

FEDERAL FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR THE YEAR ENDED JUNE 30, 2021

CLIENT COPY

ORIGINAL E-FILED WITH THE INTERNAL REVENUE SERVICE

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Cumulative e-File History 2020

Federal

Tax Return 3294NV		Return Type 990	
Taxpayer KENNEDY HEALTH FACIL	ITIES, INC.	Account U600	
Submitted Date	2022-05-16 09:27:	37	
Acknowledgement Date	2022-05-16 10:00:	37	
Status	Accepted		
Submission ID	220062202213650	00091	

Form 8879-EO	IRS <i>e-file</i> Signature Authorization for an Exempt Organization		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	For calendar year 2020, or fiscal year beginning 07/01, 2020, and ending 06/3 ► Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.	30 , 20 21	2020
Name of exempt organizatio	n or person subject to tax	Taxpayer iden	tification number
	TH FACILITIES, INC.	22-244	2032
Name and title of officer or p			
	NGELIS, JR., EVP CFO/CAO		
	Return and Return Information (Whole Dollars Only)		
check the box on line blank, then leave line	return for which you are using this Form 8879-EO and enter the applicable 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not en n the applicable line below. Do not complete more than one line in Part I.	return being filed	I with this form was
1a Form 990 check l 2a Form 990-EZ chec 3a Form 1120-POL c	ck here ▶ b Total revenue, if any (Form 990-EZ, line 9)	2b	14794563.
4a Form 990-PF che			
5a Form 8868 check			
6a Form 990-T checl			
7a Form 4720 check			
	on and Signature Authorization of Officer or Person Subject to Ta		
(name of organization) of the 2020 electronic true, correct, and com I consent to allow my i to receive from the IRS processing the return Agent to initiate an ele software for payment a payment, I must com (settlement) date. I als confidential information identification number (PIN: check one box or X I authorize W on the tax yea state agency(i PIN on the ret	return and accompanying schedules and statements, and, to the best of m plete. I further declare that the amount in Part I above is the amount shown intermediate service provider, transmitter, or electronic return originator (Ef c (a) an acknowledgement of receipt or reason for rejection of the transmiss or refund, and (c) the date of any refund. If applicable, I authorize the U.S. T ectronic funds withdrawal (direct debit) entry to the financial institution accord of the federal taxes owed on this return, and the financial institution to debit tact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 b to authorize the financial institutions involved in the processing of the electron of the section of the electronic return and, if applicable, the consert	and that I have have been approximately and that I have have been approximately and the return of the entry to this a business days prior from a selected a prior to electronic fund. A A A A A A A A A A A A A A A A A A A	 we examined a copy belief, they are electronic return. wurn to the IRS and for any delay in bignated Financial e tax preparation ccount. To revoke to the payment ersonal ds withdrawal. as my signature at the tax year 2020 tate agency(ies)
Signature of officer or persor	subject to tax	▶ 05/06/22	
	ion and Authentication		
	r your six-digit electronic filing identification d by your five-digit self-selected PIN.	2 0 0 6 2 Do not enter	2 2 2 0 2 all zeros
that I am submitting th IRS <i>e-file</i> Providers for		filed return indicat e-File (MeF) Informa	ed above. I confirm ation for Authorized
ERO's signature	Date >	5/6/2022	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To		
For Paperwork Reduc	tion Act Notice, see back of form.	F	Form 8879-EO (2020)

Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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.

OMB No. 1545-0047

	Ins	pec	tion	

Inter					Inspection
<u>A</u>	For th	e 2020 calendar year, or tax year beginning 07/01, 202	0, and ending		06/30, 20 21
R (Chook if a	C Name of organization		D Employer identif	
<u>с</u>	_	RENNEDI REALIA FACILITIES, INC.		22-24420	32
	Addr	ge Doing business as			
	Name	e change Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er
	Initia	I return 1101 MARKET STREET, SUITE 2004		(856) 661-	-5100
		return/ City or town, state or province, country, and ZIP or foreign postal code			
	Amer	nded PHTLADELPHTA, PA 19107		G Gross receipts \$	14,794,563.
		ication F Name and address of principal officer: BRTAN SWEENEY, RN	MBA, FACHI	E H(a) Is this a group r	return for Yes X No
	pend	1099 WHITEHORSE ROAD, VOORHEES, NJ 08043		subordinates? H(b) Are all subordinate	
1	Tax-ex	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1	1) or 527		h a list. See instructions
÷		ite: ► NEWJERSEY.JEFFERSONHEALTH.ORG)01 327	H(c) Group exemptio	
<u>л</u>			L Veer of f	formation: 1982 M Sta	
P	art I	Summary	OUTDE MED	TOTIX NEGECO	NDV NUDGING
	1	Briefly describe the organization's mission or most significant activities: TO PI			ARI NURSING
JCe		AND LONG-TERM CARE SERVICES TO PEOPLE LIVING IN	OUR COMMU	NITY.	
nai					
Governance	2	Check this box ▶ if the organization discontinued its operations or dispo		1	-
	3	Number of voting members of the governing body (Part VI, line 1a)			
8 8	4	Number of independent voting members of the governing body (Part VI, line 1b)			
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	j 293.
÷	6	Total number of volunteers (estimate if necessary)		6	3.
Ă	7a	Total unrelated business revenue from Part VIII, column (C), line 12			a 0.
		Net unrelated business taxable income from Form 990-T, Part I, line 11			b 0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		614,243	. 0.
Revenue	9	Program service revenue (Part VIII, line 2g)		22,564,020	. 14,751,791.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		46,460	
Å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	
	12			23,224,723	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		12,656,334	
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,050,554		
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0	. 0.
Ä	b		0.	10 000 000	0.005.461
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,082,702	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		22,739,036	
	19	Revenue less expenses. Subtract line 18 from line 12		485,687	
s or	20 21 22			Beginning of Current Yea	
set	20	Total assets (Part X, line 16)		36,824,466	
t As d B	21	Total liabilities (Part X, line 26)		16,036,693	
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	<u></u>	20,787,773	. 14,640,084.
	art II	Signature Block			
Un	der pe	nalties of perjury, I declare that I have examined this return, including accompanying sche	dules and stateme	ents, and to the best of m	y knowledge and belief, it is
tru	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer has	any knowledge.	
Sig	-	Signature of officer		Date	
Не	re				
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check if	PTIN
Pai	d	SCOTT J MARIANI		self-employed	P00642486
Pre	parer			Firm's EIN ▶ 22	
Use	e Only			011	-2027092 5-546-2140
N 4 -		Firm's address 1835 MARKET STREET, SUITE 1710 PHILADELPHIA, PA 19103-2		1 110110 1101	
	-	IRS discuss this return with the preparer shown above? (see instructions	5)		
For	Pape	erwork Reduction Act Notice, see the separate instructions.			Form 990 (2020)

Forr	990 (2020) Page 2
Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	riefly describe the organization's mission:
	HE ORGANIZATION PROVIDES MEDICALLY NECESSARY NURSING AND LONG-TERM ARE SERVICES TO PEOPLE LIVING IN OUR COMMUNITY. THE ORGANIZATION
	ROVIDES MEDICALLY NECESSARY SERVICES TO ALL INDIVIDUALS REGARDLESS
	F RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.
	id the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-EZ? Yes," describe these new services on Schedule O. id the organization cease conducting, or make significant changes in how it conducts, any program
	ervices?
4	escribe the organization's program service accomplishments for each of its three largest program services, as measured by spenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others to total expenses, and revenue, if any, for each program service reported.
	Code:) (Expenses \$ 21,076,456. including grants of \$ 0.) (Revenue \$ 14,751,791.) XPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY NURSING AND
	ONG-TERM CARE SERVICES TO PEOPLE LIVING IN OUR COMMUNITY.
	JNG-TERM CARE SERVICES TO PEOPLE LIVING IN OUR COMMONITI.
4b	Code:) (Expenses \$ including grants of \$) (Revenue \$)
4C	Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	ther program services (Describe on Schedule O.)
	Expenses \$ including grants of \$) (Revenue \$)
4e	otal program service expenses ► 21,076,456.
JSA	Erm 990 (2020
0010	3294NV U600 PAGE

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
Ŭ	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11a	21	
b		116		х
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	444		х
ام	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		A
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	44-1		Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	Λ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	А	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
40.5	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			Х
	Schedule D, Parts XI and XII.	12a		Λ
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.01	х	
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	~	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u></u>
D	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	4.41		Х
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Λ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		Х
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Λ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			37
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			37
• •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?.	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		Х
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
<u>-</u>	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Х	
Dari	19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IPS Filings and Tax Compliance	38	Λ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	 No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		105	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?	1c	х	
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Form	990 (2020)		F	Page 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 293								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
	and services provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10									
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans								
с	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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?	15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes." complete Form 4720. Schedule O.								

Form §	990 (2020) KENNEDY HEALTH FACILITIES, INC. 22-244	12032		Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	N, and	for a	a "No'
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sect	ion A. Governing Body and Management			
			Yes	No
1a		5		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			37
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	x	
6	Did the organization have members or stockholders?	-		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	x	
	one or more members of the governing body?			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	x	
•	stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:	8a	X	
a b	The governing body?. Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Ū	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	Х	
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	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		37	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X X	
14	Did the organization have a written document retention and destruction policy?	14		
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?	15a	x	
a h	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	100		
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
N N	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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990	T (Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	-		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	rest p	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 record RONALD C. KELLER, CPA 1101 MARKET STREET, STE 2004 PHILADELPHIA, PA 19107 215-503-8344	ds 🕨		

Page 7

Part VII	Compensation of Office	ers, Directors,	Trustees,	кеу	Employees,	Hignest	Compensated	Employees,	and
	Independent Contractors								
	Check if Schedule O contain	s a response or n	ote to any line	in this	Part VII				X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

		(C)								
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation Reportable compensation								Estimated amount
	hours per week				of other compensation					
	(list any				-		, 	organization	organizations	from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	high	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	idua	utio	er	mp	est o	ler			related organizations
	organizations below	or tru	nalt		loye	l ⊕ mp				
	dotted line)	stee	rust		e e	bens				
			l e			Highest compensated employee				
(1) SHANNON C. SPAETH, RN	55.00									
REGISTERED NURSE	0.					Х		133,817.	0.	37,073.
(2)GLENDA K. ALIP, RN	55.00									
REGISTERED NURSE	0.					Х		116,374.	0.	34,528.
(3) GARY S. PIZZICHILLO	0.	-								
FORMER KEY EMPLOYEE	0.						Х	100,628.	0.	26,646.
(4) JOSEPHINE BERNARDO, RN	55.00	-								
REGISTERED NURSE	0.					X		103,404.	0.	16,644.
(5) JOSEPH KIMANI	55.00	-							_	
ASST DIRECTOR OF NURSING	0.					X		100,687.	0.	9,215.
(6) JOHN F. DURANTE	5.00									
CHAIRMAN - TRUSTEE	0.	X		Х				0.	0.	0.
(7) THOMAS J. GALLIA, ED.D.	5.00									
VICE CHAIRMAN - TRUSTEE	0.	X		Х				0.	0.	0.
(8) DANIEL J. DALTON	5.00									
TRUSTEE	0.	X						0.	0.	0.
(9)LORENCE J. NOGLE, LHNA	5.00									
TRUSTEE	0.	X						0.	0.	0.
(10) BRIAN SWEENEY, RN, MBA, FACHE	55.00									
TRUSTEE	0.	X						0.	0.	0.
(11) CARMAN CIERVO, D.O., FACOFP	55.00								0	
TRUSTEE (TERMED 09/2020)	0.	X						0.	0.	0.
(12) ALEXANDER D. SHARNOFF, ESQ.	55.00	-		37				0	0	0
SECRETARY	0.			Х				0.	0.	0.
<u>(13)</u>										
(14)										
<u>(14)</u>	+									
										<u> </u>

KENNEDY HEALTH FACILITIES, INC.

