE HOSPITAL PROVIDE FUNDING FOR ACTIVITIES TO ACHIEVE THE MISSION OF THE HOSPITAL RONALD MACDONALD HOUSE (RMH) THE RMH PROVIDES AFFORDABLE AND SAFE LODGING TO FAMILIES AWAY FROM THEIR HOMES TO ALLOW THEM TO BE PRESENT DURING HOSPITALIZATIONS (INPATIENT AND OUTPATIENT) FOR HOSPITALS IN THE BALTIMORE METROPOLITAN REGION KENNEDY KRIEGER HAS A REPRESENTATIVE WHO SERVES ON THE BOARD OF DIRECTORS INDIRECTLY THIS ACTIVITY SUPPORTS THE COMMUNITY NEED OF ACCESS TO CARE IN ADDITION, KENNEDY KRIEGER SPONSORS DINNERS FOR THE FAMILIES THROUGH</p>

Form and Line Reference	Explanation
PART I, LINE 7	<p>HOUT THE YEAR RED SHOE CREW THE RED SHOE CREW IS A GROUP OF YOUNG PROFESSIONALS AND STUDENTS IN THE BALTIMORE, MD AND SURROUNDING AREA ASSOCIATED WITH THE RONALD MCDONALD HOUSE OF BALTIMORE THE GROUP VOLUNTEERS AT THE HOUSE, HOSTS NETWORKING AND SOCIAL EVENTS FOR ITS MEMBERS, AND RAISES MONEY FOR THE HOUSE KENNEDY KRIEGER HOSTED 40 VISITORS OF EMERGING YOUNG LEADERS (< 40 YEARS OF AGE) TO COMPLETE DISABILITY AWARENESS TRAINING, A TOUR OF OUR FACILITY THAT PROVIDES SERVICES FOR PERSONS WITH DISABILITIES, AND ENGAGED IN A QUESTION AND ANSWER PERIOD RELATED TO DISABILITY ISSUES THE HOSPITAL PROVIDED DINNER AND PARKING FOR THE GROUP EVENT SEE ADDITIONAL INFORMATION REGARDING THESE BENEFITS PROVIDED TO THE COMMUNITY UNDER PART VI, LINE 5 BEGINNING ON PAGE 65</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>THIS NARRATIVE CORRESPONDS TO PARTS I AND II SEE ADDITIONAL NARRATIVE FOR COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATION IN PART VI, LINE 5 COMMUNITY ORGANIZING IS A KEY INSTRUMENT FOR ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH KENNEDY KRIEGER WORKS IN CONCERT WITH OUR COMMUNITIES TO DISSEMINATE AND INTEGRATE OUR KNOWLEDGE THROUGH COMMUNITY-BENEFIT ACTIVITIES SO THAT WE MEET THE NEEDS OF THE COMMUNITY AND LEVERAGE THE WORK WE DO OUTSIDE OF OUR ORGANIZATION THIS IS ACCOMPLISHED THROUGH TRAINING, INCLUDING, HELPING TO EDUCATE PROVIDERS OF VARIOUS DISCIPLINES ACROSS MARYLAND THROUGH OUR UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES EDUCATION, RESEARCH, AND SERVICE (UCEDD), THE MARYLAND CENTER FOR DEVELOPMENTAL DISABILITIES (MCDD), WE OFFER EXTENSIVE COMMUNITY TRAININGS FOR CAREGIVERS, SELF-ADVOCATES, AND PROFESSIONALS ACROSS THE STATE IN PARTNERSHIP WITH OTHER ORGANIZATIONS PEOPLE ON THE GO IS THE MCDD'S SELF-ADVOCACY GROUP WHICH FOCUSES ON NOT ONLY TRAININGS FOR ADULTS WITH DISABILITIES BUT PARTNERS WITH STATE AND LOCAL AGENCIES TO ENSURE TRAINING OF LAW ENFORCEMENT, EDUCATORS, HEALTH PROFESSIONALS, AND LEGISLATIVE REPRESENTATIVES IS DONE IN AN INTENTIONAL AND INCLUSIVE MANNER THE MCDD HAS CONDUCTED OVER 600 COMMUNITY TRAININGS AND TECHNICAL ASSISTANCE ENCOUNTERS ON DIFFERENT ASPECTS OF DEVELOPMENTAL DISABILITIES AND COLLABORATING WITH THE EDUCATIONAL SECTOR TO BUILD THE NEXT GENERATION OF TEACHERS COMMUNITY BUILDING ACTIVITIES INCLUDE THE FOLLOWING 1 CAMP SOAR CAMP SOAR (SIBLING OUTDOOR ADVENTURE RETREAT) IS A WEEKEND RETREAT OFFERED TO FORMER PATIENTS AND THEIR SIBLINGS AGES 8-16 CAMP IS DESIGNED TO ENHANCE SIBLING RELATIONSHIPS AND PROVIDES TEAM BUILDING ACTIVITIES, AND TOOLS AND STRATEGIES FOR LESSONS LEARNED AT CAMP TO BE CARRIED OVER TO THE HOME ENVIRONMENT CAMP ALSO PROMOTES DISABILITY AWARENESS AND ACCEPTANCE SO THAT PARTICIPANTS CAN RECOGNIZE THE STRENGTHS AND ABILITIES OF OTHERS EACH YEAR UP TO 25 CAMPER THAT INCLUDE CHILDREN WITH DEVELOPMENTAL DISABILITIES, BRAIN INJURIES OR SPINAL CORD INJURIES THAT HAVE BEEN PART OF THEIR REHABILITATION PROGRAM PARTICIPATE IN A THEME BASED CAMP ACTIVITIES INCLUDE CANOEING, SWIMMING, CAMPFIRE, S'MORES, AND MEMORIES THAT LAST A LIFETIME OVER 60 KENNEDY KRIEGER INSTITUTE STAFF DONATE THEIR TIME TO WORK AS ACTIVITIES ASSISTANTS OR CAMP COUNSELORS THROUGHOUT THE WEEKEND PARTICIPATION IN TYPICAL COMMUNITY ACTIVITIES FOR CHILDREN AND YOUTH WITH DISABILITIES IS A BARRIER, JOINT SIBLING PROGRAMS ARE LIMITED, INCLUDING, PARENTS CANNOT DROP OFF THEIR CHILDREN (ONE WITH A DISABILITY AND A TYPICALLY DEVELOPING CHILD) AT ANY DAYCARE, CAMP OR RECREATIONAL SETTING CAMP SOAR ADDRESSES THIS ACCESS BARRIER FOR CHILDREN 2 GO-GREEN THE HOSPITAL PROMOTES AND MAINTAINS A GO-GREEN CAMPAIGN THROUGH THE DISSEMINATION OF INFORMATION AND PRODUCTS TO REDUCE WASTE THE HOSPITAL PROVIDES VOLUNTEERS DURING THE WORK WEEK TO STAFF NEIGHBORHOOD FARMER'S MARKET 3 MARYLAND CONSORTIUM FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS THE MARYLAND COMMUNITY OF CARE CONSORTIUM FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS (COC) IS DEDICATED TO IMPROVING SYSTEMS OF CARE FOR CHILDREN AND THEIR FAMILIES IN THE STATE THE COC IS A WORKING GROUP OF DIVERSE STAKEHOLDERS, INCLUDING FAMILIES, PROVIDERS, ADVOCATES, CONSUMERS, ADMINISTRATORS, AND PROFESSIONALS FROM THE PUBLIC AND PRIVATE SERVICE SYSTEMS AT LEAST ONE TO THREE KENNEDY KRIEGER REPRESENTATIVES PARTICIPATE IN ALL MEETINGS MEETINGS ARE HELD 3 TIMES PER YEAR 2.5 HOURS EACH MEETING AND ONCE PER YEAR FOR 8 HOURS 4 PATHFINDERS FOR AUTISM THE MARYLAND CENTER FOR DEVELOPMENTAL DISABILITIES (MCDD) AT KENNEDY KRIEGER PARTNERS WITH PATHFINDERS FOR AUTISM ON MULTIPLE COMMUNITY HEALTH PROJECTS PATHFINDERS FOR AUTISM ASSISTED IN THE COMMUNITY NEEDS ASSESSMENT FOR THE MCDD AND THE DATA WAS USED FOR THE HOSPITAL CHINA 5 PEOPLE ON THE GO A PROJECT OF THE MARYLAND CENTER FOR DEVELOPMENTAL DISABILITIES (MCDD) AT KENNEDY KRIEGER PROVIDES ADVOCACY TO SELF-ADVOCATES ACROSS THE MARYLAND COMMUNITY TO IMPROVE KNOWLEDGE AND ACCESS TO INFORMATION AND SERVICES, INCLUDING, EDUCATION, HEALTH, HOUSING, TRANSPORTATION, AND OTHER SOCIALLY DETERMINED FACTORS THAT IMPACT QUALITY OF LIFE FOR ALL PERSONS, BUT FOCUSED ON PERSONS WITH DISABILITIES 6 CENTER FOR DIVERSITY IN PUBLIC HEALTH LEADERSHIP TRAINING "THE MISSION OF THE CENTER IS TO REDUCE SOCIALLY DETERMINED CHILDHOOD BRAIN DISORDERS THROUGH LEADERSHIP DEVELOPMENT OF DIVERSE SCHOLARS WHO USE CULTURALLY RELEVANT, AND EVIDENCE-BASED, APPROACHES TO INFORM RESEARCH, PRACTICE, ADVOCACY, AND POLICY EACH PROGRAM HAS UNIQUE CRITERIA MATERNAL CHILD HEALTH CAREERS/RESEARCH INITIATIVES FOR STUDENT ENHANCEMENT (MCHC/RISE-UP) PROGRAM IS A 10-WEEK SUMMER PROGRAM DESIGNED FOR UNDERGRADUATE JUNIORS AND SENIORS, AND RECENT BACCALAUREATE DEGREE STUDENTS, WITH A GRADE POINT AVERAGE (GPA) OF AT LEAST 2.7 ON A 4-POINT SCALE WHO ARE INTERESTED IN LEARNING MORE ABOUT PUBLIC HEALTH AND PREVENTION</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>G HEALTH DISPARITIES THROUGH THIS PROGRAM, WITH UNIVERSITY PARTNERS FROM ACROSS THE NATION, MCHC/RISE-UP OFFERS PUBLIC HEALTH LEADERSHIP LEARNING EXPERIENCES IN CLINICAL, RESEARCH , AND COMMUNITY ENGAGEMENT AND ADVOCACY AREAS DR JAMES A FERGUSON EMERGING INFECTIOUS D ISEASES FELLOWSHIP IS A 9-WEEK SUMMER PROGRAM FOR STUDENTS CURRENTLY ENROLLED FULL-TIME IN A MEDICAL, DENTAL, PHARMACY, VETERINARY, OR PUBLIC HEALTH GRADUATE PROGRAM WHO ARE INTERESTED IN CONDUCTING RESEARCH IN THE AREAS OF INFECTIOUS DISEASES AND HEALTH DISPARITIES FELLOWS INCREASE PROFESSIONAL LEADERSHIP SKILLS AND ARE SUPPORTED TO PRESENT THEIR RESEARCH AT NATIONAL MEETINGS MATERNAL AND CHILD HEALTH-LEADERSHIP EDUCATION, ADVOCACY, AND RESEARCH NETWORK (MCH-LEARN) PROVIDES UNDERGRADUATE FRESHMAN AND SOPHOMORE STUDENTS FROM UNDERREPRESENTED POPULATIONS WHO ARE INTERESTED IN THE MATERNAL AND CHILD HEALTHCARE (MCH) FIELD, A COMPREHENSIVE, INTEGRATED LEARNING EXPERIENCE PROGRAMS RUN 9-10 WEEKS OVER THE SUMMER MONTHS MCH-LEARN TARGETS LOCAL STUDENTS FROM MARYLAND AND NEIGHBORING REGIONS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	SEE NARRATIVE FOR PART III, LINE 4