Form 990 (2020)										Page 8	
Part VII Section A. Officers, Directors,	Trustees, Ke	ey En	nplo	bye	es,	and I	ligl	hest Compensat	ed Employees	(continued)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the	Reportable compensation from related organizations	compensation from related organizations con (W-2/1099-MISC) f	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)			
		-									
		_									
		-									
1b Sub-total							►	554,910.		0. 124,106.	
c Total from continuation sheets to Part VII	-							0.		0. 0.	
d Total (add lines 1b and 1c)							► o re	554,910. ceived more than		0. 124,106.	
reportable compensation from the organiza	tion 🕨		5							Yes No	
3 Did the organization list any former o employee on line 1a? If "Yes," complete Sch										3 X	
4 For any individual listed on line 1a, is th organization and related organizations <i>individual</i>	greater than	n \$15	50,0	00?	P If	"Yes	s," (complete Schedu	le J for such	4 X	
5 Did any person listed on line 1a receive for services rendered to the organization? If										5 X	
Section B. Independent Contractors											
 Complete this table for your five highest concerns to compensation from the organization. Report year. 											
(A) Name and business	address							(B) Description of se	ervices	(C) Compensation	
ATTACHMENT 1											
							+-				
		_	_	_	_	_					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 4

Part VIII Statement of Revenue

Г

		Check if Schedule	e O ce	ontains a respor	nse or note to ar	ny line in this Part \			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
٥Ĕ	c	Fundraising events							
ifts ir A	d	Related organizations							
ij Gi	e	Government grants (co							
Sins	f	All other contributions,		,					
er (and similar amounts not i	-	-					
ibu	g	Noncash contributions							
d of t	9	lines 1a-1f			¢				
ano	h					0.			
	h	Total. Add lines 1a-11		<u></u>	Business Code	0.			
e						14 546 004	14 746 004		
Program Service Revenue	2a	NET PATIENT SERVICE			623110	14,746,024.	14,746,024.		
ue Ser	b	OTHER HEALTHCARE REI	LATED	REVENUE	623110	5,767.	5,767.		
μ ε ε	c								
Sey	d								
õ	е								
Ē	f	All other program serv	ice rev	venue					
	g	Total. Add lines 2a-2f		<u></u> .	<u> </u>	14,751,791.			
	3	Investment income	(inclu	ding dividends,	interest, and				
		other similar amounts)				345.			345.
	4	Income from investme				0.			
	5	Royalties				0.			
				(i) Real	(ii) Personal				
	6a	Gross rents	6a			1			
	b	Less: rental expenses							
	c	Rental income or (loss)							
	d	Net rental income or (lo		I	•	0.			
	7a	Gross amount from	<u> </u>	(i) Securities	(ii) Other				
	'`	sales of assets		()	()				
		other than inventory	7-	42,427.					
	L .		7a			-			
Revenue	D	Less: cost or other basis							
vel		and sales expenses	7b	40,405					
Re	C .	Gain or (loss)	7c	42,427.	<u> </u>	40,407			40.405
er	d	Net gain or (loss)	• • •	••••	••••••••••••••••••••••••••••••••••••••	42,427.			42,427.
Other	8a	Gross income fro	m t	fundraising					
U		events (not including \$	S						
		of contributions rep	orted	on line					
		1c). See Part IV, line 18	8	<u>8a</u>	0.	-			
	b	Less: direct expenses		8b	0.				
	c	Net income or (loss) fr	rom fu	undraising events	<u> </u>	0.			
	9a	Gross income f	from	gaming					
		activities. See Part IV, I	ine 19	9 <u>9a</u>	0.				
	b	Less: direct expenses		9b	0.				
	c	Net income or (loss) f				0.			
	10a	Gross sales of i	nvent	ory, less					
		returns and allowances			0.				
	ь	Less: cost of goods sol			0.				
	c b	Net income or (loss) fr	om sa			0.			
<i>(</i> ^	-				Business Code				
snc									
ne	11a								
ella ver	b								
Miscellaneous Revenue	C								
Ϊ	d	All other revenue			L	_			
		Total. Add lines 11a-1				0.	14 551 565		10 555
	12	Total revenue. See ins	struction	JIS	🏲	14,794,563.	14,751,791.		42,772.

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, Bb, 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	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	0.			
Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	8,948,020.	8,948,020.		
	0,210,0201	0,210,0201		
8 Pension plan accruals and contributions (include	314,106.	314,106.		
section 401(k) and 403(b) employer contributions)	1,199,296.	1,199,296.		
9 Other employee benefits				
D Payroll taxes	709,573.	709,573.		
Fees for services (nonemployees):				
a Management	0.			
b Legal	628.	628.		
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17,	0.			
f Investment management fees	12,517.	12,517.		
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.) ATCH 2	3,959,891.	3,959,891.		
2 Advertising and promotion	6,122.	6,122.		
3 Office expenses	196,301.	196,301.		
4 Information technology	5,668.	5,668.		
5 Royalties	0.			
	387,141.	387,141.		
	740.	740.		
7 Travel	/10.	740.		
B Payments of travel or entertainment expenses	0			
for any federal, state, or local public officials	0. 366.	366.		
Conferences, conventions, and meetings				
D Interest	1,666,623.	1,666,623.		
Payments to affiliates	0.	1 110 600		
2 Depreciation, depletion, and amortization	1,117,639.	1,117,639.		
B Insurance	219,841.	219,841.		
Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aMEDICAL SUPPLIES	1,449,942.	1,449,942.		
NJ PROVIDER TAXES	482,540.	482,540.		
cREPAIRS & MAINTENANCE	252,314.	252,314.		
dDUES & SUBSCRIPTIONS	46,455.	46,455.		
	100,733.	100,733.		
e All other expenses	21,076,456.	21,076,456.		
5 Total functional expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the	21,0,0,100.	21,070,130.		
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
following SOP 98-2 (ASC 958-720)	0			

0.

following SOP 98-2 (ASC 958-720)

KENNEDY HEALTH FACILITIES, INC.

Part X	Balance Sheet			· · ·
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	862,965.	1	395,082
2	Savings and temporary cash investments.	0.	2	(
3	Pledges and grants receivable, net	0.	3	
4	Accounts receivable, net	3,553,106.	4	3,847,296
5	Loans and other receivables from any current or former officer, director,		-	- , - , -
5	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	(
6	Loans and other receivables from other disqualified persons (as defined		5	
0	under section $4958(f)(1)$, and persons described in section $4958(c)(3)(B)$.	0.	6	
~ ~	Notes and loans receivable, net	0.	7	
Assets 8 8		43,040.		
8	Inventories for sale or use	27,647.	-	14,33
9	Prepaid expenses and deferred charges	27,017.	9	11,55
IVa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 30,868,611.			
		27,719,854.	40-	26,602,21
b		0.		20,002,21
11	Investments - publicly traded securities.	0.	11	
12	Investments - other securities. See Part IV, line 11.	872,862.		988,73
13	Investments - program-related. See Part IV, line 11			900,13
14	Intangible assets	0. 3,744,992.	17	187,00
15	Other assets. See Part IV, line 11			
16	Total assets. Add lines 1 through 15 (must equal line 33)	36,824,466.	-	32,034,67
17	Accounts payable and accrued expenses	1,492,323.		1,631,34
18	Grants payable	0.	18	
19	Deferred revenue.	0.	19	
20	Tax-exempt bond liabilities.	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
g 22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.		
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	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	14,544,370.	25	15,763,240
26	Total liabilities. Add lines 17 through 25	16,036,693.	26	17,394,58
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	20,787,773.	27	14,640,084
28	Net assets with donor restrictions	0.	28	
27 28 29 30 31 32 29	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
a 32	Total net assets or fund balances	20,787,773.	32	14,640,084
33	Total liabilities and net assets/fund balances	36,824,466.	33	32,034,671
			100	Form 990 (20

KENNEDY	HEALTH	FACILITIES,	TNC.
		11101111100/	± 1.0.

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to ary line in this Part XI 1 Total expenses (must equal Part IX, column (A), line 12) 1 14, 1794, 553. 2 Total expenses (must equal Part IX, column (A), line 25) 2 21, 0.76, 456. 3 -6, 281, 893. 4 20, 787, 773. 5 Net unrealized gains (losses) on investments 5 134, 204. 6 Donated services and use of facilities 7 0. 7 Investment expenses. 7 0. 8 0. 0. 8 0. 9 Other changes in net assets or fund balances (explain on Schedule 0). 8 0. 9 Other changes in net assets or fund balances (explain on Schedule 0). 9 0. 10 14, 640, 084. 9 0. 9 Check if Schedule O contains a response or note to any line in this Part XII. X 10 14, 640, 084. 14, 640, 084. 11 Accounting method used to prepare the Form 990. Cash X Accrual Other 11 Accounting method used to prepare the Form 990. <td< th=""><th>Form 99</th><th>90 (2020)</th><th></th><th></th><th></th><th>Pa</th><th>ge 12</th></td<>	Form 99	90 (2020)				Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 14, 794, 553. 2 Total expenses (must equal Part IX, column (A), line 25) 2 21, 076, 456. 2 21, 076, 456. 2 21, 076, 456. 3 Revenue less expenses. Subtract line 2 from line 1. 3 -65, 281, 893. 4 20, 787, 773. 5 134, 204. 6 0. 0. 7 0. 7 0. 7 0. 7 8 Prior period adjustments 8 0. 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O), 9 0. 14, 640, 084. 221. other (B) 32, column (B) 0. 14, 640, 084. 14, 640, 084. 23. column (B) 20, respected adjustments X 14, 640, 084. 14, 640, 084. 24. XIII Financial Statements and Reporting X X X 1 Accounting method used to prepare the Form 990: Cash Accrual Other 14, 640, 084. 271.XIII Financial Statements and Reporting Check if Schedule O X X	Part	XI Reconciliation of Net Assets					
1 Total revenue (must equal Part VIII, column (A), line 12) 1 14, 794, 553. 2 Total expenses (must equal Part IX, column (A), line 25) 2 21, 076, 456. 2 21, 076, 456. 2 21, 076, 456. 3 Revenue less expenses. Subtract line 2 from line 1. 3 -65, 281, 893. 4 20, 787, 773. 5 134, 204. 6 0. 0. 7 0. 7 0. 7 0. 7 8 Prior period adjustments 8 0. 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O), 9 0. 14, 640, 084. 221. other (B) 32, column (B) 0. 14, 640, 084. 14, 640, 084. 23. column (B) 20, respected adjustments X 14, 640, 084. 14, 640, 084. 24. XIII Financial Statements and Reporting X X X 1 Accounting method used to prepare the Form 990: Cash Accrual Other 14, 640, 084. 271.XIII Financial Statements and Reporting Check if Schedule O X X		Check if Schedule O contains a response or note to any line in this Part XI					
2 Total expenses (must equal Part IX, column (A), line 25) 2 2.1,076,456. 3 Revenue less expenses. Subtract line 2 from line 1	1				14,7	94,5	563.
3 Revenue less expenses. Subtract line 2 from line 1	2		2				
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 20,787,773. 5 Net unrealized gains (losses) on investments 5 134,204. 6 Donated services and use of facilities 6 0. 7 0. 6 0. 7 0. 8 0. 9 0. 0. 9 0. 9 0ther changes in net assets or fund balances (explain on Schedule O). 8 0. 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 14,640,084. PartXUI Financial Statements and Reporting 14,640,084. Check if Schedule O contains a response or note to any line in this Part XII. 1 14,640,084. 1 Accorual in the organization's financial statements compiled or reviewed by an independent accountart? 1 1 Accorual is, consolidated basis, or both: 2a X 2a X 1 Yes, 'check a box below to indicate whether the financial statements for the year were compiled or a separate basis, consolidated basis, or both: 2b X 2a X 1 Yes, 'check a box below to	3		3				
a) Inter structure of gain (backer) of microstructures in the structure of th	4	·	4				
a b a c	5	Net unrealized gains (losses) on investments	5		1	34,2	204.
 a Prior period adjustments b Prior period adjustments c Interstand adjustments c Intractand adjustments<td>6</td><td>Donated services and use of facilities</td><th>6</th><th></th><td></td><td></td><td>0.</td>	6	Donated services and use of facilities	6				0.
 9 Other changes in net assets or fund balances (explain on Schedule Q)	7	Investment expenses	7				
10 Net assets of fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 14, 640, 084. 11 10 14, 640, 084. 10 14, 640, 084. 12 Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 14 Accounting method used to prepare the Form 990: Cash X Accrual Other 15 Accounting method used to prepare the Form 990: Cash X Accrual Other 15 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes 16 Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis 2b X 16 Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, or solidated basis Both consolidated and separate basis 2b X 17 Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, or solidated basis Both consolidated and separate basis 2b X	8	Prior period adjustments	8				
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			•		3b		

SCHEDULE A (Form 990 or 990-EZ)

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

OMB No. 1545-0047 20 20

Department Internal Reve	of the Treasury nue Service		Go to www.irs.go	/Form990 for instruction			information.	Open to Public Inspection
Name of the	organization						Employer identifi	cation number
KENNEDY	HEALTH I	FACILITIE	S, INC.				22-24420	32
Part I	Reason for	[·] Public Cha	rity Status. (All	organizations must	comple	te this p	art.) See instructions	S.
The organ	ization is not	a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1 🗌 A	church, con	vention of ch	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2 🗌 A	school desc	ribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 9	90 or 990)-EZ).)	
		-		rganization described				
4 A	medical res	earch organiz	zation operated in	conjunction with a hose	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
	•	ne, city, and s						
	•		for the benefit of Complete Part II.)	a college or universit	ty owne	d or ope	erated by a governme	ntal unit described in
				rnmental unit describe	d in soci	tion 170/	(h)(1)(A)(y)	
		-	-				vernmental unit or fro	om the general public
	-)(1)(A)(vi). (Compl	-	ipport in	oni a go	vonimonital unit of fit	
				b)(1)(A)(vi). (Complete	Part II.)			
							in conjunction with a	land-grant college
	•		-			•	name, city, and state of	• •
	niversity:		0 0 0		,			5
10 A	n organizatio eceipts from upport from	activities rela gross investm	ited to its exempt f nent income and u	unctions, subject to c	ertain ex able inco	xceptions	ntributions, membersh s; and (2) no more thar s section 511 tax) from a Part III.)	331/3 % of its
				usively to test for publ				
12 X A	n organizatio	on organized	and operated exclu	usively for the benefit	of, to pe	erform th	ne functions of, or to c	arry out the purposes
0	of one or mor	e publicly su	pported organizati	ons described in sec	tion 509	(a)(1) oi	section 509(a)(2). S	ee section 509(a)(3).
	Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
a X	Type I. A su	pporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the
	· · · -	-	-	e Part IV, Sections A				
b 🔄							supported organization	
		-		-	the sam	ne persor	ns that control or man	age the supported
	-		-	, Sections A and C.				
с	•••	•		• • ·			n with, and functional	ly integrated with,
		-		ns). You must comple				
d		-			-		ection with its support	
		-			-		oution requirement and	an attentiveness
•		`	,	omplete Part IV, Sect				
e		-		ionally integrated sup			hat it is a Type I, Type I	і, туре ш
f Ente		-	• •	ionally integrated sup		organiza	lion.	1
			•	orted organization(s).				· · · · · · · · · · · · · · · · · · ·
	ne of supported of	-	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
(1) 1141		- gamzation	(,	(described on lines 1-10	listed in yo	our governing	support (see	other support (see
ATTAC	HMENT 1			above (see instructions))	docu Yes	Mo	instructions)	instructions)
					163			
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 0E1210 0.030 3294NV U600

Schedule A (Form 990 or 990-EZ) 2020

22-2442032

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		1		1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u></u>				
Sec	tion C. Computation of Public Sup	•				, ,	
14	Public support percentage for 2020 (li						%
15	Public support percentage from 2019						%
16a	331/3% support test - 2020. If the org	-					
	box and stop here. The organization q						
b	331/3% support test - 2019. If the org						
	this box and stop here. The organizati			•			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	
	Part VI how the organization meets			•			
	organization						
b	10%-facts-and-circumstances test - 2		•				
	15 is 10% or more, and if the organiz					-	
	in Part VI how the organization meets			-	-		
10	organization						
18	Private foundation. If the organization						
	instructions	<u></u>					· · · 🗖 📖

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	tion A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included 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 5 years. If the Form 990 is for	the organization	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here .	<u></u>					<u></u> ▶
Sec	tion C. Computation of Public Supp		•			1	
15	Public support percentage for 2020 (line 8,	.,	•			15	%
16	Public support percentage from 2019 Sche			<u></u>		16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2020 (lin					17	%
18	Investment income percentage from 2019 S					18	%
19 a	331/3% support tests - 2020. If the org	-					
	17 is not more than 331/3%, check this	-	•			•	
b	331/3% support tests - 2019. If the orga						
	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization d	id not check a	a box on line 1	4, 19a, or 19b,			
JSA 0E122	11.000 3294NV U600				S	Schedule A (Form 9	90 or 990-EZ) 2020 PAGE 1

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Page 4

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4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	x	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		X

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).	1		

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?	1		
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).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

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).	
а	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
2	Activities Test Answer lines 2a and 2b below	No

2	Activities Test. Answer miles 2d and 20 below.	1 1	
а	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.	2a	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in the organization is position that its support organization(s) would have engaged in		
	these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	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? If "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	

KENNEDY HEALTH FACILITIES, INC.		22-	2442032
Schedule A (Form 990 or 990-EZ) 2020			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualify instructions. All other Type III non-functionally integrated supporting organization			
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):			
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):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 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		

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Schedule A (Form 990 or 990-EZ) 2020

-	le A (Form 990 or 990-EZ) 2020				Page 7
Part		Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organized	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				
					A (Fame 000 an 000 F7) 0000

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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.)

				ATTACHMENT	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED (DRGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
KENNEDY HEALTH SYSTEM, INC.	22-2442036	7	х	0.	0.
TOTAL AMOUNT OF SUPPORT				0.	0.

SCHEE	DULE D
(Form	990)

Department of the Treasury

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.