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	SEE NARRATIVE FOR PART III, LINE 4

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	BASED UPON THE HOSPITAL'S BILLING AND COLLECTION POLICY, BAD DEBT EXPENSE IS RECORDED AT COST AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IS RECORDED FOR RECEIVABLES WHICH ARE ANTICIPATED TO BECOME UNCOLLECTIBLE IN FUTURE PERIODS THE \$852,579 OF BAD DEBT EXPENSE, VALUED AT COST, REPRESENTS THOSE ACCOUNTS WRITTEN OFF IN WHICH THE PATIENT WOULD HAVE QUALIFIED FOR THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY DUE TO THEIR INCOME LEVEL PLEASE SEE PAGES 11 THROUGH 13 OF THE ATTACHED FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE CURRENT MEDICARE REIMBURSEMENT METHODOLOGY DOES NOT ADEQUATELY REIMBURSE THE ORGANIZATION FOR THE SERVICES IT PROVIDES AND THEREFORE THE ENTIRE AMOUNT OF THE SHORTFALL IS CONSIDERED AS A COMMUNITY BENEFIT THESE AMOUNTS WERE OBTAINED FROM THE FISCAL YEAR 2019 MEDICARE COST REPORT AND PROVIDER STATISTICAL REPORTS PROVIDED BY MEDICARE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	THE ORGANIZATION'S DEBT COLLECTION POLICY SPECIFICALLY ADDRESSES PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. ONCE A PATIENT QUALIFIES FOR FINANCIAL NEED, THEIR FINANCIAL OBLIGATION IS REDUCED OR WRITTEN OFF BASED UPON THE FINANCIAL ASSISTANCE POLICY GUIDELINES. A SEPARATE FINANCIAL CLASS IS UTILIZED IN WHICH BILLS ARE NOT GENERATED. THESE ACCOUNTS ARE NOT PLACED WITH COLLECTION AND NO FURTHER DEBT COLLECTION EFFORTS ARE PURSUED. ADDITIONALLY, THE HOSPITAL DOES NOT CHARGE INTEREST, LATE FEES OR PENALTIES.

Form and Line Reference	Explanation
PART VI, LINE 2	<p>BECAUSE MULTIPLE ORGANIZATIONS WITHIN MARYLAND AND ACROSS THE U S ARE MANDATED TO CONDUCT THEIR OWN CHNA, IN AN EFFORT TO STREAMLINE THE DATA-COLLECTION PROCESS FOR OUR CHNA AND C OLLABORATE WITH COMMUNITY PARTNERS, KENNEDY KRIEGER USED EXISTING DATA SOURCES AND PARTICI PATED IN COMMUNITY MEETINGS IN WHICH ORGANIZATIONS CONVENE WITH COMMUNITY MEMBERS TO DISCU SS COMMUNITY ASSETS, NEEDS AND SERVICES AT THE TIME OF KENNEDY KRIEGER'S FIRST CHNA IN 20 13, WE INITIATED DISCUSSIONS WITH COMMUNITY ORGANIZATIONS TO ESTABLISH A COLLABORATIVE DAT A-SHARING CONSORTIUM WHILE A FORMAL AGREEMENT BETWEEN THESE ENTITIES DOES NOT EXIST TO DA TE, THE ORGANIZATIONS THAT EXPRESSED INTEREST HAVE READILY COLLECTED AND SHARED DE-IDENTIF IED DATA TO HELP ASSESS COMMUNITY ASSETS AND NEEDS FOR CHILDREN AND YOUTH WITH DISABILTIE S AND THEIR FAMILIES WHILE THE PROCESS FOR THIS CHNA DIFFERS SLIGHTLY FROM 2013, THE OUTC OMES REFLECT A RICHER INTEGRATION OF DATA ELEMENTS, TO INCLUDE STANDARDIZED/GOVERNMENT DAT ABASES, SURVEYS DISTRIBUTED TO THE COMMUNITY BY OUR COMMUNITY AND LOCAL AND STATE GOVERNME NT ENTITIES, AND NON-STANDARDIZED QUALITATIVE INPUT FROM PARTICIPATION IN PUBLIC COMMUNITY MEETINGS APPROACHES AND COLLECTION OF INFORMATION DIFFER ACROSS MARYLAND'S REGIONS, GIVE N THE DIVERSITY OF STAKEHOLDERS AND COMMUNITIES INVOLVED DESCRIPTION OF SELECTED RESOURCE S USED IN COLLECTING DATA FOR THE FY 2019 CHNA, SOME OF THE DATA USED TO DERIVE THE PRIORI TY AREAS ARE NOTED BELOW FOR A COMPREHENSIVE LISTING OF DATA SOURCES, REFERENCE APPENDIX 1 DATA SOURCES AND RESOURCES IN THE FY 2019 CHNA DOCUMENT (WWW KENNEDYKRIEGER ORG/CHNA) F OR THE FY 2019 CHNA, WE USED PREDOMINANTLY THE FOLLOWING METHODOLOGIES TO DERIVE THE PRIOR ITY AREAS 1 REVIEW OF U S CENSUS DATA2 2017 MARYLAND PARENT SURVEY, CONDUCTED BY THE MA RYLAND DEPARTMENT OF HEALTH OFFICE3 MARYLAND REPORT ON PART B INDICATOR 8 OF THE INDIVIDU ALS WITH DISABILITIES EDUCATION ACT 2016-2017, CONDUCTED BY ICF INTERNATIONAL FOR THE MARY LAND STATE DEPARTMENT OF EDUCATION DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVIC ES4 2017 MARYLAND TRANSITIONING YOUTH SURVEY, CONDUCTED BY THE MARYLAND DEVELOPMENTAL DIS ABILITIES COUNCIL AND PARENTS' PLACE OF MARYLAND 5 MARYLAND DEPARTMENT OF DISABILITIES ST ATE DISABILITIES PLAN 2016-20196 COUNTY HEALTH RANKINGS AND ROADMAPS 20197 PARTICIPATION IN STATEWIDE AND MARYLAND EASTERN SHORE CONSORTIUM OF CARE QUARTERLY MEETINGS8 KENNEDY K RIEGER INSTITUTE PATIENT/STUDENT DEMOGRAPHIC STATISTICS 2016-20189 HEALTHY PEOPLE 202010 THE ANNUAL DISABILITY STATISTICS COMPENDIUM 201811 AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS) 2017-2018 BOARD CERTIFICATION REPORT12 DATA RESOURCE CENTER FOR CHILD AND ADOLESC ENT HEALTH A NATIONAL SURVEY FOR CHILDREN'S HEALTH 2016-201713 ATTENDANCE AT MARYLAND CO MMISSION TO STUDY MENTAL AND BEHAVIORAL HEALTH REGIONAL MEETINGSOUR PLANS FOR ONGOING ACTI VITIES INCLUDE COLLECTION OF COMMUNITY SURVEY DATA WHILE IN ATTENDANCE AT COMMUNITY HEALTH FAIRS ACROSS VARIOUS COUNTIES ALL NEEDS IDENTIFIED WILL NOT BE ADDRESSED SOLELY BY KKCH THE NEEDS HAVE BEEN IDENTIFIED ACROSS ALL COMMUNITIES AND IN PARTNERSHIP WITH A VARIETY O F GROUPS KKCH WILL COLLABORATE TO ADDRESS AREAS THAT WE ARE MOST QUALIFIED AS AN INSTITUT ION TO ADDRESS AS DESCRIBED, KKCH IS A SPECIALTY HOSPITAL, ADDRESSING NEEDS RELATED TO DE VELOPMENTAL DISABILITIES OUR AREA OF EXPERTISE IN HELPING THE COMMUNITY INCLUDES TRAINING RELATED TO DISABILITY, ADVOCACY-ASSISTING THE POPULATION SERVED TO MOVE TOWARD THEIR HIGH EST LEVEL OF INDEPENDENCE IN ALL SITUATIONS, YOUTH TRANSITION-WORKING WITH OTHER ORGANIZAT IONS TO COORDINATE SYSTEMS, WHILE PROVIDING GUIDANCE AND RESOURCES TO FAMILIES TO MOVE FRO M THE ENTITLEMENT WORLD (<18 YEARS) TO THE ELIGIBILITY WORLD (> 18 YEARS) THE IMPLEMENTAT ION ACTION PLAN DEVELOPED IN FY 2019 IS A THREE-YEAR PLAN TO ADDRESS THE NEEDS OF THE COMM UNITY FOCUSED ON MAJOR SOCIAL DETERMINANTS OF HEALTH FOR THIS MARYLAND-TARGETED POPULATION HEALTH STARTS IN OUR HOMES, SCHOOLS, WORKPLACES, NEIGHBORHOODS, AND COMMUNITIES OUR HEA LTH IS ALSO DETERMINED IN PART BY ACCESS TO SOCIAL AND ECONOMIC OPPORTUNITIES, THE QUALITY OF OUR SCHOOLING, THE SAFETY OF OUR WORKPLACES, AND THE NATURE OF OUR SOCIAL INTERACTIONS AND RELATIONSHIPS, TO NAME A FEW (SECRETARY'S ADVISORY COMMITTEE ON HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES FOR 2020) HTTPS //WWW HEALTHYPEOPLE GOV/2020/TOPICS-OBJECTI VES/TOPIC/SOCIAL-DETERMINANTS-OF-HEALTHKENNEDY KRIEGER WILL CONTINUE TO ACCESS THE NEEDS O F THE MARYLAND COMMUNITY AS THE IMPLEMENTATION ACTION PLAN IS REVIEWED ANNUALLY AND NEW NE EDS ARE IDENTIFIED BY THE COMMUNITY THIS CHNA FOCUSED ON THE NEEDS OF CHILDREN AND YOUNG ADULTS WITH DEVELOPMENTAL DISABILITIES, AND ON THOSE AT THE GREATEST RISK FOR ACQUIRING DI SORDERS OF THE NERVOUS SYSTEM RESULTING FROM THE SOCIAL DETERMINANTS OF HEALTH IT ALSO FO CUSED ON THE FAMILIES OF THESE CHILDREN AND YOUNG ADULTS, AND ON THE COMMUNITY OF PROVIDER S WHO MAY HAVE AN IMPACT ON THE LIVES OF THOSE WHO</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>M WE SERVE THE INSTITUTE IS CURRENTLY WORKING TO UNDERSTAND THE PERCEPTIONS OF CAREGIVERS ABOUT HOW THEY VIEW THE HEALTH OF THEIR CHILD AND AREAS THEY VIEW AS AFFECTING THE HEALTH AND WELL-BEING OF THE INDIVIDUAL INPUT FROM PERSONS SERVED, SELF-ADVOCATES, IS CONTINUOUSLY OBTAINED THROUGH THE WORK OF PEOPLE ON THE GO (POG), A PROJECT OF THE MCDD AND THE MARYLAND DEVELOPMENTAL DISABILITIES COUNCIL THE WORK OF POG IS RECOGNIZED ACROSS THE MARYLAND COMMUNITY AND NATIONALLY THE STATEWIDE LEADERSHIP GROUP OF POG LEADS THE CHARGE FOR ALL ACTIVITIES AND LEGISLATIVE ISSUES THAT MAY IMPACT THE LIVES OF CHILDREN, ADOLESCENTS, ADULTS AND CAREGIVERS OF PERSONS WITH DISABILITIES DEVELOPMENTAL DISABILITIES DAY IS ORGANIZED AND ATTENDED BY MULTIPLE PEOPLE</p>