2 20 **Open to Public**

OMB No. 1545-0047

	nal Revenu	le Service			Go to v	vww.irs.gov	/Form990 for	instruction	ns and	the latest info	rmation.		Inspe	ection
Name	e of the or	ganization									Em	ployer identif	ication num	ber
KEN	INEDY	HEALTH F	FACII	LITIES	S, INC.							22-2442	2032	
Pa	rt I	-			-					ilar Funds o	or Acco	ounts.		
		Complete	te if the	e organ	ization a	answered	"Yes" on I	orm 990	, Part	IV, line 6.				
							(a) Donor adv	vised fu	inds		(b) Funds a	nd other ac	counts
1	Total n	umber at e	end of y	year										
2	Aggreg	gate value o	of cont	tribution	s to (dur	ing year)								
3	Aggreg	gate value c	of grar	nts from	(during y	vear)								
4	Aggreg	gate value a	at end	of year.										
5	Did the	e organizat	tion inf	form all	donors	and donor	advisors in	n writing t	hat th	e assets held	d in do	nor advise	ed	
	funds a	are the orga	anizati	on's pro	perty, su	bject to the	e organizati	on's exclus	sive leg	gal control?			. 🗌 Ye	es No
6	Did the	e organizati	tion inf	orm all	grantees	, donors, a	and donor a	advisors in	writin	g that grant	funds o	an be use	ed	
	only fo	or charitable	le purp	oses an	d not fo	r the bene	fit of the do	onor or do	onor ad	dvisor, or for	any oth	ner purpos	se	
	confer	ring imperm	missible	e private	e benefit?								. 🗌 Ye	es No
Pa	rt II	Conserva												
										IV, line 7.				
1		se(s) of con				•	•		II that a	apply).				
		Preservatio		-		(for example	, recreation or	education)		Preservation			•	
		Protection of								Preservation	n of a c	ertified his	toric struc	ture
		Preservatio		• •										
2	-			-	-		eld a qualifi	ed conser	vation	contribution	in the fo			
		ent on the		•								Held at t	he End of t	he Tax Year
а	Total n	umber of c	conserv	vation ea	asements	· · · · ·					2a			
b		-		-							2b			
С										(a)	2c			
d						-				nd not on a				
						-					2d			
3	Numbe	er of conse	ervatio	n easer	nents mo	odified, tra	nsferred, re	eleased, ex	xtingui	shed, or terr	ninatec	l by the o	rganizatio	n during the
		ar 🕨												
4		er of states												
5		-						-		oring, inspec		-		
6	Staff ar	nd volunteer	er hours	devoted	l to moni	toring, insp	ecting, hand	ling of viol	lations,	and enforcing	g conse	rvation eas	ements dur	ring the year
_	►			<u> </u>										
7		it of expens	ises inc	curred in	monitor	ing, inspec	ting, handlir	ng of violati	ions, a	nd enforcing	conser	vation ease	ements dui	ring the year
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Pa	rt III							storical T	reasi	ires, or Oth	er Sim	ilar Asse	ts	
		-			-		"Yes" on I							
1a	If the c	•								t in its reven		omont on	halanco	choot works
Ia	of art,	historical	treasu	ires, or	other si	milar asse	ts held for	public ex	chibitio	n, education	i, or re	search in	furtheran	ce of public
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b														eet works of
	art, his	torical trea	asures,	or othe	er similar	assets he	ld for publi	c exhibitio	n, edu	ication, or re	search	in furthera	ance of pu	ublic service,
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а										ese items.		•	\$	
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KENNEDY HEALTH FACILITIES, INC.

Part III Organization squalistion, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research e Other c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dit the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dit the organization assumed 'Ves' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 2, or angolation and angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 2, the schoal and and the organization include an amount on Form 990, Part X, line 2, the schoal and the organization include an amount on Form 990, Part X, line 2, the schoal and the organization include an amount on Form 990, Part X, line 2, the schoal and the sch	Sche	dule D (Form 990) 2020											Page	2
collection likens (check all that apply): d Loan or exchange program b Scholafty research o Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solit or raise tunds rather than to be maintained as part of the organization's collection',	Ра		-										,	
b Scholarly research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No Part XII Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. Include on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21. for escrew or custodial accourt liability? Yes No b Distributions during the year. 1e	3			sion, and o	other recor	ds, checl	k any o	of the	follow	ing that make	e signific	ant u	se of i	S
c Preservation for future generations 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 old to raise funds rather than to be maintained as part of the organization collection? Ves No Part W Escrew 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. Is the organization angument in Part XIII and complete the following table: Image: Complete if the organization angument in Part XIII and complete the following table: Image: Complete if the organization angument in Part XIII and complete the following table: Image: Complete if the organization angument in Part XIII and complete the following table: Image: Complete if the organization angument in Part XIII and complete the following table: Image: Complete if the organization angument in Part XIII and complete the following table: Image: Complete if the organization angument in Part XIII and complete the septement in Part XIII. Image: Complete if the organization angument in Part XIII complete table: Image: Complete if the organization angument in Part XIII complete if the organization angument in Part XIII. Image: Complete if the organization angument in Part XIII complete if the organization angument in Part XIII. Image: Complete if the organization angument in Part XIII complete if the organization angument in Part XIII complete if the organization angument	а	Public exhibition			d	Loan	or excha	ange	prograr	n				
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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?	4			collections	s and expla	ain how t	they fur	rther	the org	ganization's e	xempt p	urpos	e in Pa	rt
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 an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Intervention of the intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Intervention Intervention Intervention No b If 'yes,' explain the arrangement in Part XIII and complete the following table: Intervention		XIII.												
Part W Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 90. Part X, ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 90. Part X?,	5	During the year, did the organization	on solicit (or receive of	donations o	of art, hist	orical tr	easu	res, or o	other similar				
Part W Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 90. Part X, ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 90. Part X?,		assets to be sold to raise funds rath	her than t	o be maint	ained as pa	art of the o	organiza	ation'	s collec	tion?	🗆	Yes		ю
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Contributions of the arrangement in Part XIII and complete the following table: b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount c Id Id d Additions during the year. Id e Distributions during the year. Id e Distributions during the year. Id d Additions during the year. Id e Distributions during the year. Id d Endowment Funds. If Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Contributions and losses. f Other weats back (e) Four years back (e) Four years back d Grants or scholarships . Image: Contributions and programs. Image: Contributions and programs. d Administrative expenses . Image: Contribution and programs. Image: Contribution and programs. Image: Contribution and programs. d Grants or scholarships . Image: Contribution and programs. Image: Contribution and programs. Image: Contribution and programs.	Pa	rt IV Escrow and Custodial A Complete if the organiza	rrangen	nents.								on Fo	rm	_
included on Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 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 on Part XIII No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No b Orn plete if the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' in Form 990, Part IV, line 10. Complete if the organization answered 'Yes' in Form 990, Part IV, line 10. Contributions (e) Four years back 1a Beginning of year balance (e) Ourrent year (e) Four years back (e) Four years back 1a Beginning of year balance (f) (f) Three years back (f) Three years back (f) Three years back 1a Beginning of year balance (f) (f) Administrative expenses (f) (f) Thr														
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c Beginning balance Ic Id d Additions during the year, Id Id e Distributions during the year, Id Id 2 Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No PartV Endowment Funds. (e) Four years back (e) Four years back (e) Four years back Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back (e) Four years back (e) Four years back b Contributions (a) Current year (b) Prior year (e) Two years back (e) Four years back c Net investment earnings, gains, and losses (d) Three years back (e) Four years back (e) Four years back e Other expenditures for facilities and programs (f) Administrative expenses (f) Administrative expenses (f) Administrative expenses (f) Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % f Permanet endowment % Four medowment	b	If "Yes " explain the arrangement i	n Part XI	II and com	plete the fo	llowing tak	ole:	•••	• • • •		•• 📖	162		.0
c Beginning balance 1c 1d d Additions during the year. 1d 1d Distributions during the year. 1d 1d 1d f Ending balance 1f 1d 1d 2a Distributions during the year. 1d 1f 1d 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b ff "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back 1b Other expenditures for facilities (in roo, oxplain the arrangement				nowing tax	510.			An	nount			—
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e Distributions during the year	d													
f Ending balance ,	e													—
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 on Part XIII No Part V Endowment Funds. (e) Current year (e) Prior year (f) Two years back (g) Ture years back (e) Four years back 1a Beginning of year balance (e) Current year (e) Prior year (f) Two years back (g) Ture years back (e) Four years back 1a Contributions (h) Prior year (f) Two years back (g) Ture years back (e) Four years back 1a Grants or scholarships (h) Prior year (f) Two years back (g) Ture years back (e) Four years back 1a Grants or scholarships (h) Prior year (f) Two years back (g) Ture years back (e) Four years back 1a Grants or scholarships (h) Prior year (f) Two years back (g) Turee years back (e) Four years back 1a Grants or scholarships (h) Prior year (h) Prior year (h) Two years back (h) Turee years back (h) Four years back 1a Grants or scholarships (h) Current year end balance (h) Prior year (h) Two years back (h) Two years back (h) Two years back <td>f</td> <td></td>	f													
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Boginstantic or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1d Grants or scholarships (a) Current year (a) Current year (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Four years back 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a board designated or ganizations	2a								stodial	account liability	v?	Yes	N	0
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance		-												
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Beginning of year balance b Contributions b Contributions b Contributions and losses c Met investment earnings, gains, and losses and losses c Met investment earnings, gains, and losses a Grants or scholarships e Other expenditures for facilities and programs	1					-pianation		<u>p.</u>	enaca			<u></u>	•	—
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance	- a		ation ans	wered "Ye	es" on For	m 990. F	Part IV.	line	10.					
1a Beginning of year balance										(d) Three years	back (e) Four	/ears bac	 k
b Contributions	4		(17.11	· ·) · · ·		,				(1)		<u>,</u>		—
c Net investment earnings, gains, and losses														—
and losses and losses and losses d Grants or scholarships and programs and programs e Other expenditures for facilities and programs and inistrative expenses and programs g End of year balance and programs and inistrative expenses and programs g End of year balance and programs and programs and programs g End of year balance and programs and programs and programs g End of year balance and programs and programs and programs g End of year balance and programs and programs and programs g End of year balance and programs and programs and programs g End of year balance and programs blance and programs and programs g End of year balance meant endowment b														—
d Grants or scholarships	С													
e Other expenditures for facilities and programs														—
and programs														—
f Administrative expenses	е	-												
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 Term endowment ▶% c Term endowment ▶% in 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	t													—
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term 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	•	•												—
b Permanent endowment ▶% c Term 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. (iii) Related organizations. (ii) Related organizations. (iii) Related organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (ii) Related organizations. (iii) Related organizations. (i) Related organizations. (i) Unrelated uses of the organization's endowment funds. (i) Part VII Land, Buildings, and Equipment. (coher) (oher) (oher)				rrent year		e (line 1g,	column	n (a))	held as:					
c Term 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 line 3a(ii), are the related organizations listed as required on Schedule R? 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 (b) Cost or other basis (b) Cost or other basis (c) Accumulated (other) (d) Book value 1a Land 1,650,000. 1,650,000. b Seachold improvements 2,413,932. 1,434,458. 979,474. e Other 745,217. 70,409. 674,808.		u 1			70									
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Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3a(ii) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 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. 1,650,000. 1,650,000. 1,650,000. b Buildings 2,413,932. 1,434,458. 979,474. c Cumpment. 2,413,932. 1,434,458. 979,474. e Other 745,217. 70,409. 674,808.	2-			-		tion that	ara hal	d	ما مما ا	internel for the				
(i) Unrelated organizations. 3a(i) (ii) Related organizations. 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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) (c) Accumulated depreciation (d) Book value 1a Land. 1,650,000. 1,650,000. 1,650,000. b Buildings 26,059,462. 2,761,529. 23,297,933. c Leasehold improvements. 2,413,932. 1,434,458. 979,474. e Other 745,217. 70,409. 674,808.	3a		the poss	ession of t	ne organiza	ation that	are nei	a and	admin	istered for the				_
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 1,650,000. 1,650,000. 1,650,000. b Buildings 26,059,462. 2,761,529. 23,297,933. c Leasehold improvements. 2,413,932. 1,434,458. 979,474. e Other 745,217. 70,409. 674,808.		5									6		<u>cs</u> 1	_
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Part VILand, 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 value1aLand1,650,000.1,650,000.1,650,000.bBuildings26,059,462.2,761,529.23,297,933.cLeasehold improvements.2,413,932.1,434,458.979,474.eOther745,217.70,409.674,808.			•					?	• • • •	• • • • • • •	••• [30		
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 1,650,000.	-				ation's endo	wment fui	nds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1,650,000. 1,650,000. 1,650,000. 1,650,000. b Buildings 26,059,462. 2,761,529. 23,297,933. c Leasehold improvements 2,413,932. 1,434,458. 979,474. e Other 745,217. 70,409. 674,808.	Pa	Complete if the organiz	ation ans	swered "Y	es" on Fo	rm 990, l	Part IV	, line	11a. S	See Form 99	0, Part 2	X, line	e 10.	
1a Land 1,650,000. 1,650,000. b Buildings 26,059,462. 2,761,529. 23,297,933. c Leasehold improvements. 2 413,932. 1,434,458. 979,474. e Other 745,217. 70,409. 674,808.				(a) Cost o	r other basis	(b) Cost	or other ba	·	(c) Acc	umulated				
b Buildings 26,059,462. 2,761,529. 23,297,933. c Leasehold improvements.	12	Land		(11765	Amony		,	0.	depit			1,65	0,000).
c Leasehold improvements. d Equipment. e Other 745,217. 70,409. 674,808.	-								2.7	61.529				
d Equipment 2,413,932. 1,434,458. 979,474. e Other 745,217. 70,409. 674,808.		0					,10		- , ,		2	., .,	,	<u> </u>
e Other	-	·				24	113 93	32	1 4	34.458		97	9.474	
	 Tota	L Add lines 1a through 1e (Column	n (d) mus	t equal For	m 990 Part						2			