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Form and Line Reference	Explanation
PART VI, LINE 3	<p>ALL PATIENTS ARE INFORMED OF THEIR FINANCIAL RESPONSIBILITY PRIOR TO THEIR APPOINTMENT OR ADMISSION IF THEY CANNOT MEET THIS RESPONSIBILITY, THEY ARE INFORMED OF THE FINANCIAL ASSISTANCE POLICY DURING PRE-ADMISSION, AT THE TIME OF THE APPOINTMENT, AT REGISTRATION AND BY PATIENT ACCOUNTING DURING THE BILLING AND COLLECTION PROCESS THE FINANCIAL ASSISTANCE POLICY AND BILLING AND COLLECTION POLICIES ARE POSTED ON THE HOSPITAL'S WEBSITE AND AT CARE CENTERS ACROSS THE ORGANIZATION THE HOSPITAL ALSO WORKS WITH FAMILIES TO EXPLORE QUALIFICATION FOR GOVERNMENT PROGRAMS OR OTHER FINANCIAL ASSISTANCE PROGRAMS THE HOSPITAL HAS DEDICATED PATIENT FINANCIAL ASSISTANCE STAFF WHO WORK WITH PATIENTS AND THEIR FAMILIES WHO REQUIRE FINANCIAL ASSISTANCE THE HOSPITAL HAS COMPLIED WITH THE NEW REQUIREMENTS UNDER SECTION 501(R) FOR HOSPITALS UNDER THE AFFORDABLE CARE ACT WRITTEN FINANCIAL ASSISTANCE POLICIES HAVE BEEN ESTABLISHED, REASONABLE EFFORTS ARE MADE TO DETERMINE IF AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE AND THE HOSPITAL DOES NOT EMPLOY EXTRAORDINARY COLLECTION EFFORTS THE HOSPITAL HAS ON STAFF FINANCIAL COUNSELORS WHO CONSULT WITH FAMILIES REGARDING THEIR INSURANCE AUTHORIZATION, COVERAGE, RESPONSIBLE PORTION, AND A BENEFIT AND FINANCIAL SERVICE FOR FAMILIES AND PATIENTS THE FINANCIAL COUNSELORS INFORM AND ASSIST FAMILIES IN UNDERSTANDING THEIR INSURANCE POLICY, FINANCIAL ASSISTANCE OPTIONS THROUGH THE HOSPITAL AND OTHER COMMUNITY RESOURCES THAT MAY BE AVAILABLE IN ADDITION, THE RESOURCE FINDER IS AVAILABLE TO AID FAMILIES IN FINDING RESOURCES FOR NEEDED SERVICES OR EQUIPMENT NOT COVERED BY INSURANCE SOME DEPARTMENTS ACROSS THE ORGANIZATION HAVE SECURED GRANTS OR BEEN THE RECIPIENT OF PHILANTROPIC FUNDS THAT ARE USED TO FILL IN THE GAP WHEN NEEDED SERVICES ARE NOT PARTIALLY OR FULLY COVERED BY INSURANCE</p>

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Form and Line Reference	Explanation
PART VI, LINE 4	<p>KENNEDY KRIEGER INSTITUTE SERVES CHILDREN, ADOLESCENTS, AND ADULTS FROM MARYLAND, ACROSS THE UNITED STATES, AND INTERNATIONALLY. DATA FROM THE LAST THREE FISCAL YEARS (2016, 2017, 2018) INDICATE THAT 60 PERCENT OF ALL INPATIENT AND 87 PERCENT OF OUTPATIENTS SERVED BY KENNEDY KRIEGER ARE MARYLAND RESIDENTS, ALTHOUGH GEOGRAPHIC DEMOGRAPHICS VARY SIGNIFICANTLY BY PROGRAM. THE HOSPITAL VIEWS THE STATE OF MARYLAND AS THE COMMUNITY IT SERVES. MARYLAND'S POPULATION IS ESTIMATED AT 6,045,680 AND IS RANKED AS THE 19TH LARGEST STATE POPULATION IN THE NATION. THE STATE COVERS 9,774 SQUARE MILES AND IS THE 5TH MOST DENSELY POPULATED STATE IN THE NATION WITH 595 PERSONS PER SQUARE MILE, YET THE STATE HAS RURAL, LESS DENSELY POPULATED AREAS IN THE SOUTHERN, WESTERN AND EASTERN SHORES. MARYLAND HAS 24 COUNTIES/COUNTY-EQUIVALENTS DIVIDED INTO FIVE REGIONS. EACH REGION IS DISTINCT AND COMPRISES POPULATIONS THAT HAVE FOCUSED NEEDS AND RESOURCES. KKCH IS LOCATED IN THE CENTRAL REGION, THUS ACCESS FROM PARTICULARLY SOUTHERN, WESTERN, AND EASTERN SHORE REGIONS PRESENTS AS A BARRIER WITHIN MARYLAND COMMUNITIES. OVER 634,300 RESIDENTS HAVE A REPORTED DISABILITY (2015, CENSUS BUREAU). KKCH HELPS THE DEVELOPMENTALLY DISABLED POPULATION AND OTHERS WITH RELATED DISABILITIES SUCH AS SPINAL CORD INJURY, PERSONS WITH DEVELOPMENTAL DISABILITIES USE INDIVIDUALLY PLANNED AND COORDINATED SERVICES AND SUPPORTS OF THEIR CHOOSING (E.G., HOUSING, EMPLOYMENT, EDUCATION, CIVIL AND HUMAN RIGHTS PROTECTION, HEALTH CARE) TO LIVE IN AND TO PARTICIPATE IN ACTIVITIES IN THE COMMUNITY. KKCH IS LOCATED IN THE EAST BALTIMORE COMMUNITY. THE DISABILITY RATE OF SCHOOL-AGED CHILDREN ENROLLED IN PUBLIC SCHOOLS (US CENSUS, 2010) THAT HAVE A COGNITIVE DISABILITY (I.E., LEARNING DISABILITY, ADHD, ETC.) FOR THE BALTIMORE METROPOLITAN AREA IS 4.0% AND WITH A GENERAL DISABILITY RATE OF 5.3%. OUR CONTRIBUTIONS TO THE COMMUNITY TARGET A WIDE GEOGRAPHIC REACH MIRRORING OUR MARYLAND PATIENT POPULATION. KKCH SERVED PERSONS RANGING FROM LESS THAN ONE YEAR TO OVER 75 YEARS OF AGE. APPROXIMATELY 45% OF THE POPULATION SERVED ARE 11 YEARS AND OLDER. GENERALLY, KKCH SERVES ALMOST TWICE AS MANY MALES AS FEMALES. OUR TARGET POPULATION INCLUDES CHILDREN, ADOLESCENTS AND ADULTS WITH DISABILITIES AND THOSE AT THE HIGHEST RISK FOR DISORDERS OF THE NERVOUS SYSTEM. IN MARYLAND, 19.2% OF CHILDREN 0 TO 17 YEARS OF AGE HAVE A SPECIAL HEALTHCARE NEED, AS ADOPTED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION. THESE INCLUDE CHILDREN AND YOUTH WHO, ALONG WITH THEIR FAMILIES, OFTEN NEED SERVICES FROM MULTIPLE SYSTEMS: HEALTHCARE, PUBLIC HEALTH, EDUCATION, MENTAL HEALTH AND SOCIAL SERVICES. NARROWING THE FOCUS, WE KNOW THAT APPROXIMATELY 12 TO 15% OF U.S. CHILDREN EXPERIENCE DEVELOPMENTAL DELAYS OR DISABILITIES, WHICH RANGE IN SEVERITY AND SCOPE FROM ISOLATED DELAYS IN ACHIEVING CERTAIN DEVELOPMENTAL MILESTONES TO FUNCTIONAL IMPAIRMENTS IN HEARING OR VISION, AS WELL AS DIAGNOSABLE LEARNING, EMOTIONAL AND BEHAVIORAL DISORDERS.</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>THE HOSPITAL CURRENTLY OPERATES NUMEROUS PROGRAMS TO ADDRESS SOME OF THE PRESSING NEEDS IN THE COMMUNITY FOR PERSONS WITH DEVELOPMENTAL DISABILITIES THE HOSPITAL PROMOTES AND HOST S TRAINING SEMINARS ACROSS THE MARYLAND COMMUNITY FOR THE SECOND YEAR THE INSTITUTE HAS OFFERED A SUMMER LEARNING SERIES, OPEN TO FAMILIES, SELF-ADVOCATES AND PROFESSIONALS, ADDRESSING TOPICS THAT HAVE BEEN IDENTIFIED BY THE COMMUNITY A RESOURCE FINDER (RF) THE RESOURCE FINDER (RF) IS A PROJECT OF THE MARYLAND CENTER FOR DEVELOPMENTAL DISABILITIES AT KENNEDY KRIEGER INSTITUTE THE RESOURCE FINDER FUNCTIONS TO PROVIDE RESOURCES ON VARIOUS DEVELOPMENTAL DISABILITIES AND RELATED DISORDERS TO CONSUMERS WITH DISABILITIES, PARENTS/CAREGIVERS, KKI STAFF AND COMMUNITY PROFESSIONALS THE RF CAN BE ACCESSED BY ANYONE THROUGH AN 800 TELEPHONE NUMBER, EMAIL, A WEBSITE, AND A WALKIN CENTER LOCATED IN THE HARRY AND JEANETTE WEINBERG OUTPATIENT CENTER A RESOURCE COORDINATOR RESPONDS TO ALL INQUIRIES BY ASSISTING IN FINDING RESOURCES SUCH AS SERVICE PROVIDERS, DIAGNOSTIC INFORMATION, AND PROGRAM INFORMATION THE WEBSITE LINKS VISITORS TO RESOURCES SUCH AS EDUCATIONAL SITES, NATIONAL ADVOCACY GROUPS, CHILDCARE SITES, RECREATIONAL INFORMATION AND A HOST OF OTHER ITEMS B PROJECT HEAL PROJECT HEAL (HEALTH, EDUCATION, ADVOCACY, AND LAW) IS MARYLAND'S ONLY COMPREHENSIVE MEDICAL-LEGAL PARTNERSHIP A COMMUNITY-BASED PROGRAM OF THE MARYLAND CENTER FOR DEVELOPMENTAL DISABILITIES (MCDD) AT KENNEDY KRIEGER INSTITUTE, PROJECT HEAL PROVIDES COMPREHENSIVE ADVOCACY AND LEGAL SERVICES FOR CHILDREN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES PROJECT HEAL ATTORNEYS COLLABORATE WITH KENNEDY KRIEGER HEALTH CARE AND TRAINEES TO ENSURE THAT PATIENTS FROM ACROSS THE STATE OF MARYLAND RECEIVE THE SPECIAL EDUCATION LEGAL RESOURCES THEY NEED WITH OVER 40 FAMILIES SERVED IN FY 2019 ADVOCACY, A COMPONENT OF THE HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IMPLEMENTATION PLAN , SERVES TO FACILITATE POLICIES, RIGHTS AND PRACTICES SO THAT PEOPLE WITH DISABILITIES CAN PARTICIPATE FULLY IN THE COMMUNITY C WELLNESS GYM FOR INDIVIDUALS WITH DISABILITIES, EXERCISE IS NOT A SIMPLE ENDEAVOR THEY REQUIRE SPECIAL ADAPTIVE EQUIPMENT AND PERSONNEL TRAINED TO ACCOMMODATE THEIR INDIVIDUAL NEEDS THE WELLNESS CENTER IN KENNEDY KRIEGER'S INTERNATIONAL CENTER FOR SPINAL CORD INJURY AIMS TO REMOVE THESE BARRIERS TO EXERCISE THE LOBBY ON THE SIXTH FLOOR OF OUR OUTPATIENT CENTER IS USED FOR WELLNESS AND PERSONAL TRAINING D REGENERATION GENERATION PATIENT NETWORKING AND EDUCATIONAL GROUP THE REGENERATION PATIENT NETWORKING AND EDUCATIONAL GROUP SERVES 15-20 PATIENTS AT EACH GROUP AND MEETS MONTHLY FOR 2 HOURS THE GROUP IS OPEN TO THE COMMUNITY THE SESSIONS INCLUDE SPEAKERS FROM KKCH WHO SPECIALIZE IN CERTAIN AREAS, PATIENTS WHO HAVE TOPICS THAT ARE EDUCATIONAL AND INFORMATIVE WITH OUTSIDE SPEAKERS WHO COME TO TALK ON TOPICS SELECTED IN COLLABORATION WITH PATIENTS THAT ATTEND THE GROUP AND PARTICIPATING STAFF SERVING ON THE SUPPORT GROUP COMMITTEE SESSION TOPICS FOR FY 2019 INCLUDED FITNESS & EXERCISE, DRIVING REHABILITATION, SOLUTION FOR WHEELCHAIR FRUSTRATIONS, COMPLEMENTARY APPROACHES TO MEDICINE AND PAIN, MOTIVATIONAL GUEST SPEAKERS, BACK TO SCHOOL AND WORK, SLEEP AND SPINAL CORD INJURY, SERVICE ANIMALS, AND SEXUALITY AFTER INJURY- ALL SESSIONS FOCUSED ON ENHANCING THE HEALTH OF THE INDIVIDUALS WITH SPINAL CORD INJURY E I-SKATE THE ADAPTIVE SKATING PROGRAM WAS ESTABLISHED IN NOVEMBER 2009 SO THAT CHILDREN WITH PHYSICAL DISABILITIES COULD ENJOY RECREATIONAL ICE SKATING PART OF THE PHYSICALLY CHALLENGED SPORTS PROGRAMS AT THE ORGANIZATION, I-SKATE PROVIDES THESE CHILDREN A UNIQUE OPPORTUNITY TO GET INVOLVED WITH PHYSICAL ACTIVITY, WHICH IMPROVES THEIR HEALTH AS WELL AS PROVIDING A CHANCE FOR IMPORTANT SOCIAL INTERACTION WITH THEIR PEERS IT ALSO HELPS PARTICIPANTS LEARN AN ACTIVITY THEY CAN ENJOY FOR THE REST OF THEIR LIVES PARTICIPANTS RANGE FROM CHILDREN WHO MAY EVENTUALLY BECOME INDEPENDENT SKATERS TO THOSE WHO MAY ALWAYS USE A WALKER FOR SUPPORT THE PROGRAM CAN SERVE UP TO 30 CHILDREN IN EACH HOURLONG SESSION (HTTP://ISKATE.KENNEDYKRIEGER.ORG/) F BALTIMORE RUNNING FESTIVAL TEAM KENNEDY KRIEGER PARTICIPATED IN THE BALTIMORE RUNNING FESTIVAL WITH THE GOALS OF INCREASING PATIENT PARTICIPATION IN THE EVENT EACH YEAR, COMMUNITY OUTREACH, AND OPENING THE DOOR TO IMPROVED PHYSICAL FITNESS FOR THOSE WITH DISABILITIES THE TEAM CONSISTS NOT ONLY OF PATIENTS, BUT ALSO OF KENNEDY KRIEGER STAFF MEMBERS, EXTERNAL STAKEHOLDERS, AND PATIENT FRIENDS/FAMILY MEMBERS RECREATIONAL ACTIVITIES ARE OFTEN OVERLOOKED FOR INDIVIDUALS WITH DISABILITIES, BUT KKCH RECOGNIZES THE IMPORTANT BENEFITS OF EXERCISE FOR OUR PATIENTS INCLUDING IMPROVED HEALTH, SELF-ESTEEM, SOCIAL CONNECTIONS, AND COMMUNITY REINTEGRATION A VOLUNTEER COMMITTEE FROM MULTIPLE DEPARTMENTS ACROSS THE INSTITUTE MANAGES THE EVENT THE COMMITTEE HOLDS MONTHLY MEETINGS TO PLAN, ORGANIZE, AND RECRUIT</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PARTICIPANTS FROM THE DISABILITY COMMUNITY FOR THE EVENT G REACH OUT AND READ THE CENTE R FOR DEVELOPMENT LEARNING AT KKCH HAS BEEN AN APPROVED SITE OF THE NATIONAL REACH OUT AND READ PROJECT ON EARLY LITERACY WITH FOCUS ON CHILDREN 6 MONTHS THROUGH 5 YEARS OF AGE RE ACH OUT AND READ PROJECT SERVES THE KENNEDY KRIEGER PATIENT POPULATION--INPATIENT AND OUTPATIENT CLIENTS, SIBLINGS, CAREGIVERS, FRIENDS AND OTHER COMMUNITY MEMBERS OUR PATIENT POPULATION, AS DEFINED IN THE CHNA, IS REPRESENTATIVE OF EACH COUNTY JURISDICTION ACROSS MARYLAND, OUR DEFINED COMMUNITY REACH OUT AND READ ADDRESS A COMMUNITY BENEFIT AS IDENTIFIED BY BALTIMORE CITY AND THE STATE OF MARYLAND RELATED TO LOW LITERACY RATES AND EDUCATIONAL ACHIEVEMENT LEVELS THE MORE EDUCATION PEOPLE HAVE, THE MORE LIKELY THEY ARE TO REPORT BETTER HEALTH REGARDLESS OF THEIR RACE OR ETHNICITY (JHBSPH) EDUCATIONAL LEVEL NOT ONLY AFFECTS HEALTH BUT ALSO SOCIO-ECONOMIC LEVEL ADVOCATING FOR ENHANCED EDUCATION, LITERACY, SUPPORTS OVERALL HEALTH AND WELLNESS THE MATERIALS OFFERED THROUGH THIS PROJECT ARE OFFERED IN MULTIPLE FORMATS--PRINT, PICTORIAL, AUDIO, BRAILLE AND OTHER TEXTURES ALTHOUGH THE NATIONAL FOCUS FOR LITERACY IS ON CHILDREN 6 MONTHS THROUGH 5 YEARS OF AGE, OUR PROGRAM CATERES TO ALL AGES AND ABILITIES ACROSS THE LIFESPAN H TELE-MEDICINE CLINIC KENNEDY KRIEGER CHILDREN'S HOSPITAL LAUNCHED IT'S FIRST TELEMEDICINE PROJECT IN PARTNERSHIP WITH ATLANTIC GENERAL HOSPITAL (AGH), WORCESTER COUNTY, MARYLAND TELEMEDICINE SERVICES TO CHILDREN WITH AUTISM, ADD/ADHD, INTELLECTUAL DISABILITIES, AND OTHER DEVELOPMENTAL DISORDERS LIVING FAR FROM SPECIALTY CARE SERVICES ARE PROVIDED BY KENNEDY KRIEGER PHYSICIANS IN COLLABORATION WITH A PSYCHIATRIST AND SOCIAL WORKER ONSITE AT AGH A CRITICAL NEED IDENTIFIED IN THE CHNA WAS ACCESS TO CARE THIS PROJECT, WHILE NOT ELIMINATING THE STATE'S GEOGRAPHIC BARRIER, CONTRIBUTES TO GREATER HEALTH EQUITY FOR THIS VULNERABLE POPULATION PRIOR TO THIS PROJECT, A REFERRAL FOR DEVELOPMENTAL EVALUATIONS FROM MARYLAND'S EASTERN SHORE MEANT A SIX-HOUR ROUNDTRIP DRIVE TO BALTIMORE WITH ADDITIONAL EXPENSES FOR GAS, FOOD, TOLLS, AND TIME AWAY FROM WORK THIS PROJECT HAS IMPROVED THE QUALITY OF LIFE FOR THOSE WHO HAVE PARTICIPATED TO DATE 1 CARD (CENTER FOR AUTISM AND RELATED DISORDERS) THESE TRAININGS CONTRIBUTE TO THE CHNA IMPLEMENTATION PLAN TARGETING TRAINING, ADVOCACY AND HEALTHCARE TRANSITION THE TRAININGS FACILITATE NETWORKING BETWEEN FAMILIES INCLUDES NUMEROUS FREE TRAININGS THAT ARE OPEN TO FAMILIES OUTSIDE OF KKCH -SEPTEMBER 5, 2018 BULLYING-OCTOBER 23, 2018 ABC'S AND 12 3'S UNDERSTANDING BEHAVIOR AND HOW IT ADDS UP-JANUARY 15, 2019 USING DRAMATIC ARTS IN HIGHER LEVEL LANGUAGE DEVELOPMENT-APRIL 3, 2019 TOILET TRAINING FOR CHILDREN WITH AUTISM STRATEGIES FOR SUCCESS-JUNE 27, 2019 REGULATING TECHNOLOGY USE TIPS & TRICKS FOR CHILDREN WITH AUTISM) FESTIVAL OF TREES FESTIVAL OF TREES IS A THREE-DAY, FAMILY EVENT FEATURING MORE THAN 700 UNIQUELY DECORATED HOLIDAY TREES, WREATHS AND GINGERBREAD HOUSES, ENTERTAINMENT, PRINCESS VISITS, OVER 100 GIFT BOUTIQUES AND SANTA HIMSELF ALL GATHERED TO SUPPORT THE CHILDREN AND FAMILIES OF KENNEDY KRIEGER INSTITUTE IN ADDITION TO HOLIDAY FUN AND ENTERTAINMENT, FESTIVAL OF TREES OFFERS AN INFORMATIONAL BOOTH FOR ATTENDEES TO SPEAK WITH INSTITUTE REPRESENTATIVES AND RECEIVE INFORMATION ON PROGRAMS AND SERVICES MORE THAN 50,000 PEOPLE VISIT THE EVENT OVER THE COURSE OF THREE DAYS EXTERNAL RELATIONS STAFF MEMBERS ARE RESPONSIBLE FOR THE PLANNING AND EXECUTION OF THE EVENT FROM START TO FINISH, AND ARE DEDICATED TO SCHEDULING ONSITE EVENT OPERATIONS, SPONSORSHIPS, VOLUNTEER DESIGNERS, VENDORS, ENTERTAINMENT, MARKETING AND PUBLIC RELATIONS FESTIVAL OF TREES IS PLANNED IN PART WITH THE ASSISTANCE OF A COMMITTEE SEE PAGE 72 FOR CONTINUATION</p>