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020			Page 3
Part VII Investments - Other Securities. Complete if the organization answered	d "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 marke	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11c. See Form 990, I	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	
		Cost or end-of-year marke	t 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	d "Yes" on Form 990), Part IV, line 11d. See Form 990,	Part X, line 15.
(a) De	escription		(b) Book value
(1)			
_(2)			
_(3)			
(4)			
_(5)			
_(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)	<u></u>	
Part X Other Liabilities.			
Complete if the organization answered line 25.	d "Yes" on Form 990), Part IV, line 11e or 11f. See Form	n 990, Part X,
1. (a) Descrip	otion of liability		(b) Book value
(1) Federal income taxes			
(2) DUE TO AFFILIATES			15,271,450.
(3) ACCRUED PROF. LIABILITY CLAIMS			297,000.
(4) DEFERRED FICA LIABILITY			194,790.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			15,763,240.
 Liability for uncertain tax positions. In Part XIII, provide the 			
organization's liability for uncertain tax positions under FASB			

JSA 0E1270 1.000 3294NV U600

Schedu	le D (Form 990) 2020		Page 4
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.	n.	
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:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	
Part			
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:		
a	Donated services and use of facilities		
b	Prior year adjustments		
č	Other losses.		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
-			
a h		-	
b	Other (Describe in Part XIII.)	4c	
с 5	Add lines 4a and 4b		
-	Supplemental Information.	5	
T art			

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.

Part XIII Supplemental Information (continued)

	EDULE J n 990)	For certain Officers, Dire	Sation Information	0	^{ив №}	1545-00 9 1	047
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	23.	Z⊎	ZU	
	nent of the Treasury	· · · · • •	Attach to Form 990.	0	pen to		
		Go to www.irs.gov/Forms	990 for instructions and the latest mormation.			ectioi r	1
	0	H FACILITIES, INC.		22-2442032			
Part							
- are						Yes	No
1a	Check the app	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on Form			
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	g these items.			
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of perso	nal residence			
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation	on fees			
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	ement or provision of all of the ex	penses described above? If "No," com	plete Part III to			
	explain				1b		
2	-			-			
		-		checked on line			
					2		
3	organization's	CEO/Executive Director. Check all the	at apply. Do not check any boxes for metho	ods used by a			
	X Comper	nsation committee	Written employment contract				
	X Indepen	dent compensation consultant	X Compensation survey or study				
	Form 99	00 of other organizations	X Approval by the board or compensa	ation committee			
4			Part VII, Section A, line 1a, with respect to	o the filing			
а					4a	Х	
b					4b		Х
С					4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and pl	rovide the applicable amounts for each it	em in Part III.			
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	rganizations must complete lines 5-9				
5	•		•	iv or accrue any			
•	•						
а	•	-			5a		Х
					5b		Х
6			ion A, line 1a, did the organization pa	y or accrue any			
	compensatior	n contingent on the net earnings of:		-			
а	The organizat	ion?			6a		Х
b	Any related of	rganization?			6b		X
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7							
					7	X	
8							
		-					
_					8		X
9							
	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization prior to reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by al directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization of the organization in Part III. X Compensation committee Written employment contract X Compensation committee			9			
LOL LO	aperwork Reduc	LIGH ACT NOTICE, SEE THE INSTRUCTIONS FOR FO	UIII 330.	Schedi	ne J (F0	nm 990	J) 2020

Schedule J (Form 990) 2020

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
SHANNON C. SPAETH, RN	(i)	100,638.	0.	33,179.	13,286.	23,787.	170,890.	0.
1REGISTERED NURSE	(ii)	0.	0.	0.	0.	0.	0.	0.
GLENDA K. ALIP, RN	(i)	115,899.	0.	475.	12,563.	21,965.	150,902.	0.
2REGISTERED NURSE	(ii)	0.	0.	0.	0.	0.	0.	0.
GARY S. PIZZICHILLO	(i)	100,356.	0.	272.	2,835.	23,811.	127,274.	0.
3FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

Page 3

Schedule J (Form 990) 2020

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.

CORE FORM, PART VII AND SCHEDULE J

TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2020 FORMS W-2.

SCHEDULE J, PART I; QUESTION 4A

THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENTS DURING CALENDAR YEAR 2020 WHICH WERE INCLUDED IN HER 2020 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: SHANNON C. SPAETH, RN, \$17,767.

SCHEDULE J, PART I; QUESTION 7

CERTAIN INDIVIDUALS INCLUDED IN CORE FORM, PART VII RECEIVED A BONUS DURING CALENDAR YEAR 2020 WHICH WAS INCLUDED IN EACH INDIVIDUAL'S 2020 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. EMPLOYEE BONUSES ARE BASED UPON THE ATTAINMENT OF QUALITY GOALS, STRATEGIC OPERATIONAL INITIATIVES AND FINANCIAL PERFORMANCE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
 Inspection

 Name of the organization
 Employer identification number

 KENNEDY HEALTH FACILITIES, INC.
 22-2442032

CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7

KENNEDY HEALTH SYSTEM, INC. ("KHS") IS THE SOLE MEMBER OF THIS ORGANIZATION. THOMAS JEFFERSON UNIVERSITY ("TJU") IS THE SOLE CORPORATE MEMBER OF KHS. TJU HAS THE ULTIMATE AUTHORITY AND RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS.

CORE FORM, PART VI, SECTION B; QUESTION 11B

THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE ("IRS").

AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE SYSTEM'S FINANCE PERSONNEL AND VARIOUS OTHER SYSTEM INDIVIDUALS ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE SYSTEM'S INTERNAL WORKING GROUP FOR THEIR REVIEW. THE INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE INTERNAL WORKING GROUP FOR FINAL REVIEW. FOLLOWING THIS REVIEW, THE FORM 990 WAS PROVIDED TO THIS ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.

CORE FORM, PART VI, SECTION B; QUESTION 12

THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM HAS A WRITTEN CONFLICT OF INTEREST POLICY WITH WHICH ALL AFFILIATES REGULARLY MONITOR AND ENFORCE COMPLIANCE.

THE CONFLICT OF INTEREST POLICY GOVERNS CONFLICT OF INTEREST DISCLOSURE AND MONITORING OF ALL VOTING MEMBERS OF THE SYSTEM'S BOARD OF TRUSTEES. THE CONFLICT OF INTEREST POLICY IS DESIGNED TO ASSIST THE ORGANIZATION IN EVALUATING ARRANGEMENTS, CONTRACTS OR TRANSACTIONS THAT MAY BENEFIT THE PRIVATE INTEREST OF A TRUSTEE, THEIR FAMILY MEMBER(S), A MEMBER OF A COMMITTEE OR SUBCOMMITTEE THAT EXERCISES BOARD-DELEGATED POWERS OF

JSA 0E1228 1.000 THEUNIVERSITY, OR SENIOR MANAGEMENT. THE POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE APPLICABLE STATE AND FEDERAL LAWS GOVERNING NONPROFIT CHARITABLE CORPORATIONS.

IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY, EACH VOTING MEMBER OF THE BOARD OF TRUSTEES MUST COMPLETE, AT LEAST ANNUALLY, THE SYSTEM'S CONFLICT OF INTEREST DISCLOSURE PROCESS. THE CONFLICT OF INTEREST PROCESS INCLUDES DISTRIBUTION OF AN ELECTRONIC DISCLOSURE TO ALL PERSONS WHO SERVED AS VOTING MEMBERS OF THE BOARD OF TRUSTEES, MEMBERS OF SENIOR MANAGEMENT AND KEY EMPLOYEES DURING THE PREVIOUS FISCAL YEAR. THE DISCLOSURE FORM ELICITS INFORMATION RELATED TO THE RESPONDENT'S ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES IN WHICH THEY ENGAGED DURING THE REPORTING PERIOD. THE PROCESS ALSO REQUIRES COVERED PERSONS TO DISCLOSE SUCH INFORMATION ABOUT THEIR FAMILY MEMBERS.

IN ADDITION TO ATTESTING TO THE VERACITY OF INFORMATION CONTAINED WITHIN THE DISCLOSURE, THE VOTING MEMBER OF THE BOARD OF TRUSTEES MUST CERTIFY THAT THEY WILL ABIDE BY THE SYSTEM'S CONFLICTS OF INTEREST AND OTHER RELEVANT POLICIES AND WILL DISCLOSE ALL INTERESTS AND ACTIVITIES RELATED TO THEIR ONGOING SERVICE ON THE BOARD OF TRUSTEES. MEMBERS OF SENIOR MANAGEMENT AND INDIVIDUALS IDENTIFIED AS KEY EMPLOYEES RECEIVE DISCLOSURE QUESTIONS REQUIRED OF MEMBERS OF THE BOARD OF TRUSTEES. ALL PERSONS COVERED UNDER THE ORGANIZATION'S BOARD OF TRUSTEES AND EMPLOYEE-RELATED CONFLICT OF INTEREST POLICIES MAINTAIN A CONTINUING OBLIGATION TO DISCLOSE ALL CHANGES IN INTERESTS, ACTIVITIES AND RELATIONSHIPS KENNEDY HEALTH FACILITIES, INC.