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Form and Line Reference	Explanation
PART VI, LINE 6	<p>KKCH IS AN INTERNATIONALLY RECOGNIZED INSTITUTION LOCATED IN BALTIMORE, MARYLAND DEDICATED TO IMPROVING THE LIVES OF CHILDREN AND ADOLESCENTS WITH DEVELOPMENTAL DISABILITIES THROUGH PATIENT CARE, SPECIAL EDUCATION, RESEARCH, AND PROFESSIONAL TRAINING KKCH'S CLINICAL PROGRAMS OFFER AN INTERDISCIPLINARY APPROACH IN TREATMENT TAILORED TO THE INDIVIDUAL NEEDS OF EACH CHILD SERVICES INCLUDE OVER 40 OUTPATIENT CLINICS, NEUROBEHAVIORAL, REHABILITATION, AND PEDIATRIC FEEDING DISORDERS INPATIENT UNITS, PLUS SEVERAL HOME AND COMMUNITY PROGRAMS PROVIDING SERVICES TO ASSIST FAMILIES IN ADDITION TO PROVIDING EVALUATION, REHABILITATION, EDUCATIONAL SERVICES AND CUTTING EDGE RESEARCH ON BEHALF OF CHILDREN WITH BRAIN, SPINAL CORD AND MUSCULOSKELETAL RELATED DISORDERS, THE HOSPITAL ALSO PROVIDES PROFESSIONAL TRAINING INCREASING THE NUMBER OF QUALIFIED SPECIALISTS IN THE UNITED STATES AND ABROAD THE FOLLOWING ARE SOME OF THE AFFILIATES OF KENNEDY KRIEGER AND A SUMMARY OF THEIR RESPECTIVE ROLES KENNEDY KRIEGER FOUNDATION, INC - THE ORGANIZATION SUPPORTS THE CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES OF THE KENNEDY KRIEGER GROUP BY CONDUCTING FUNDRAISING, MANAGING ENDOWMENT FUNDS, AND DISTRIBUTING THE FUNDS RAISED TO KENNEDY KRIEGER INSTITUTE AFFILIATES HUGO W MOSER RESEARCH INSTITUTE AT KENNEDY KRIEGER, INC - THE RESEARCH INSTITUTE IS AN INTERNATIONALLY RECOGNIZED RESEARCH FACILITY FINDING ANSWERS TO PROBLEMS AND INJURIES THAT AFFECT A CHILD'S DEVELOPING BRAIN RESEARCHERS HAVE MADE MEDICAL DISCOVERIES ABOUT THE HUMAN BRAIN AND HAVE INFLUENCED TREATMENT PROGRAMS FOR THOUSANDS OF INDIVIDUALS WITH DISABILITIES THE MANY STUDIES CURRENTLY BEING CONDUCTED IN AREAS SUCH AS LEARNING DISABILITIES, DOWN SYNDROME, ADRENOLEUKODYSTROPHY, CEREBRAL PALSY AND AUTISM WILL AFFECT AN ENTIRELY NEW GENERATION KENNEDY KRIEGER EDUCATION & COMMUNITY SERVICES, INC - THIS AFFILIATE OPERATES SPECIAL EDUCATION SCHOOLS FOR CHILDREN WITH SPECIAL EDUCATION NEEDS, AS WELL AS PROVIDES COMMUNITY OUTREACH PROGRAMS FOR FAMILIES WITH CHILDREN WITH SPECIAL NEEDS PACT HELPING CHILDREN WITH SPECIAL NEEDS, INC - PACT PROMOTES THE DEVELOPMENT OF CHILDREN WITH SPECIAL NEEDS AND THEIR FAMILIES THROUGH COMPREHENSIVE ASSESSMENTS, EARLY INTERVENTION SERVICES, FAMILY SUPPORT SERVICES, PARENT EDUCATION, COUNSELING, SPECIALIZED CHILD CARE AND PROFESSIONAL TRAINING</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	MD

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5 CONTINUATION	<p>K WORLD OF POSSIBILITIES DISABILITIES, HEALTHY AGING AND INDEPENDENT LIVING EXPOS ARE NOW THE REGIONS MOST IMPORTANT FORUM FOR DISABILITY-RELATED RESOURCES EVERYONE WITHIN THE DISABILITIES AND SENIOR COMMUNITY, WITH DISABILITIES AND THEIR FAMILIES, CAREGIVERS/SERVICE PROVIDERS, VETERANS, BABY-BOOMERS ATTEND KENNEDY KRIEGER CHILDREN'S HOSPITAL ATTENDS AND PROVIDES INFORMATION ON EMPLOYMENT OPPORTUNITIES WITH A HUMAN RESOURCES REPRESENTATIVE, ACCESS TO CARE VIA SERVICES AVAILABLE AT KENNEDY KRIEGER, GENERAL COMMUNITY INFORMATION VIA RESOURCE FINDER FACT SHEETS THAT ARE DISSEMINATED L DIALECTICAL BEHAVIORAL THERAPY GROUP (DBT) THE DEPARTMENT OF SOCIAL HOSTS WEEKLY DBT SKILLS GROUP FOR PARENTS OF TEEN IN KENENDY KRIEGER'S PSYCHIATRY MENTAL HEALTH PROGRAM THESE SESSIONS ARE HELD FOR AN HOUR EACH SUPPORTING ANYWHERE FROM ONE TO FIVE FAMILIES AT A TIME THIS COMMUNITY GROUP PROVIDES THE CHNA BY CAPACITY BUILDING FOR FAMILIES AND CAREGIVERS, AS WELL AS TRANSITION TO ADULthood M WHEELCHAIR LACROSSE EXHIBITION GAME KKCH INTRODUCES ONE OF THE FASTEST GROWING SPORTS IN THE COUNTRY LACROSSE IS A COMBINATION OF BASKETBALL HOCKEY, SOCCER AND FOOTBALL THE LACROSSE CLINIC IS OPEN TO ALL LEVELS OF EXPERIENCE-NO PREVIOUS LACROSSE EXPERIENCE NECESSARY THE INTERNATIONAL CENTER FOR SPINAL CORD INJURY AT KKCH ORGANIZES THIS COMMUNITY CLINIC IN PARTNERSHIP WITH BALTIMORE CITY RECREATION & PARKS AND JOHNS HOPKINS UNIVERSITY THIS COMMUNITY BENEFIT ACTIVITY ADDRESSES ACCESS TO CARE AND SERVICES IDENTIFIED AS A NEED IN OUR CHNA GIVEN THE PHYSICAL ACTIVITY INVOLVED IN THIS SPORTS CLINIC CONTRIBUTES TO THE HEALTHY PEOPLE 2020 TOPIC AND OBJECTIVE DH-8 REDUCE THE PROPORTION OF PEOPLE WITH DISABILITIES WHO REPORT PHYSICAL OR PROGRAM BARRIERS TO LOCAL HEALTH AND WELLNESS PROGRAMS AND ADDRESSES ONEOF THE CDC WINNABLE BATTLES OF NUTRITION, PHYSICAL ACTIVITY, AND OBESITY</p>

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Form and Line Reference	Explanation
PART VI, LINE 5 AND PART I LINE 7F CONTINUATION	HEALTH PROFESSIONS EDUCATION A THE INTERNATIONAL CENTER FOR SPINAL CORD INJURY STAFF PRESENTED AT VARIOUS SEMINARS AND LECTURES AND PUBLISHED ARTICLES DURING FISCAL YEAR ENDING JUNE 30, 2019 TOPICS RANGED FROM THE REDEFINED ASSESSMENTS OF STRENGTH, CURRENT MEDICINE AND REHABILITATION REPORTS TO MANAGING SPASTICITY IN A PREGNANT WOMAN WITH SPINAL CORD INJURY B 95TH ANNUAL CONFERENCE FOR THE AMERICAN CONGRESS OF REHABILITATION MEDICINE ICSCI KENNEDY KRIEGER STAFF PRESENTED AT THE CONFERENCE HELD IN HOUSTON, TX ON SEPTEMBER 28 - OCTOBER 3, 2018 ON PEDIATRIC REHABILITATION AND RESEARCH C KENNEDY KRIEGER STAFF PRESENT AT THE ASIA SCI SUMMIT ANNUAL SCIENTIFIC MEETING IN WAIKIKI, HAWAII ON APRIL 2, 2019 THEY PRESENTED ON VARIOUS TOPICS RANGING FROM BONE HEALTH TO DIAGNOSIS, MEDICAL MANAGEMENT AND REHABILITATION OUTCOMES D THE CENTER FOR AUTISM AND RELATED DISORDERS AT KENNEDY KRIEGER PRESENT TO ENRICH THE LIFE EXPERIENCES OF CHILDREN WITH AUTISM SPECTRUM DISORDERS, EDUCATE AND PROMOTE FAMILY INVOLVEMENT AND SHARE IDEAS AND UPDATES ON THE LATEST INNOVATIONS

Additional Data

Software ID:
Software Version:
EIN: 52-0607971
Name: KENNEDY KRIEGER CHILDREN'S HOSPITAL INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	KENNEDY KRIEGER CHILDREN'S HOSPITAL INC 707 N BROADWAY BALTIMORE, MD 21205 WWW.KENNEDYKRIEGER.ORG 30-036			X							

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
KENNEDY KRIEGER CHILDREN'S HOSPITAL, INC	PART V, SECTION B, LINE 3J THE CHNA REPORT PROVIDED INFORMATION ON HEALTH DISPARITIES SPECIFIC TO THE POPULATION SERVED

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
KENNEDY KRIEGER CHILDREN'S HOSPITAL, INC	PART V, SECTION B, LINE 5 IN PREPARING AND IDENTIFYING NEEDS AND PRIORITY AREAS FOR THE POPULATION SERVED, KENNEDY KRIEGER CHILDREN'S HOSPITAL, INC GATHERED INPUT FROM ITS PERSONS SERVED AS WELL AS AGENCIES WITH STRONG EXPERTISE IN SERVING CHILDREN WITH DISABILITIES AND THEIR FAMILIES AGENCIES ADVOCATES FOR CHILDREN AND YOUTHAMERICAN BOARD OF MEDICAL SPECIALTIESANNUAL ROOM TO GROW JOURNEY TO CULTURAL AND LINGUISTIC COMPETENCYDATA RESOURCE CENTER FOR CHILD AND ADOLESCENT HEALTHDEPARTMENT OF HEALTH (DOH)OGPSHCNDEPARTMENT OF HEALTH (DOH)OFFICE FOR GENETICS AND PEOPLE WITH SPECIAL HEALTH CARE NEEDS AND PARENTS' PLACE OF MARYLAND7HEALTH RESOURCES AND SERVICES ADMINISTRATION/DHMH, OFFICE OF PRIMARY CARE ACCESSINSTITUTE ON DISABILITY AT THE UNIVERSITY OF NEW HAMPSHIREKENNEDY KRIEGER INSTITUTEMARYLAND DEPARTMENT OF DISABILITIESMARYLAND DEVELOPMENTAL DISABILITIES COUNCILMARYLAND DEVELOPMENTAL ACADAMIES OF SCIENCES, ENGINEERING, AND MEDICINEROBERT WOOD JOHNSON FOUNDATION/UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTEU S CENSUS BUREAUIN ADDITION TO AGENCIES CONTRIBUTING TO DATA COLLECTION AND INPUT OF NEED, COMMUNITY PROGRAMS AND ADVOCACY PROVIDED KENNEDY KRIEGER WITH A DEEPER UNDERSTANDING OF THE INTERESTS AND REPRESENTATION OF THE POPULATION SERVED THIS INCLUDED METHODS SUCH AS PARENT SURVEYS, REGIONAL MEETINGS WITH STAKEHOLDERS, SELF-ADVOCATES AND COMMUNITY AGENCIES, AS WELL AS TARGETED SUBGROUPS THROUGH SPECIAL PROGRAMS LIKE PEOPLE ON THE GO, WHOSE FOCUS IS TRANSITION INTO THE WORKFORCE FOR ADULTS WITH DISABILITIES COMMUNITY ADVISORY COUNCIL (MCDD)DOH, OFFICE FOR GENETICS AND PEOPLE WITH SPECIAL HEALTH CARE NEEDS (MARYLAND TITLE V)EASTERN SHORE COMMUNITY OF CARE CONSORTIUM FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS MARYLAND CENTER FOR DEVELOPMENTAL DISABILITIES (MCDD) AT KENNEDY KRIEGERMARYLAND COMMUNITY OF CARE CONSORTIUM FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDSMARYLAND DEPARTMENT OF DISABILITIESMARYLAND DEVELOPMENTAL DISABILITIES COUNCILMARYLAND STATE DEPARTMENT OF EDUCATIONPARENTS' PLACE OF MARYLANDPEOPLE ON THE GO MARYLANDPROJECT HEAL (MCDD/KENNEDY KRIEGER)RESOURCE FINDER (MCDD/KENNEDY KRIEGER)

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
KENNEDY KRIEGER CHILDREN'S HOSPITAL, INC	PART V, SECTION B, LINE 6B MARYLAND CENTER FOR DEVELOPMENTAL DISABILITIES (MCDD)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
KENNEDY KRIEGER CHILDREN'S HOSPITAL, INC	PART V, SECTION B, LINE 7D DEPARTMENTAL PRESENTATIONS WERE CONDUCTED THROUGHOUT THE INSTITUTE TO SHARE FINDINGS AND THE IMPLEMENTATION PLAN THE COMMUNITY HEALTH NEEDS ASSESSMENT IS ALSO SHARED WITH PARTICIPATING ORGANIZATIONS THAT WERE INVOLVED IN SHARING INFORMATION AND SERVING A SIMILAR POPULATION

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
KENNEDY KRIEGER CHILDREN'S HOSPITAL, INC	PART V, SECTION B, LINE 11 BASED ON THE DATA REVIEWED AND THE MEETINGS ATTENDED IN THE CO MMUNITIES IN PREPARATION FOR THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT, THE PRIORITIZATIO N OF IDENTIFIED NEEDS INVOLVED SEVERAL CONSIDERATIONS EACH PRIORITY WAS CONSIDERED ACCORD ING TO THE FOLLOWING CRITERIA 1 COMMUNITY INPUT - NATIONAL PRIORITIES - STATE PRIORITIES DOES THE IDENTIFIED NEED ALIGN WITH NATIONAL AND STATE PRIORITIES SPECIFIC TO OUR TARGET POPULATION, SUCH AS THE HEALTHY PEOPLE 2020 OBJECTIVES, THE MATERNAL AND CHILD HEALTH BURE AU PERFORMANCE MEASURES, AND COMMUNITY INPUT FROM PUBLIC MEETINGS?2 RESPONSIBILITY/CAPACI TY DOES THE IDENTIFIED NEED FIT WITHIN THE MISSION AND CAPACITY OF KENNEDY KRIEGER?3 AVA ILABILITY OF RESOURCES/FEASIBILITY DOES KENNEDY KRIEGER AND ITS PARTNER AGENCIES HAVE ADE QUATE RESOURCES AVAILABLE AND KNOWLEDGE TO ADDRESS THE IDENTIFIED NEED?4 MAGNITUDE/SEVERI TY BY ADDRESSING THE IDENTIFIED NEED, IS THERE AN IMPACT ON THE WELL-BEING OF THE COMMUNI TY AND THE TARGET POPULATION? HOW DO THE DATA AND INDICATORS OF THE IDENTIFIED NEED COMPAR E TO THOSE OF OTHER STATES AND THE NATION?THROUGH THE PROCESS OF PRIORITIZATION DESCRIBED ABOVE, THE FOLLOWING PRIORITY NEEDS WERE SELECTED (1) CAPACITY BUILDING THROUGH TRAINING, (2) ACCESS, (3) ADVOCACY, (4) TRANSITION TO ADULT LIFE, AND (5) ENVIRONMENTAL INFLUENCES TAKING DIRECTION FROM THE AREAS OF IDENTIFIED NEED, THE FOCUS WILL BE TO ENHANCE AND/OR DE VELOP STRONGER PARTNERSHIPS AND SYSTEMATIC COLLABORATIONS ACROSS SECTORS AND REGIONS TO AD DRESS THE AREAS OF OPPORTUNITY COMMUNITY PROVIDERS, FAMILIES AND SELF-ADVOCATES ARE SEEKIN G USABLE AND MEANINGFUL INFORMATION TO ENHANCE CARE IN THEIR OWN COMMUNITIES A FOCUS ON C APACITY BUILDING THROUGH TRAINING AND TECHNICAL ASSISTANCE WILL FOSTER COMMUNITY CONTRIB UTIONS THROUGH THE DEVELOPMENT OF NEW LEADERSHIP IN THE NEURODEVELOPMENTAL ARENA THROUGH A MULTITUDE OF TRAINING PROGRAMS AT KENNEDY KRIEGER AND CONTINUED ENHANCEMENT OF PARTNERSHIP S, WE WILL CONTRIBUTE TO THE DEVELOPMENT OF THE NEXT GENERATION OF DIVERSE PROVIDERS AND T O THE DISSEMINATION OF KNOWLEDGE AND EVIDENCE- BASED PRACTICES WITHIN THE COMMUNITY THE U SE OF KENNEDY KRIEGER'S TELE-EDUCATION PLATFORM WILL BE USED TO DISSEMINATE OUR EXPERTISE IN DEVELOPMENTAL DISABILITIES, ADVOCACY, POLICY, SPECIAL EDUCATION AND MORE OUR COMMUNITY PARTNERS, ACROSS MARYLAND HAS IDENTIFIED REPLICATION OF THE KENNEDY KRIEGER SERVICE DELIV ERY MODEL ACROSS THE STATE WHILE AS AN ORGANIZATION WE ARE NOT ABLE TO FINANCIALLY SUPPOR T SUCH A REPLICATION, WE CAN WORK TO BUILD KNOWLEDGE CAPACITY AMONGST COMMUNITY PROVIDERS AND PARTNERSHIPS WITH OTHER ORGANIZATIONS TO ENHANCED SERVICES AND RESOURCES IN AREAS COMM UNITY NEEDS IDENTIFIED IN OUR 2019 CHNA NOT ADDRESSED BY THE ORGANIZATION INCLUDES DIRECT SUBSTANCE ABUSE CARE AND COUNSELING FOR OUR FAMILIES AND EMERGENCY AND URGENT BEHAVIORAL H EALTH WHILE THESE SERVICES ARE ESSENTIAL FOR THE COMMUNITY, KENNEDY KRIEGER DOES NOT HAVE THE PROFESSIONAL EXPERTISE IN