Employer identification number 22-2442032

THROUGHOUT THE YEAR.

THE SYSTEM MAINTAINS ALL ORIGINAL DISCLOSURE FORMS AND CERTIFICATIONS IN ACCORDANCE WITH ITS RECORD RETENTION POLICY. THE SYSTEM ALSO COMPILES AND ISSUES A COMPREHENSIVE REPORT OF ALL ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES REPORTED DURING THE BOARD OF TRUSTEES CONFLICTS OF INTEREST DISCLOSURE PROCESS TO THE ORGANIZATION'S EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THEREAFTER, THE BOARD OF TRUSTEES ITSELF OR THROUGH DELEGATION TO TJU'S FINANCE, ASSURANCE & COMPLIANCE COMMITTEE, EVALUATES ALL ACTUAL OR POTENTIAL CONFLICTS OF INTEREST TO DETERMINE WHETHER ACTIVITIES OR ARRANGEMENTS REQUIRE MANAGEMENT, REDUCTION, OR ELIMINATION OF CERTAIN INTERESTS, ACTIVITIES OR RELATIONSHIPS. WHEN MANAGEMENT OF THE IDENTIFIED CONFLICT IS REQUIRED, THE AFFECTED PERSON(S), MEMBERS OF THE BOARD'S EXECUTIVE COMMITTEE, AND CERTAIN MEMBERS OF EXECUTIVE MANAGEMENT, RECEIVE NOTIFICATION OF THE REQUIREMENTS SET FORTH IN THE MANAGEMENT PLAN. AFFECTED PERSONS ARE EXPECTED TO ABIDE BY THE TERMS OF THE MANAGEMENT PLAN, WHICH MAY INCLUDE, BUT MAY NOT BE LIMITED TO, RECUSAL FROM DELIBERATIONS AND VOTING WHEN APPROPRIATE.

IN ADDITION TO THE ABOVE-OUTLINED INTERNAL REPORTING AND EVALUATION OF ACTIVITIES, TRANSACTIONS AND RELATIONSHIPS, ALL REQUIRED DISCLOSURES IN ACCORDANCE WITH THE INTERNAL REVENUE SERVICE'S REGULATIONS AND INSTRUCTIONS ARE REPORTED ON THE ORGANIZATION'S FEDERAL FORM 990.

CORE FORM, PART VI, SECTION B; QUESTION 15

Schedule O (Form 990 or 990-EZ) 2020	
Name of the organization	Employer identification number
KENNEDY HEALTH FACILITIES, INC.	22-2442032

THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM IS COMMITTED TO ENSURING THAT ITS EXECUTIVE COMPENSATION PROGRAM ADHERES TO THE HIGHEST STANDARDS OF REGULATORY COMPLIANCE AND BEST PRACTICES IN CORPORATE GOVERNANCE. THOMAS JEFFERSON UNIVERSITY'S BOARD OF TRUSTEES HAS A COMPENSATION AND HUMAN CAPITAL COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE SYSTEM'S EXECUTIVE COMPENSATION, INCLUDING ARRANGEMENTS COVERING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, SENIOR EXECUTIVES AND OTHER KEY EMPLOYEES (INCLUDING CLINICAL DEPARTMENT CHAIRS AND SELECT FACULTY).

THE COMMITTEE MEETS MULTIPLE TIMES DURING THE YEAR AND IS COMPRISED OF INDIVIDUALS WHO ARE INDEPENDENT AND DO NOT HAVE CONFLICTS OF INTEREST WITH REGARD TO THE COMPENSATION ARRANGEMENTS THAT FALL WITHIN ITS PURVIEW. THE COMMITTEE'S PROCESS IS DESIGNED TO SATISFY THE REBUTTABLE PRESUMPTION OF REASONABLENESS THAT IS AVAILABLE UNDER THE INTERMEDIATE SANCTIONS LAW, AND INCLUDES THE REVIEW OF COMPARABILITY DATA AND THE CONTEMPORANEOUS SUBSTANTIATION OF ITS DELIBERATIONS AND DECISIONS.

THE COMMITTEE'S DECISIONS ARE MADE IN ACCORDANCE WITH SYSTEM'S COMPENSATION PHILOSOPHY, WHICH SUPPORTS THE OBJECTIVE OF ATTRACTING, RETAINING AND MOTIVATING TALENTED INDIVIDUALS WHO HAVE THE APPROPRIATE Page 2

EXPERIENCE AND SKILLS TO ACHIEVE THE INSTITUTION'S OBJECTIVES.

ON AN ANNUAL BASIS THE COMMITTEE REVIEWS APPROPRIATE COMPARABILITY DATA FOR SIMILAR INSTITUTIONS THAT REFLECT THE MISSION, SCOPE AND COMPLEXITY OF THE ORGANIZATION AND ITS CONSTITUENT ENTITIES. THE COMMITTEE ENGAGES QUALIFIED, INDEPENDENT CONSULTANTS AS NEEDED TO PROVIDE ADVICE ON COMPENSATION MATTERS AND TO PREPARE THE COMPARABILITY DATA, WHICH ARE REVIEWED BY THE COMMITTEE IN ADVANCE OF MAKING ITS DECISIONS.

THE COMMITTEE REVIEWS AND APPROVES COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND OTHER SENIOR EXECUTIVES BASED ON MARKET PRACTICES, AN ASSESSMENT OF PERFORMANCE AND OTHER BUSINESS JUDGMENT FACTORS. THE EXECUTIVE COMPENSATION INCLUDES INCENTIVE PAY, PURSUANT TO WHICH EXECUTIVES ARE REWARDED BASED ON THE ACHIEVEMENT OF THE SYSTEM, ENTITY AND INDIVIDUAL PERFORMANCE GOALS THAT ARE ESTABLISHED IN ADVANCE OF THE PERFORMANCE PERIOD. THESE GOALS ARE LINKED TO SYSTEM'S MISSION, STRATEGIC AND OPERATING OBJECTIVES, AND HAVE PREDETERMINED WEIGHTS. AT THE END OF THE YEAR, THE COMMITTEE APPROVES THE RESULTING AWARDS BASED ON A REVIEW OF PERFORMANCE ACHIEVEMENTS RELATIVE TO THE GOALS; IN APPROPRIATE CIRCUMSTANCES, OTHER DISCRETIONARY FACTORS MAY BE CONSIDERED WHEN INCENTIVES ARE DETERMINED. THE COMMITTEE MAKES A DETERMINATION OF THE REASONABLENESS OF COMPENSATION AND MAINTAINS MINUTES THAT DOCUMENT ITS DELIBERATIONS AND DECISIONS.

CORE FORM, PART VI, SECTION C; QUESTION 19

THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY.

CORE FORM, PART VII AND SCHEDULE J

CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES.

CORE FORM, PART VII AND SCHEDULE J

BRIAN SWEENEY, RN, MBA, FACHE IS THE PRESIDENT AND CHIEF OPERATING OFFICER OF JEFFERSON HEALTH - NEW JERSEY. AS SUCH, HE SERVES AS A VOTING MEMBER OF THIS ORGANIZATION'S GOVERNING BODY; AN UNCOMPENSATED POSITION. MR. SWEENEY'S COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH KENNEDY UNIVERSITY HOSPITAL, INC. ACCORDINGLY, HIS REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE KENNEDY UNIVERSITY HOSPITAL, INC. (EIN: 22-1773439) FEDERAL FORM 990. PLEASE REFER TO THE KENNEDY UNIVERSITY HOSPITAL, INC. FEDERAL FORM 990 FOR THIS INFORMATION.

Employer identification number 22-2442032

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CARMAN CIERVO, D.O., FACOFP WAS A VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY THROUGH SEPTEMBER 2020; AN UNCOMPENSATED POSITION. PRIOR TO HIS DEPARTURE, DR. CIERVO'S WAS THE EXECUTIVE VICE PRESIDENT/CHIEF PHYSICIAN EXECUTIVE OF JEFFERSON HEALTH NEW JERSEY. HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP WAS WITH KENNEDY UNIVERSITY HOSPITAL, INC. ACCORDINGLY, HIS REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE KENNEDY UNIVERSITY HOSPITAL, INC. (EIN: 22-1773439) FEDERAL FORM 990. PLEASE REFER TO THE KENNEDY UNIVERSITY HOSPITAL, INC. FEDERAL FORM 990 FOR THIS INFORMATION. PLEASE NOTE, DR. CIERVO PROVIDES LICENSED MEDICAL SERVICES, AS WELL AS, NON-CLINICAL SERVICES. DURING 2020, KENNEDY UNIVERSITY HOSPITAL, INC. WAS NOT REQUIRED TO FILE A FEDERAL FORM 4720 FOR ANY REMITTANCE OF EXCISE TAX RELATED TO DR. CIERVO BECAUSE THE PORTION OF HIS COMPENSATION ATTRIBUTABLE TO NON-CLINICAL SERVICES WAS NOT IN EXCESS OF \$1M AND THUS EXEMPT FROM EXCISE TAX AS PROVIDED FOR UNDER INTERNAL REVENUE CODE SECTION 4960.

ALEXANDER D. SHARNOFF, ESQ. IS AN OFFICER OF THIS ORGANIZATION'S GOVERNING BODY; AN UNCOMPENSATED POSITION. MR. SHARNOFF ALSO SERVES AS AN OFFICER OF THE GOVERNING BODY FOR SEVERAL JEFFERSON HEALTH NEW JERSEY AFFILIATES. HIS REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE KENNEDY MEDICAL GROUP PRACTICE, P.C. (EIN: 46-1420853) FEDERAL FORM 990. PLEASE REFER TO THE KENNEDY MEDICAL GROUP PRACTICE, P.C. FEDERAL FORM 990 FOR THIS INFORMATION.

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JOSEPH W. DEVINE, FACHE IS A FORMER OFFICER OF THIS ORGANIZATION. HIS REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE KENNEDY UNIVERSITY HOSPITAL, INC. (EIN: 22-1773439) FEDERAL FORM 990. PLEASE REFER TO THE KENNEDY UNIVERSITY HOSPITAL, INC. FEDERAL FORM 990 FOR THIS INFORMATION.

CORE FORM, PART VII, SECTION A, COLUMN B

THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS. CERTAIN BOARD OF TRUSTEE MEMBERS, KEY EMPLOYEES AND OFFICERS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED IN CORE FORM, PART VII OF THIS FORM 990. THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR INDIVIDUALS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS OR KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM; NOT SOLELY THIS ORGANIZATION.

CORE FORM, PART XII; QUESTION 2

THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM'S PARENT ENTITY IS THOMAS JEFFERSON UNIVERSITY ("TJU"). AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM FOR THE FISCAL YEAR ENDED JUNE 30, 2021 AND JUNE 30, 2020, RESPECTIVELY, AND ISSUED A CONSOLIDATED AUDITED FINANCIAL STATEMENT. AN UNMODIFIED OPINION WAS ISSUED BY THE INDEPENDENT CPA FIRM.

TJU'S FINANCE, ASSURANCE & COMPLIANCE COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THE SELECTION OF AN INDEPENDENT AUDITOR.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
REHAB PROFESSIONAL SERVICE, INC. 458 MORRIS AVE NEWFIELD, NJ 08344	MEDICAL	2,261,372.
ARAMARK HEALTHCARE MANAGEMENT SVCS, INC.	FOOD/CATERING	1,211,286.

Schedule O (Form 990 or 990-EZ) 2020		Page 2
Name of the organization		Employer identification number
KENNEDY HEALTH FACILITIES, INC.		22-2442032
		ATTACHMENT 1 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTO	
1178 MARCUS ROAD CHERRY HILL, NJ 08034		
GENERAL HEALTHCARE RESOURCES, INC. 261 CONNECTICUT DRIVE #5 BURLINGTON, NJ 08016	STAFFING	270,628.

STAFFING

NURSE STAFFERS, INC. 146 LAKEVIEW DRIVE GIBBSBORO, NJ 08026

ATTACHMENT 2

172,638.

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
CONTRACTED SERVICES	3,103,178.	3,103,178.	0.	0.
PURCHASED SERVICES	516,590.	516,590.	0.	0.
AGENCY/TEMP FEES	310,679.	310,679.	0.	0.
CONSULTING FEES	29,444.	29,444.	0.	0.
TOTALS	3,959,891.	3,959,891.	0.	0.

Open to Public

Inspection

ZU

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Employer identification number

22-2442032

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

KENNEDY HEALTH FACILITIES, INC.

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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	contr	512(b)(13)
						Yes	No
(1) THOMAS JEFFERSON UNIVERSITY 23-1352651							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	EDUCATION	PA	501(C)(3)	509(A)(1)	N/A		Х
(2) TJUH SYSTEM 26-3026795							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	тји		Х
(3) THOMAS JEFFERSON UNIVERSITY HOSPITALS 23-2829095							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	TJUH SYSTEM		Х
(4) JEFFERSON UNIVERSITY PHYSICIANS 23-2809585							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	TJUH SYSTEM		Х
(5) JEFFERSON UNIVERSITY PHYSICIANS OF NJ PC 46-4855345							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	JUP		Х
(6) JEFFERSON PHYSICIAN SERVICES 23-3026939							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	TJUH SYSTEM		Х
(7) JEFFERSON MEDICAL CARE 23-2858320							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	JPS		Х

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

Open to Public

Inspection

ZU

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Employer identification number

22-2442032

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

KENNEDY HEALTH FACILITIES, INC.

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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	conti	g) 512(b)(13) rolled iity?
						Yes	No
(1) METHODIST ASSOCIATES IN HEALTHCARE, INC. 23-2678055							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	TJUH SYSTEM		Х
(2) METHODIST ASSOC IN HEALTHCARE OF NJ, PC 23-3537847							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	MAHC		Х
(3) JEFFEX, INC. 23-2622009							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	TJUH SYSTEM		Х
(4) EMERGENCY TRANSPORT ASSOCIATES, INC. 23-2622004							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	501(C)(3)	509(A)(2)	JEFFEX, INC.		Х
(5) WALNUT HOME THERAPEUTICS, INC. 23-2622006							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	501(C)(3)	509(A)(2)	JEFFEX, INC.		Х
(6) SUTHBREIT PROPERTIES, LTD. 23-2214351							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	REAL ESTATE	PA	501(C)(2)		JEFFEX, INC.		Х
(7) ABINGTON HEALTH 27-1243803							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	TJU		Х

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

Schedule R (Form 990) 2020

JSA

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Inspection

ZU

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Employer identification number

22-2442032

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

KENNEDY HEALTH FACILITIES, INC.

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
(1)	-				
(2)	-				
(3)	-				
(4)	-				
(5)	-				
(6)					

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 rel	ated 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	contr	512(b)(13)
							Yes	No
(1) ABINGTON MEMORIAL HOSPITAL	23-1352152							
1101 MARKET STREET, SUITE 2004	PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	AH		Х
(2) LANSDALE HOSPITAL CORPORATION	26-3359979							
1101 MARKET STREET, SUITE 2004	PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	AH		Х
(3) ABINGTON HEALTH FOUNDATION	23-2188052							
1101 MARKET STREET, SUITE 2004	PHILADELPHIA, PA 19107	FUNDRAISING	PA	501(C)(3)	509(A)(1)	AH		Х
(4) JEFFERSON HEALTH - NORTHEAST SYSTEM	23-2239131							
1101 MARKET STREET, SUITE 2004	PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	TJU		Х
(5) JEFFERSON HEALTH - NORTHEAST	23-0596940							
1101 MARKET STREET, SUITE 2004	PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	JHNES		Х
(6) ARIA HEALTH PHYSICIAN SERVICES	23-2691968							
1101 MARKET STREET, SUITE 2004	PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	501(C)(3)	170B1AIII	JHNES		Х
(7) ARIA HEALTH ORTHOPAEDICS	46-0779942							
1101 MARKET STREET, SUITE 2004	PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	501(C)(3)	509(A)(2)	JHNES		х
		•	•	•	•			

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

Open to Public

Inspection

ZU

2

Employer identification number

22-2442032

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

KENNEDY HEALTH FACILITIES, INC.

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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	Section 5 conti	g) 512(b)(13) rolled tity?
						Yes	No
(1) PHILADELPHIA UNIVERSITY 23-1352294							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	EDUCATION	PA	501(C)(3)	509(A)(1)	TJU		Х
(2) KENNEDY HEALTH SYSTEM, INC. 22-2442036							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	NJ	501(C)(3)	509(A)(1)	TJU		Х
(3) KENNEDY UNIVERSITY HOSPITAL, INC. 22-1773439							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	NJ	501(C)(3)	HOSPITAL	KHS		Х
(4) KENNEDY PROPERTY CORPORATION 22-2442034							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	REAL ESTATE	NJ	501(C)(3)	509(A)(3)	KHS		Х
(5) STAT MEDICAL TRANSPORT, INC. 22-2443981							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	KHS		Х
(6) KENNEDY HEALTH CARE FOUNDATION, INC. 80-0550282							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	KHS		Х
(7) KENNEDY MEDICAL GROUP PRACTICE, PC 46-1420853							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	KHS		Х

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

Open to Public

Inspection

ZU

2

Employer identification number

22-2442032

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

KENNEDY HEALTH FACILITIES, INC.

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
_(0)					

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		512(b)(13) rolled
						Yes	No
(1) MAGEE REHABILITATION HOSPITAL 23-1476328							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	TJU		Х
(2) JEFFERSON HEALTH - NORTHEAST FOUNDATION 23-7318683							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	FUNDRAISING	PA	501(C)(3)	509(A)(3)	JHNE		х
(3)							
(4)							
(5)							
(6)							
(7)							

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

Page **2**

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 Dispropo allocat	ortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
							Yes	No		Yes	No	
(1) 1100 WALNUT ASSOC 23-2332396												
1101 MARKET STREET, SUITE 2004	MEDICAL OFFICE	PA	N/A									
(2) JEFF UNIV RAD ASSOC 41-2043518												
840 CRESCENT CTR DR FRANKLIN,	HEALTH SVCS.	PA	N/A									
(3) RIVERVIEW SURG CTR LP 26-39103												
3 CRESCENT DR PHILADELPHIA, PA	HEALTH SVCS.	PA	N/A									
(4) RIVERVIEW SURG CTR LLC 26-3911												
3 CRESCENT DR PHILADELPHIA, PA	HEALTH SVCS.	PA	N/A									
(5) ROTHMAN ORTHO SPEC HOSP 27-026												
11221 ROE AVE LEAWOOD, KS 6621	HEALTH SVCS.	PA	N/A									
(6) JUNIATA MED BLD 23-2450132												
1101 MARKET STREET, SUITE 2004	MEDICAL OFFICE	PA	N/A									
(7) TMB ENTERPRISE 23-2400586												
1101 MARKET STREET, SUITE 2004	MEDICAL OFFICE	PA	N/A									

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)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	ownership	1512(h	o)(13) olled ty?
(1) TJU, INC. 23-2146678								103	
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	REAL ESTATE	PA	N/A	C CORP.					х
(2) WALNUT REALTY CO. 23-2332416									
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	REAL ESTATE	PA	N/A	C CORP.					х
(3) ATRIUM CORPORATION 23-2075587									
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	N/A	C CORP.					Х
(4) HEALTHMARK, INC. 23-2259593									
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	N/A	C CORP.					Х
(5) JEFFCARE, INC. 23-2830152									
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	N/A	C CORP.					х
(6) MID-ATLANTIC MATERNAL FETAL INSTITUTE 23-2922471									
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	N/A	C CORP.					Х
(7) MID-ATLANTIC MATERNAL FETAL INSTITUTE PC 22-3536371									
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	NJ	N/A	C CORP.					Х

Schedule R (Form 990) 2020

JSA

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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	Disprop	h) nortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes	No		Yes	No	
(1) MED IMAGING ASSOC 23-2491498												
1101 MARKET STREET, SUITE 2004	HEALTH SVCS.	PA	N/A									
(2) JEFFHEDGE, LLC 45-3214379												
1301 2ND AVE SEATTLE, WA 98101	INVESTMENTS	DE	N/A									
(3) KENNEDY CH SURG. 47-2462625												
11221 ROE AVE LEAWOOD, KS 6621	SURGERY CENTER	NJ	N/A									
(4)												
(5)												
_(6)												
(7)												

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(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	Sec 512(b contr	(i) ction b)(13) rolled tity?
								Yes	No
(1) JEFFERSON PHYSICIAN SVCS OF CALIFORNIA 37-1856786									
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	CA	N/A	C CORP.					х
(2) 925 WALNUT STREET CORP. 84-1657497									
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	REAL ESTATE	PA	N/A	S CORP.					х
(3) SYSTEM SERVICE CORPORATION 23-2218944									
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HOLDING CO.	DE	N/A	C CORP.					Х
(4) HEALTH CARE, INC. 20-0214524									
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	PA	N/A	C CORP.					х
(5) T.F. DEVELOPMENT, LTD. 23-2197865									
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	REAL ESTATE	PA	N/A	C CORP.					х
(6) KENNEDY MANAGEMENT GROUP, INC. 22-3347294									
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	MANAGEMENT	NJ	N/A	C CORP.					х
(7) PROFESSIONAL MEDICAL MANAGEMENT, INC. 22-2559690									
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	COLLECTION SVCS.	NJ	N/A	C CORP.					х

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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.

		more related org	unization		araieronip daning ar								
	(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	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
		1											

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	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
							Yes No
(1) KENNEDY ACCESS INCORPORATED 47-2661672							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	INVESTMENTS	NJ	N/A	C CORP.			Х
(2) JEFFERSON HLTH NJ DIRECT PRIMARY CARE PC 84-1980055							
1101 MARKET STREET, SUITE 2004 PHILADELPHIA, PA 19107	HEALTH SVCS.	NJ	N/A	C CORP.			х
(3)	-						
(4)	-						
(5)	-						
(6)	-						
(7)	-						

KENNEDY HEALTH FACILITIES, INC.