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
KENNEDY KRIEGER CHILDREN'S HOSPITAL, INC	THESE AREAS AS IT IS NOT A POPULATION THAT WE SERVE WE ACCESS COMMUNITY SERVICES WHEN PATIENTS OR THE FAMILIES OF OUR PATIENTS ARE IN NEED OF SUBSTANCE ABUSE SERVICES AND EMERGENCY BEHAVIORAL OR MENTAL HEALTH SERVICES KENNEDY KRIEGER IS ABLE TO PROVIDE AND ADDRESS BEHAVIORAL HEALTH AND MENTAL HEALTH SERVICES FOR CHILDREN, ADOLESCENTS AND FAMILIES, BUT THE ACUITY LEVELS ARE NOT AT THE EMERGENT LEVEL, COMPARABLE TO AN EMERGENCY ROOM VISIT FOR PSYCHIATRIC DISORDERS EMERGENCY CARE FOR CHILDREN WITH IMMEDIATE MENTAL HEALTH NEEDS IS A SIGNIFICANT NEED ACROSS THE STATE OF MARYLAND, KENNEDY KRIEGER, ALONG WITH OTHER PROVIDERS, ADDRESS THIS GAP THROUGH PARTICIPATION IN THE LT GOVERNOR'S COMMISSION TO STUDY MENTAL AND BEHAVIORAL HEALTH IN MARYLAND, WHICH ALLOWS US TO IDENTIFY AND STAY ABREAST OF SERVICES ACROSS THE STATE AND WORK COLLABORATIVELY AS NEW PROGRAMMING IS LAUNCHED THE DETAILED KENNEDY KRIEGER INSTITUTE FY 2019 IMPLEMENTATION ACTION PLAN IS AVAILABLE AT WWW.KENNEDYKRIEGER.ORG/CHNA

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
KENNEDY KRIEGER CHILDREN'S HOSPITAL, INC	PART V, SECTION B, LINE 13H DURING INTAKE, ALL SELF-PAY PATIENTS ARE INFORMED THAT KENNEDY KRIEGER HAS A FINANCIAL ASSISTANCE POLICY IN ADDITION, PATIENTS ARE INFORMED OF THE POLICY AT THE APPOINTMENT, REGISTRATION AND DURING THE BILLING PROCESS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
KENNEDY KRIEGER CHILDREN'S HOSPITAL, INC	PART V, SECTION B, LINE 15E THE RESOURCE FINDER HTTPS //WWW KENNEDYKRIEGER ORG/PATIENT-CARE/PREPARE-FOR-YOUR-VISIT/MAKE-AN-APPOINTMENT/PATIENT-BILLING/FINANCIAL-ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 16B, FAP APPLICATION WEBSITE	HTTPS //WWW KENNEDYKRIEGER ORG/SITES/DEFAULT/FILES/LIBRARY/DOCUMENTS/PATIENT-CARE/PREPARE-FOR-YOUR-VISIT/FINANCIAL%20DOCS/FINANCIAL%20ASSISTANCE%20APPLICATION PDF

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE	HTTPS //WWW KENNEDYKRIEGER ORG/SITES/DEFAULT/FILES/LIBRARY/DOCUMENTS/ABOUT-US/FINANCIAL%20DOCS/PLSFAP PDF

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
KENNEDY KRIEGER CHILDREN'S HOSPITAL INC

Employer identification number
52-0607971

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PACT HELPING CHILDREN WITH SPECIAL NEEDS INC 7000 TUDSBURY ROAD BALTIMORE, MD 21244	52-1230183	501(C)(3)	360,000				TO HELP AID IN THE OPERATIONS OF PACT HELPING CHILDREN WITH SPECIAL NEEDS, INC

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	GRANTS ARE ONLY MADE TO RELATED ENTITIES TO SUPPORT CHARITABLE PURPOSES AND ENTITY TO SUPPORT CHARITABLE CLASS

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization KENNEDY KRIEGER CHILDREN'S HOSPITAL INC	Employer identification number 52-0607971
--------------------------------------------------------	---------------------------------------------------------------------	----------------------------------------------

Part I 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.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in 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	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3 Indicate which, if any, of the following the filing 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.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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:			
a Receive a severance payment or change-of-control payment?	4a		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		No
b Any related organization?	5b		No
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:			
a The organization?	6a		No
b Any related organization?	6b		No
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 in lines 5 and 6? If "Yes," describe in Part III.	7		No
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		No
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 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 are not 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.

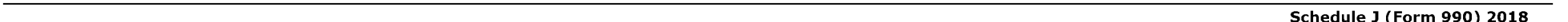
See Additional Data Table

Schedule J (Form 990) 2018

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	OFFICERS AND KEY EMPLOYEES WERE PROVIDED ADDITIONAL COMPENSATION TO OFFSET THE TAX IMPACT OF EXECUTIVE LIFE INSURANCE AND LONG TERM DISABILITY PREMIUMS MADE ON THEIR BEHALF. THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION TO THESE INDIVIDUALS.



Additional Data

Software ID:
Software Version:
EIN: 52-0607971
Name: KENNEDY KRIEGER CHILDREN'S HOSPITAL INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GARY W GOLDSTEIN MD PRESIDENT & CEO - PART YEAR	(i)	252,940	140,364	88,143	8,908	11,193	501,548	0
	(ii)	215,589	119,636	75,127	7,592	9,540	427,484	0
BRADLEY SCHLAGGAR PRESIDENT & CEO	(i)	90,216	13,497	94,584	4,903	4,497	207,697	0
	(ii)	76,894	11,503	80,617	4,179	3,833	177,026	0
JAMES M ANDERS JR SECRETARY	(i)	220,309	102,574	111,064	8,908	9,751	452,606	0
	(ii)	187,776	87,427	94,663	7,592	8,311	385,769	0
MICHAEL VD JOHNSTON MD CMO & SECRETARY - PART YEAR	(i)	192,450	67,500	84,540	8,250	10,113	362,853	0
	(ii)	192,450	67,500	84,540	8,250	10,113	362,853	0
MICHAEL J NEUMAN TREASURER	(i)	148,632	21,491	23,971	8,908	11,483	214,485	0
	(ii)	126,684	18,318	20,431	7,592	9,787	182,812	0
MICHAEL F CATALDO PHD SVP & PROGRAM DIRECTOR	(i)	240,393	85,962	46,194	12,375	9,252	394,176	0
	(ii)	80,131	28,654	15,398	4,125	3,084	131,392	0
LAINY LEBOW-SACHS DIRECTOR OF EXTERNAL RELATIONS-PT YR	(i)	40,446	12,750	15,750	2,475	1,792	73,213	0
	(ii)	229,193	72,249	89,250	14,025	10,157	414,874	0
RAYMOND SHORT SVP OF HUMAN RESOURCES	(i)	108,364	11,836	14,249	8,097	13,726	156,272	0
	(ii)	92,362	10,088	12,145	6,901	11,699	133,195	0
LANA R WARREN PHD SVP OF CLINICAL SERVICES	(i)	189,963	19,999	37,629	13,325	9,143	270,059	0
	(ii)	0	0	0	0	0	0	0
MARK FURST SVP OF EXTERNAL RELATIONS	(i)	34,230	750	2,087	1,674	3,027	41,768	0
	(ii)	193,972	4,250	11,825	9,484	17,155	236,686	0
PAUL LIPKIN MD PROGRAM DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	218,458	2,000	13,355	12,628	19,539	265,980	0
TAMI W SWEARINGEN RN SVP OF NURSING	(i)	182,399	19,999	28,425	13,114	24,425	268,362	0
	(ii)	0	0	0	0	0	0	0
CRISTINA SADOWSKY MD PROGRAM DIRECTOR	(i)	205,371	11,250	11,276	13,643	26,906	268,446	0
	(ii)	0	0	0	0	0	0	0
SEYED ALI FATEMI CHIEF MEDICAL OFFICER	(i)	87,477	20,000	5,645	6,562	3,825	123,509	0
	(ii)	87,477	20,000	5,645	6,562	3,825	123,509	0
HAROLYN BELCHER PRESIDENT OF MEDICAL STAFF	(i)	210,784	0	12,652	13,480	5,313	242,229	0
	(ii)	0	0	0	0	0	0	0
KEN DAVIS VP OF INFORMATION SYSTEMS	(i)	93,555	6,478	12,957	6,775	14,158	133,923	0
	(ii)	79,739	5,521	11,043	5,775	12,068	114,146	0
JOANN KUBICA VP OF COMPLIANCE	(i)	129,929	12,400	23,594	5,559	12,310	183,792	0
	(ii)	32,482	3,100	5,899	1,390	3,077	45,948	0
LOUIS HAGOPIAN PROGRAM DIRECTOR	(i)	200,244	15,000	95,333	14,138	29,523	354,238	0
	(ii)	0	0	0	0	0	0	0
FRANK PIDCOCK MD PROGRAM DIRECTOR	(i)	240,584	0	18,011	14,270	24,674	297,539	0
	(ii)	0	0	0	0	0	0	0
JAY SALPEKAR PROGRAM DIRECTOR	(i)	192,029	26,250	36,658	9,411	3,630	267,978	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BRUCE SHAPIRO MD PROGRAM DIRECTOR	(i)	226,745	0	19,552	13,318	19,428	279,043	0
	(ii)	0	0	0	0	0	0	0
SUZANNE RYBCZYNSKI PROGRAM DIRECTOR	(i)	201,591	0	40,162	13,114	29,518	284,385	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