Schedule R (Form 990) 2020

Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ye	s No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				a	X
b	Gift, grant, or capital contribution to related organization(s)			1	b	X
	Gift, grant, or capital contribution from related organization(s)					X
d	Loans or loan guarantees to or for related organization(s)			10	_	
	Loans or loan guarantees by related organization(s)				e X	<u>:</u>
f	Dividends from related organization(s)			1	f	X
g	Sale of assets to related organization(s)			19	9	X
h	Purchase of assets from related organization(s)			1	<u>ו</u>	X
i	Exchange of assets with related organization(s)				-	X
j	Lease of facilities, equipment, or other assets to related organization(s).				j	X
k	Lease of facilities, equipment, or other assets from related organization(s)				k	x
	Performance of services or membership or fundraising solicitations for related organization(s)				1	X
	Performance of services or membership or fundraising solicitations by related organization(s)				n	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				n X	<u>.</u>
	Sharing of paid employees with related organization(s)				o X	<u>.</u>
b	Reimbursement paid to related organization(s) for expenses.			1	o X	2
-	Reimbursement paid by related organization(s) for expenses				q	X
r	Other transfer of cash or property to related organization(s)			1	r	X
s	Other transfer of cash or property from related organization(s).			1:	s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including cove	ered relationships and transa	action thresho	lds.	
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method of d amount i		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(1)						
(2)						
(-)						
(3)						
(4)						
(5)						
(6)						
JSA			Sch	nedule R (For	m 990) 2020
	^{1.000} 3294NV U600			PAGE	48	

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22-2442032

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	sec 501 organiz	ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	(j) eral or aging mer?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	, ,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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Schedule R (Form 990) 2020

Part VII	Supplemental Information
	Provide additional information for responses to guestions on Schedule R. See instructions.

SCHEDULE R, PART V

THIS ORGANIZATION IS A MEMBER OF THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THIS ORGANIZATION. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND OTHER AFFILIATES. THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.

SCHEE	DULE	D
(Form	1041)

Capital Gains and Losses ► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

OMB No. 1545-0092

2020

Department of the Treasury	► Use Form 8949 to list					ℤ⋓ℤ⋃	
Internal Revenue Service	► Go to www.irs.gov/Ft	1041 for instructions a	and the latest informa	1			
Name of estate or trust		Employer identifica		iber			
KENNEDY HEALTH FACILITIES, INC. Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?					-	V N	
	.,	• •	•		Yes	X No	
	949 and see its instructions for additi need to complete only Parts I and II.	ional requirements i	or reporting your ga	11 01 1055.			
	Capital Gains and Losses - Gen	orally Assots Hol	d One Year or Le	ee (soo instructi	<u></u>		
	w to figure the amounts to enter on	lerally Assels Her					
the lines below.		(d)	(e)	(g) Adjustments	5	(h) Gain or (loss) Subtract column (e)	
This form may be easier to complete if you round off cents to whole dollars.		Proceeds (sales price)	(e) Cost (or other basis)	to gain or loss fro Form(s) 8949, Par line 2, column (g	tl, co	rom column (d) and mbine the result with column (g)	
1a Totals for all short	term transactions reported on Form						
	basis was reported to the IRS and for						
which you have no	adjustments (see instructions).						
-	oose to report all these transactions						
on Form 8949, lea	ve this line blank and go to line 1b.						
	actions reported on Form(s) 8949						
	actions reported on Form(s) 8949						
	actions reported on Form(s) 8949						
4 Short-term capita	al gain or (loss) from Forms 4684, 62	252, 6781, and 8824	••••••		4		
					_		
	ain or (loss) from partnerships, S cor				5		
-	al loss carryover. Enter the amour				~ (,	
7 Net short-term	neet. c apital gain or (loss). Combine line		aalumn (b) Entar	horo and an	6 (,	
line 17 column (3) on the back	s la thiough o m	column (n). Enter		7		
Part II Long-Term	3) on the back Capital Gains and Losses - Gen	erally Assets Hel	d More Than One	Year (see instru	uctions	<u></u>	
	w to figure the amounts to enter on			(g)		(h) Gain or (loss)	
the lines below.	w to lighte the amounts to effer of	(d)	(e) Cost	Adjustments	5	Subtract column (e)	
This form may be easier to complete if you round off cents to whole dollars.		Proceeds (sales price)	Cost (or other basis)	to gain or loss fro Form(s) 8949, Par line 2, column (g	tII, co	from column (d) and combine the result with column (g)	
8a Totals for all long-	erm transactions reported on Form						
-	basis was reported to the IRS and for						
which you have no	adjustments (see instructions).						
	oose to report all these transactions						
	ve this line blank and go to line 8b .						
	actions reported on Form(s) 8949	42,427.				42,427.	
	actions reported on Form(s) 8949 d						
	actions reported on Form(s) 8949						
	d	04 0050 0704					
	I gain or (loss) from Forms 2439, 46				11		
	in or (loss) from partnerships, S corp				12		
	ibutions				13 14		
	l loss carryover. Enter the amount, if						
Carryover Works	neet				15 ()	
-	apital gain or (loss). Combine lines (3) on the back	8a through 15 in	column (h). Enter		16	42,427.	

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2020

Sche	dule D (Form 1041) 2020					Page 2
Pa	rt III Summary of Parts I and II		(1) Beneficiaries'	(2) Est	tate's	
	Caution: Read the instructions before completing this part.		(see instr.)	or tru		(3) Total
17	Net short-term gain or (loss) 17	7				
18	Net long-term gain or (loss):					
а	Total for year	Ba				42,427.
b Unrecaptured section 1250 gain (see line 18 of the worksheet.) 18b						
	28% rate gain	Bc				
19	Total net gain or (loss). Combine lines 17 and 18a.	9				42,427.
	e: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or S					
	are net gains, go to Part V, and don't complete Part IV. If line 19, column ((sheet, as necessary.	(3),	is a net loss, comple	ete Part IV	and th	e Capital Loss Carryover
	t IV Capital Loss Limitation					
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line	e 4c.	if a trust), the smaller of:			
a	The loss on line 19, column (3) or b \$3,000				20	()
Note	: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, pactal Loss Carryover Worksheet in the instructions to figure your capital loss carryover.	ge 1	, line 23 (or Form 99	0-T, Part I,	line 11), is a loss, complete the
1						
		n (1) are gaine or on a	mount in a	ntorod	hin Dort Lor Dort II and
	n 1041 filers. Complete this part only if both lines 18a and 19 in column e is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more th			mount is e	merec	
	tion: Skip this part and complete the Schedule D Tax Worksheet in the inst					
	ither line 18b, col. (2) or line 18c, col. (2) is more than zero, or					
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.					
	n 990-T trusts. Complete this part only if both lines 18a and 19 are gains					
	T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and c	com	plete the Schedule	D Tax Wo	orkshe	et in the instructions if
eithe	er line 18b, col. (2) or line 18c, col. (2) is more than zero.					
21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, lin	ne11	1) 21			
22	Enter the smaller of line 18a or 19 in column (2)					
	but not less than zero					
23	Enter the estate's or trust's qualified dividends					
	from Form 1041, line 2b(2) (or enter the qualified					
	dividends included in income in Part I of Form 990-T) 23					
24	Add lines 22 and 23					
25	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g; otherwise, enter -0 > 25					
26	Subtract line 25 from line 24. If zero or less, enter -0		26			
27	Subtract line 26 from line 21. If zero or less, enter -0		27			
28	Enter the smaller of the amount on line 21 or \$2,650		28			
29	Enter the smaller of the amount on line 27 or line 28		29			
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is tax	ed a	at 0%	🕨	30	
31	Enter the smaller of line 21 or line 26		31			
32	Subtract line 30 from line 26		32			
33	Enter the smaller of line 21 or \$13,150		33			
34	Add lines 27 and 30		34			
35	Subtract line 34 from line 33. If zero or less, enter -0		35			
36	Enter the smaller of line 32 or line 35		36			
37	Multiply line 36 by 15% (0.15)			🕨	37	
38	Enter the amount from line 31		38			
39	Add lines 30 and 36		39			
40	Subtract line 39 from line 38. If zero or less, enter -0-		40			
41	Multiply line 40 by 20% (0.20)			►	41	
42	Figure the tax on the amount on line 27. Use the 2020 Tax Rate Schedule for Esta	ates				
	and Trusts (see the Schedule G instructions in the instructions for Form 1041) .		42			
43	Add lines 37, 41, and 42		43			
44	Figure the tax on the amount on line 21. Use the 2020 Tax Rate Schedule for Esta	ates				
	and Trusts (see the Schedule G instructions in the instructions for Form 1041) .		44			
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here	e ai	nd on Form 1041, S	Schedule		
	G, Part I, line 1a (or Form 990-T, Part II, line 2)			🕨	45	

Schedule D (Form 1041) 2020

Form 8949 (2020)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number	

KENNEDY HEALTH FACILITIES, INC.

Social security number or taxpayer identification number 22-2442032

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e) in the separate instructions	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Co.)					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
SECURITIES	VARIOUS	VARIOUS	42,427.				42,427.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and incluis checked), line	ude on your 9 (if Box E	42,427				42,427.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.