SCHEDULE N
(Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
KENNEDY KRIEGER CHILDREN'S HOSPITAL INC

Employer identification number

52-0607971

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36.
Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
---	----------------------------------------------------------------------	--------------------------	---------------------------------------------------------------------------------	--------------------------------------------------------------------------------	----------------------	-----------------------------------	-------------------------------------------------------------------

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization		
a	Become a director or trustee of a successor or transferee organization?	2a	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	
c	Become a direct or indirect owner of a successor or transferee organization?	2c	
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d	
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ►		

Part I Liquidation, Termination, or Dissolution (continued)**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-**Yes** **No****3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III**3****4a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?**4a****b** If "Yes," did the organization provide such notice?**4b****5** Did the organization discharge or pay all of its liabilities in accordance with state laws?**5****6a** Did the organization have any tax-exempt bonds outstanding during the year?**6a****b** If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?**6b****c** If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III**Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.**

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

See Additional Data Table

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

2 Did or will any officer, director, trustee, or key employee of the organization**Yes** **No****a** Become a director or trustee of a successor or transferee organization?**2a****b** Become an employee of, or independent contractor for, a successor or transferee organization?**2b****c** Become a direct or indirect owner of a successor or transferee organization?**2c****d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?**2d****e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ►

Part III **Supplemental Information.**

Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation
PART II, LINE 2E	PERSON(S) INVOLVED BRADLEY SCHLAGGAR IS PRESIDENT AND CEO OF THE BOARD OF DIRECTORS AT MADISON STREET PROPERTIES, INC MICHAEL NEUMAN IS TREASURER OF THE BOARD OF DIRECTORS AT MADISON STREET PROPERTIES, INC AND WAS SECRETARY THROUGH JANUARY 1, 2019 JAMES M ANDERS, JR IS SECRETARY OF THE BOARD OF DIRECTORS AT MADISON STREET PROPERTIES, INC AND WAS TREASURER THROUGH JANUARY 1, 2019 RAYMOND SHORT AND KEN DAVIS WILL CONTINUE AS EMPLOYEES AT MADISON STREET PROPERTIES, INC

Additional Data

Software ID:
Software Version:
EIN: 52-0607971
Name: KENNEDY KRIEGER CHILDREN'S HOSPITAL INC

Form 990, Schedule N, Part II - Sale, Exchange, Disposition or Other Transfer of more than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) Ein of recipient	(f) Name and address of recipient	(g) IRC Code section recipient(s) (if tax-exempt) or type of entity
	RELEASE OF INTERCOMPANY RECEIVABLE	06-30-2019	38,734,950	BOOK VALUE	52-1949813	MADISON STREET PROPERTIES INC 707 N BROADWAY BALTIMORE, MD 21205	501(C)(3)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

KENNEDY KRIEGER CHILDREN'S HOSPITAL INC

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.

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

OMB No 1545-0047

2018**Open to Public
Inspection****Employer identification number**

52-0607971

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE KENNEDY KRIEGER CHILDREN'S HOSPITAL, INC IS THE KENNEDY KRIEGER INSTITUTE, INC (THE "INSTITUTE"), A SECTION 501(C)(3) ENTITY THAT SERVES AS THE PARENT CORPORATION OF THE INTEGRATED INSTITUTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE SOLE MEMBER OF THE KENNEDY KRIEGER CHILDREN'S HOSPITAL, INC IS THE KENNEDY KRIEGER INSTITUTE, INC (THE "INSTITUTE"), A SECTION 501(C)(3) ENTITY THAT SERVES AS THE PARENT CORPORATION OF THE INTEGRATED INSTITUTION THE INSTITUTE HAS THE POWER TO ELECT AND REMOVE BOARD MEMBERS OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE SOLE MEMBER OF THE KENNEDY KRIEGER CHILDREN'S HOSPITAL, INC IS THE KENNEDY KRIEGER INSTITUTE, INC THE KENNEDY KRIEGER INSTITUTE, INC HAS THE POWER AND RESPONSIBILITY TO APPROVE DECISIONS OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE IRS FORM 990 WAS DIRECTLY REVIEWED BY THE AUDIT AND FINANCE COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO FILING THE FORM 990 WAS ALSO MADE AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO ITS FILING THROUGH A WEB PORTAL AND EMAIL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>ALL EMPLOYEES ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST DECLARATION OF OUTSIDE EMPLOYMENT UPON HIRE, ANNUALLY THEREAFTER, OR AT SUCH TIME DURING THE COURSE OF EMPLOYMENT WHEN THE EMPLOYEE ENTERS A BUSINESS, CLINICAL, OR PERSONAL RELATIONSHIP THAT MAY APPEAR TO BE A CONFLICT OR IS IN FACT A CONFLICT OF INTEREST SENIOR MANAGEMENT WILL REVIEW EACH CONFLICT OF INTEREST DISCLOSURE FORM TO DETERMINE WHETHER A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS IF THE DETERMINATION IS MADE THAT A CONFLICT OF INTEREST DOES EXIST, THEN APPROPRIATE MEASURES ARE TAKEN TO RECTIFY THE CONFLICT BOARD MEMBERS AND SENIOR MANAGEMENT SUBMIT AN ANNUAL CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE TO DISCLOSE EXISTING OR POTENTIAL CONFLICTS THAT MAY RELATE TO FUTURE DECISION MAKING WHEN AN ACTUAL CONFLICT INVOLVING A BOARD MEMBER IS IDENTIFIED, THE DIRECTOR WILL ABSTAIN FROM VOTING AND NOT USE HIS/HER PERSONAL INFLUENCE ON THE MATTER SITUATIONS INVOLVING SENIOR MANAGEMENT MAY BE HANDLED THROUGH THE HUMAN RESOURCES PROCESS OR CONSIDERED BY THE BOARD OF DIRECTORS RELATIONSHIPS WITH OTHER PROVIDERS, EDUCATIONAL INSTITUTIONS, MANUFACTURERS AND PAYORS ARE REVIEWED TO DETERMINE WHETHER CONFLICTS OF INTEREST EXIST ANY CONFLICTS ARE ADDRESSED WHEN THEY ARISE POLICIES DESIGNED TO IDENTIFY AND PREVENT POTENTIAL CONFLICTS OF INTEREST PERTAINING TO CONTRACTUAL BUSINESS RELATIONSHIPS ARE ADDRESSED THROUGH THE POLICY ON FAIR BUSINESS PRACTICES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT/CEO AND OTHER SENIOR EXECUTIVES COMPENSATION IS REVIEWED AND APPROVED ANNUALLY BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS INDEPENDENTLY DEVELOPED EXECUTIVE COMPENSATION SURVEYS ARE USED TO DETERMINE REASONABLENESS OF COMPENSATION LEVELS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	KKCH'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST IN ADDITION, CERTAIN FINANCIAL DOCUMENTS ARE AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE ALSO, A COPY OF THE FORM 990 IS AVAILABLE VIA WWW GUIDESTAR ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLAN -6,200,277 RELEASE OF NOTE TO MSP FROM TRANSFER OF PROPERTY IN PRIOR YEARS -38,734,950

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 12, PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - INFORMATION REGARDING TAX-EXEMPT BOND ISSUE	THE ORGANIZATION IS PART OF AN OBLIGATED GROUP UNDER CERTAIN TAX-EXEMPT BOND ISSUES SCHED ULE K HAS BEEN COMPLETED IN ITS ENTIRETY FOR MADISON STREET PROPERTIES, INC

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As Filed Data -

DLN: 93493134017010

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
KENNEDY KRIEGER CHILDREN'S HOSPITAL INC

Employer identification number
52-0607971

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(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

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)KENNEDY KRIEGER INSTITUTE INC 707 N BROADWAY BALTIMORE, MD 21205 52-1524965	PARENT ORGANIZATION TO RELATED ENTITIES, SUPPORTS HEALTHCARE	MD	501(C)(3)	LINE 12C, III-FI	N/A		No
(2)HUGO W MOSER RESEARCH INSTITUTE AT KENNEDY KRIEGER INC 707 N BROADWAY BALTIMORE, MD 21205 52-1524967	BIO-MEDICAL RESEARCH	MD	501(C)(3)	LINE 4	KENNEDY KRIEGER INSTITUTE INC		No
(3)KENNEDY KRIEGER EDUCATION & COMMUNITY SERVICES INC 707 N BROADWAY BALTIMORE, MD 21205 52-1753040	SPECIAL EDUCATION SCHOOLS AND COMMUNITY SUPPORT PROGRAMS	MD	501(C)(3)	LINE 7	KENNEDY KRIEGER INSTITUTE INC		No
(4)KENNEDY KRIEGER ASSOCIATES INC 707 N BROADWAY BALTIMORE, MD 21205 52-1633229	SUPPORTS KENNEDY KRIEGER INSTITUTE AND ITS AFFILIATES	MD	501(C)(3)	LINE 12B, II	KENNEDY KRIEGER INSTITUTE INC		No
(5)MADISON STREET PROPERTIES INC 707 N BROADWAY BALTIMORE, MD 21205 52-1949813	PROPERTY HOLDING COMPANY	MD	501(C)(3)	LINE 12B, II	KENNEDY KRIEGER FOUNDATION INC		No
(6)PACT HELPING CHILDREN WITH SPECIAL NEEDS INC 7000 TUDSBURY ROAD BALTIMORE, MD 21244 52-1230183	MEDICAL DAY CARE & OTHER SERVICES FOR CHILDREN WITH SPECIAL NEEDS	MD	501(C)(3)	LINE 7	KENNEDY KRIEGER INSTITUTE INC		No
(7)KENNEDY KRIEGER FOUNDATION INC 707 N BROADWAY BALTIMORE, MD 21205 52-1734695	RAISES FUNDS TO SUPPORT KENNEDY KRIEGER INSTITUTE AND ITS AFFILIATES	MD	501(C)(3)	LINE 7	KENNEDY KRIEGER INSTITUTE INC		No

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) Name, address, and EIN of related 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	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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) MADISON GROUP VENTURES 707 N BROADWAY BALTIMORE, MD 21205 90-0743111	RESEARCH & DEVELOPMENT	MD	N/A	C					No
(2) CHARITABLE REMAINDER TRUSTS (3)	CHARITABLE REMAINDER TRUSTS	MD	N/A	T					No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**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 related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MADISON STREET PROPERTIES INC	K	19,625,983	FMV
(2) KENNEDY KRIEGER FOUNDATION	C	1,048,495	FMV
(3) PACT HELPING CHILDREN WITH SPECIAL NEEDS INC	B	360,000	FMV
(4) MADISON STREET PROPERTIES INC	C	2,225,639	FMV

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation