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 Internal Revenue Service

▶ 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.

Inspection

OMB No. 1545-0047

<u>A</u>	For the	2020 calendar year, or tax year beginning and ending	<u>g</u>		
В	Check if	C Name of organization		D Employer identif	ication number
á	applicable	ROBERT F. KENNEDY CENTER FOR JUSTICE			
	Addres				
	Name change	Doing business as ROBERT F. KENNEDY HUMAN RIGHTS		13-25227	84
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite	E Telephone numb	
	Final return/ termin-	1300 19TH STREET, NW 750	_	(202) 54	
_	termin- ated			G Gross receipts \$	36,351,693.
Ļ	return	WASHINGTON, DC 20030		H(a) Is this a group	
	Applica tion pendin	a		for subordinate	
_	·	SAME AS C ABOVE	,	H(b) Are all subordinates	
		mpt status: X 501(c)(3)	527		a list. See instructions
		e: WWW.RFKHUMANRIGHTS.ORG		H(c) Group exempti	
	orm of art I	organization: X Corporation Trust Association Other ► L Summary	Year c	of formation; 1968	M State of legal domicile: DC
Г	_	-	DEG	CDECM EOD U	TIMAN DICUMO
ė	1	Briefly describe the organization's mission or most significant activities: ADVANCE AND SOCIAL JUSTICE, PROMOTE INDIVIDUAL ACTIO		SPECI FOR H	UMAN KIGHIS
Governance	_ :	Check this box if the organization discontinued its operations or disposed of the continued its operations.		than OEO/ of its not or	no ato
Jerr	3				1
9	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			
		Total number of individuals employed in calendar year 2020 (Part V, line 1a)			
ties	6				
Activities &	70	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			+
Ą	h	Net unrelated business taxable income from Form 990-T, Part I, line 11			
_	5	Net differed business taxable income from 1 offi 330-1, 1 art 1, life 11	<u> </u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		18,203,666.	
Пe	9			27,175.	
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		423,366.	
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-482,677.	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,171,530.	
_	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		474,772.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,089,425.	
Ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		472,800.	
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 1,568,466.			330,000
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,950,343.	3,560,110.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,987,340.	
	1	Revenue less expenses. Subtract line 18 from line 12		7,184,190.	
or or	3	,	Bed	inning of Current Year	End of Year
Assets or	20	Total assets (Part X, line 16)		63,899,123.	
Ass	21	Total liabilities (Part X, line 26)		8,604,153.	
Set .	-	Net assets or fund balances. Subtract line 21 from line 20		55,294,970.	61,327,486.
Pa	art II	Signature Block			
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and st	atemei	nts, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer l	nas any knowledge.	
Sig	n	Signature of officer		Date	
Her	e e	MICHAEL SCHREIBER , CHIEF OPERATING OFFICE	ER		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	- 1	ate Check	PTIN
Paid	d	MICHAELA J. CROMAR, CPA MICHAELA J. CROMAR,	1	1/15/21 self-empl	
	parer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN ▶	41-0746749
Use	Only	Firm's address > 901 N. GLEBE ROAD, SUITE 200			
		ARLINGTON, VA 22203		Phone no. 5	71-227-9500
Ma	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

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Par	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ROBERT F. KENNEDY BOLDLY FACED TOUGH PROBLEMS AND CHALLENGED THE
	COMFORTABLE AND COMPLACENT. HE BELIEVED THAT INDIVIDUAL ACTION COULD
	OVERCOME INJUSTICE AND OPPRESSION. HE AWAKENED UNKNOWN STRENGTHS AND
	INSPIRED A GENERATION TO CHANGE THE WORLD. ESTABLISHED IN 1968 BY
2	Did the organization undertake any significant program services during the year which were not listed on the
_	T7
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,245,829. including grants of \$ 798,473.) (Revenue \$
	PARTNERS FOR HUMAN RIGHTS (PHR):
	THE ROBERT F. KENNEDY PARTNERS FOR HUMAN RIGHTS (RFK PHR) IS THE
	ORGANIZATION'S ADVOCACY AND LITIGATION ARM. RFK PHR LEVERAGES
	PROFESSIONAL HUMAN RIGHTS STAFF, BOARD AND LEADERSHIP COUNCIL, AND
	THEIR NETWORKS TO ADVOCATE FOR THE CHANGE SOUGHT BY THE ORGANIZATION'S
	PARTNER ACTIVISTS ON THE GROUND; THESE INCLUDE HOLDING GOVERNMENTS
	ACCOUNTABLE AND CHANGING POLICIES AND ACTIONS OF GOVERNMENTS,
	INTERGOVERNMENTAL ORGANIZATIONS, AND CORPORATIONS TO BUILD A MORE JUST
	AND PEACEFUL WORLD. RFK PHR USES CUTTING EDGE METHODS AND INNOVATIVE
	TOOLS INCLUDING LITIGATION, ADVOCACY, CAPACITY-BUILDING, DATA
	COLLECTION, AND DOCUMENTING AND REPORTING ABUSES, AS WELL AS LAUNCHING
	AWARENESS AND EDUCATION CAMPAIGNS AIMED AT ACHIEVING SOCIAL JUSTICE
4b	(Code:) (Expenses \$1,545,058
	SPEAK TRUTH TO POWER(STTP):
	AT RKFHR, WE UNDERSTAND THE IMMINENT NEED TO PROVIDE TRANSFORMATIVE AND
	SYSTEMATIC HUMAN RIGHTS EDUCATION TO PREVENT VIOLATIONS FROM OCCURRING.
	ALIGNED WITH THE PRINCIPLES OF THE DECLARATION OF HUMAN RIGHTS
	EDUCATION AND TRAINING, SPEAK TRUTH TO POWER (STTP), IS: 1) ABOUT HUMAN
	RIGHTS, WHICH INCLUDES PROVIDING KNOWLEDGE OF THE HUMAN RIGHTS
	FRAMEWORK AND THE MECHANISMS FOR ITS PROTECTION; 2) THROUGH HUMAN
	RIGHTS, WHICH INCLUDES LEARNING AND TEACHING IN A WAY THAT RESPECTS THE
	RIGHTS OF EDUCATORS AND STUDENTS; AND 3) FOR HUMAN RIGHTS, WHICH
	INCLUDES EMPOWERING STUDENTS TO RECOGNIZE AND PROTECT THEIR RIGHTS AND
	THOSE OF OTHERS. UNDER THIS FRAMEWORK AND THROUGH STORYTELLING, STTP
	CONSTRUCTS A WORLD IN WHICH HUMAN RIGHTS EDUCATION IS INGRAINED INTO
4c	(Code:) (Expenses \$1, 088, 933. including grants of \$) (Revenue \$)
	THE COMMUNICATION DEPARTMENT PRODUCES ORGANIZATIONAL LITERATURE SUCH AS
	BROCHURES, REPORTS, INFORMATION KITS, ETC. FOR THE ORGANIZATION IN
	GENERAL, AND FOR SPECIFIC PROGRAMS IN PARTICULAR THAT CAN BE USED FOR
	OUTREACH TO NEW AND EXISTING CONSTITUENCIES, DEVELOPMENT PURPOSES, AND
	MEDIA OUTREACH AND EDUCATION.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,874,491. including grants of \$ 204,851.) (Revenue \$ 0.)
<u>4e</u>	Total program service expenses ► 6 , 754 , 311 .
	Form 990 (2020

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Part IV | Checklist of Required Schedules

ROBERT F. KENNEDY CENTER FOR JUSTICE

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

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Par	TIV 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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		v
	Schedule K. If "No," go to line 25a	24a		<u> X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
C		24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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	00-	х	
h	"Yes," complete Schedule L, Part IV	28a 28b	X	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200	- 21	
·	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
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		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(2) organizations. Did the organization make any transfers to an exempt non charitable related organization?	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-00		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	990	(2020)
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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 48								
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 e-file (see instructions)								
За	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									
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
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						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		Х					
	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h							
_	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
	Section 501(c)(7) organizations. Enter:	0.5							
	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	1							
	Section 501(c)(12) organizations. Enter:	1							
	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.)								
12a	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	124							
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1							
	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.	-iou							
	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								
	Enter the amount of reserves on hand								
	Did the consideration which are considered to be described as the described as the formation of the described as the describe	14a		X					
	K INC. 11 J. 15 J. T.	14b	\vdash						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	175							
	excess parachute payment(s) during the year?	15		х					
	If "Yes," see instructions and file Form 4720, Schedule N.	13							
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
		10							
	If "Yes," complete Form 4720, Schedule O.								

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

	Charle if Calcade la O contains a warman and the annuling in this Book VI			X
S00	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			Λ
<u> </u>	tion A. Governing body and Management		V	
			Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year 1a 42	-		
	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	-		
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	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 the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
_	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ıva		16a		
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filed ►AK, AL, AR, AZ, CA, CT, FL, GA, IL	. KS	ΚΥ	MΔ
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)			
10	for public inspection. Indicate how you made these available. Check all that apply.	orny)	uvandi	JIC .
10	(l fine	iol	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıınand	ıaı	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records PRIGETTE WALLACE – (202) 545-6671			
	1300 19TH STREET NW, SUITE 750, WASHINGTON, DC 20036			
	GER GOVERNILE O ROD BUILT LIGHT OF GRANDS	Γο	gan	(2020)
J32006	12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES	LOUI	550	ZUZU)

AND HUMAN RIGHTS

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

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

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.

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

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

(A) Name and title	(B) Average hours per	(do box	not c	Posi heck i	ition		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) KERRY KENNEDY	37.50	х		v				250 562	0	44 210
PRESIDENT OF RFKHR (2) JEFFREY SIMINOFF	37.50	Λ		Х				350,562.	0.	44,219.
	37.30	1				x		207 271	0.	24 050
(3) MICHAEL SCHREIBER	37.50					^		287,371.	0.	34,859.
CHIEF OPERATING OFFICER	37.30	1		х				288,121.	0.	49,966.
(4) LYNN DELANEY	37.50							200,121.	0.	4 2,200•
SENIOR ADVISER/EXECUTIVE DIRECTOR	37.30	1		х				223,574.	0.	47,780.
(5) WADE MCMULLEN	37.50			25				223,374.	•	±1,100 .
SENIOR VP. PROGRAMS AND LEGAL STRATE	37.55	1				x		161,570.	0.	24,777.
(6) SANCIA DALLEY	37.50					 			• • •	
SENIOR VP, COMPASS INVESTOR PROGRAM		1				x		165,055.	0.	20,730.
(7) ANGELITA BAEYENS	37.50							,	-	,
VP, INTERNATIONAL ADVOCACY & LITIGAT						X		147,142.	0.	32,200.
(8) ELIZABETH GILDERSLEEVE	37.50									
COMMUNICTIONS DIRECTOR						Х		160,927.	0.	18,941.
(11) ETHEL KENNEDY	2.00									
FOUNDER		Х		Х				0.	0.	0.
(12) ROBERT F. SMITH	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(13) TERRY MAZANY	2.00									
CO-VICE CHAIR		Х		Х				0.	0.	0.
(14) ELISA MASSIMINO	2.00									
SECRETARY		Х		Х				0.	0.	0.
(15) ANTHONY WILLIAMS	2.00	1								_
TREASURER		Х		Х				0.	0.	0.
(16) FRANK A. BAKER	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(17) PETER BARBEY	2.00								_	•
BOARD MEMBER	2 22	Х				_	_	0.	0.	0.
(18) HARRY BELAFONTE	2.00	٦,							_	^
BOARD MEMBER	2 00	Х						0.	0.	0.
(19) TONIO BURGOS BOARD MEMBER	2.00	Х						0.	0.	0.
032007 12-23-20	l	Λ		<u> </u>				<u> </u>	0.	Form 990 (2020)

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Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)	
(A) (B)				(C)			(D)	(E)	(F)
Name and title	Average	(44.0	not ch	Posi				Reportable	Reportable	Estimated
	hours per	box	, unles	s per	son i	s both	n an	compensation	compensation	amount of
	week		cer and	d a dii	recto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	or di	e			ated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	trust		æ	Suadu		(W-2/1099-MISC)		organization and related
	below	dual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(20) NELDA CONNORS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(21) DR. STEPHEN DECHERNEY	2.00								_	
BOARD MEMBER		Х						0.	0.	0.
(22) PETER B. EDELMAN	2.00	l								
BOARD MEMBER		Х						0.	0.	0.
(23) MARK E. FREITAS	2.00	l								
BOARD MEMBER	2 00	Х						0.	0.	0.
(24) MARK GEARAN	2.00	₹.							0.	
BOARD MEMBER (25) KENNETH GOLDMAN	2.00	Х	\vdash					0.	0.	0.
BOARD MEMBER	2.00	Х						0.	0.	0.
(26) CLAUDIO GROSSMAN	2.00								0.	
BOARD MEMBER		Х						0.	0.	0.
(27) PHILIP W. JOHNSTON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(28) JOSEPH KENNEDY, III	2.00									
BOARD MEMBER		Х						0.	0.	
1b Subtotal							>	1,784,322.	0.	
c Total from continuation sheets to Part VII	, Section A							0.	0.	
							<u> </u>	1,784,322.	0.	273,472.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	12
compensation from the organization										Yes No
3 Did the organization list any former officer,	director tructo	امد	ω, _Δ	mnl	OVA	9 Or	hia	heet compensated emp	ovee on	163 160
line 1a? If "Yes," complete Schedule J for su									Oyee on	3 X
4 For any individual listed on line 1a, is the su									ne organization	
and related organizations greater than \$150	•		•					•	· ·	4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ch c	ers	on .				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest cor	npensated ind	lepe	nden	nt co	ntra	acto	rs th	nat received more than \$	100,000 of compens	ation from
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	ith c	or wi	thin T		ear.	
(A) Name and business	addross							(B) Description of s	onvicos	(C) Compensation
TAYLORMADE EXPERIENCE, LL							_	Description of s	ervices	Compensation
9007 OAK PLACE, BETHESDA,		17						EVENT CONSUL'	י אות	380,000.
JOOT CAR THACE, BETHESDA,	MD 200						┪	EVENT CONDOL	IANI	300,000.
O Tatal as well as a find a sand and a saturation of in	soluding but n	~# Ii	nito -	+		a li-	+061	aboutal who received as	are then	

\$100,000 of compensation from the organization ► 1
SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 AND HUM	AN RIGHTS								13-252	<u> </u>
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	'n				loyee		the	organizations	compensation
	(list any hours for	director -				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	5	stee			nsate		(** 2/ 1033 (**100)		and related
	organizations	trust	al tru		yee	lad uuc				organizations
	below	ndividual trustee	Institutional trustee	.er	Key employee	Highest compensated employee	ner			
	line)	Indi	Insti	Officer	Key	High	Former			
(29) NICLAS KJELLSTROM-MATSEKE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(30) KIM DAVIS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(31) KAREN MEHIEL	2.00									
BOARD MEMBER		Х						0.	0.	0.
(32) B. SCOTT MINERD	2.00									
BOARD MEMBER		Х						0.	0.	0.
(33) JAMES J. PINTO	2.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(34) MICHAEL H. POSNER	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(35) JOHN W. ROGERS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(36) MARVIN S. ROSEN	2.00	l								
BOARD MEMBER		Х						0.	0.	0.
(37) THASUNDA BROWN DUCKETT	2.00	l							•	
BOARD MEMBER	1 2 20	Х						0.	0.	0.
(38) CARA KENNEDY-CUOMO	2.00	3,7						_	0	•
BOARD MEMBER	1 2 00	Х						0.	0.	0.
(39) JEFFREY A. SACHS	2.00	37						0.	0	_
BOARD MEMBER (40) HENRY S. SCHLEIFF	2.00	Х						0.	0.	0.
BOARD MEMBER	2.00	х						0.	0.	0.
(41) MARTIN SHEEN	2.00	Λ						0.	0.	0.
BOARD MEMBER	2.00	х						0.	0.	0.
(42) PEDRO TORRES-MACKIE	2.00	Δ						0.	0.	0.
BOARD MEMBER	2.00	Х						0.	0.	0.
(43) DONATO J. TRAMUTO	2.00	-25						•	•	•
BOARD MEMBER	2.00	Х						0.	0.	0.
(44) BARRY VOLPERT	2.00								0.1	
BOARD MEMBER		х						0.	0.	0.
(45) BETTY LIU	2.00								31	
BOARD MEMBER		х						0.	0.	0.
(46) JOSE' FELICIANO	2.00									
BOARD MEMBER		х						0.	0.	0.
(47) DOUGLAS T. HICKEY	2.00									
BOARD MEMBER		х						0.	0.	0.
(48) STEFANO LUCCHINI	2.00									
BOARD MEMBER		х	ı		ı	l		0.	0.	0.

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Form 990 AND HUMA.	N RIGHTS								13-252	<u> </u>
Form 990 AND HUMA. Part VII Section A. Officers, Directors, Tri	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employ	ees (continued)	
(A) Name and title	(B) Average			(0	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per	(c			that		ly)	compensation from	compensation from related	amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatior from the organization and related organizations
49) SUSHMA RAMAN	2.00									_
BOARD MEMBER		Х						0.	0.	0
50) MARYANN TURKE BOARD MEMBER	2.00	x						0.	0.	0
51) RANDI WEINGARTEN	2.00	Λ						0.	0.	0
SOARD MEMBER	2.00	Х						0.	0.	0
		_								
	1		1	i	1	ı		i	I	

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues 3,803,687. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 12,501,220 1f g Noncash contributions included in lines 1a-1f 1g |\$ 16,304,907. h Total. Add lines 1a-1f **Business Code** 2 a AWARD ENTRY FEES 900099 20,850, 20,850. Program Service Revenue b f All other program service revenue 20,850. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 327,494 327,494 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 19,612,476. assets other than inventory b Less: cost or other basis 19,204,450. Other Revenue and sales expenses 7b c Gain or (loss) 7с 408,026. 408,026. 408,026. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 3,803,687. of contributions reported on line 1c). See Part IV, line 18 83,327 276,804, **b** Less: direct expenses -193,477 -193,477. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS INCOME 900099 2,639. 2,639 b d All other revenue 2,639 e Total. Add lines 11a-11d 16,870,439. 0. 565,532. Total revenue. See instructions

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13-2522784 Page 10 Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 675,740. 675,740. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 10,755. 10,755. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 316,829. 316,829. Benefits paid to or for members Compensation of current officers, directors, 1,004,221 443,617. 228,983. 331,621. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 64,556. 3,447,064. 2,314,391. 1,068,117. Other salaries and wages 7 Pension plan accruals and contributions (include 183,742. 49,525. 132,486. 1,731. section 401(k) and 403(b) employer contributions) 997,936. 661,368. 259,610. 76,958. Other employee benefits 9 309,052. 200,927. 80,109. 28,016. 10 Payroll taxes Fees for services (nonemployees): Management 49,692. 49,692. Legal 59,107. 59,107. Accounting Lobbying 380,000. 130,753. 380,000. Professional fundraising services. See Part IV, line 17 130,753. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 105,981. 1,206,698. 980,503. 120,214. column (A) amount, list line 11g expenses on Sch O.) 78,730. 41,524. 31,627. 5,579. Advertising and promotion 12 153,206. 35,595. 48,979. 68,632. Office expenses 13 122,143. 30,354. 83,997. 7,792. Information technology 14 15 Royalties 17,255. 24,520. 643,680. 601,905. 16 Occupancy 200,761. 52,724. 146,820. 1,217. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 182,368. 90,268. 91,658. 442. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 136,481. 23,570. 110,391. 2,520. Depreciation, depletion, and amortization 22 55,922. 55,922. 23 Other expenses. Itemize expenses not covered 24 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.) 42,156. 321,256. 363,412. BAD DEBT EXPENSE DUES & SUBSCRIPTIONS 130,873. 43,167. 33,597. 54,109. -749,082. 90,256. 658,826. INDIRECT COSTS С d 18,592. 46,284. 24,412. 3,280. All other expenses 10,885,449. 6,754,311. 2,562,672. 1,568,466. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization

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reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

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Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,184,880.	1	3,993,732.
	2	Savings and temporary cash investments			3,351,032.	2	817,979.
	3	Pledges and grants receivable, net			5,588,099.	3	4,769,690.
	4	Accounts receivable, net			1,145,420.	4	990,182.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		6			
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1.60 4.00	8	62 722
⋖	9	Prepaid expenses and deferred charges			168,432.	9	63,739.
	10a	Land, buildings, and equipment: cost or other		1 727 220			
	_	basis. Complete Part VI of Schedule D	10a	1,/3/,230.	E40 626		060 725
		Less: accumulated depreciation	10b	170,495.	549,636.		
	11	Investments - publicly traded securities	12,489,987.		16,497,091.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14 15	Intangible assets Other assets. See Part IV, line 11	36,421,637.	14 15	36,161,413.		
	16	Total assets. Add lines 1 through 15 (must equa			63,899,123.	16	64,254,561.
	17	Accounts payable and accrued expenses		1,015,330.		917,773.	
	18	Grants payable		, ,	18	,	
	19	Deferred revenue	0.	19	20,304.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F				21	
Ś	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	ns		22		
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated		Г		24	750,700.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			7 500 000		1 220 200
		of Schedule D			7,588,823. 8,604,153.		1,238,298. 2,927,075.
	26	Total liabilities. Add lines 17 through 25	alr bava	Y	0,004,133.	26	2,921,075.
S		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ck nere				
nce.	27	Net assets without donor restrictions		t	13,846,189.	27	14,463,512.
3ala	28	Net assets with donor restrictions	41,448,781.	28	46,863,974.		
βE		Organizations that do not follow FASB ASC 95					
표		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds		Ī		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net	32	Total net assets or fund balances			55,294,970.	32	61,327,486.
	33	Total liabilities and net assets/fund balances			63,899,123.	33	64,254,561.

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AND HUMAN RIGHTS 13-2522784 Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 16,870,439. Total revenue (must equal Part VIII, column (A), line 12) 1 10,885,449. Total expenses (must equal Part IX, column (A), line 25) 2 2 5,984,990. Revenue less expenses. Subtract line 2 from line 1 3 55,294,970. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 850,227. 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses -802,7018 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 61,327,486. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Nο X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis X Separate basis Consolidated basis X **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Х За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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Form 990 (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

ROBERT F. KENNEDY CENTER FOR JUSTICE **Employer identification number** Name of the organization AND HUMAN RIGHTS 13-2522784 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

064 - 0381

Schedule A (Form 990 or 990-EZ) 2020 AND HUMAN RIGHTS

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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	71		,			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(=, == : =	(-)	(-/	(-)	(-,	(-,
	membership fees received. (Do not						
		10496055.	9690229.	42942139.	18203666.	16304907.	97636996.
2	Tax revenues levied for the organ-						
	ization'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	10496055.	9690229.	42942139.	18203666.	16304907.	97636996.
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)						4956486.
	Public support. Subtract line 5 from line 4.						92680510.
	tion B. Total Support	1 1		Γ	ı	1	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
		10496055.	9690229.	42942139.	18203666.	16304907.	97636996.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	96,321.	158,271.	224 465	436,820.	227 404	1343371.
•	and income from similar sources	90,321.	130,2/1.	324,403.	430,020.	321,494.	13433/1.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,742.	94.	5,137.		2,639.	9,612.
11	Total support. Add lines 7 through 10	1,7120	7 2 4	371371			98989979.
	Gross receipts from related activities,	etc (see instruction	ine)				,167,799.
	First 5 years. If the Form 990 is for the	•	,	fourth, or fifth tax v	vear as a section 5		,==:,,:==
	organization, check this box and stop						
Sec	tion C. Computation of Publi						
	Public support percentage for 2020 (I			column (f))		14	93.63 %
	Public support percentage from 2019					15	88.56 %
	33 1/3% support test - 2020. If the					ore, check this bo	x and
	stop here. The organization qualifies						▶ ▼
b	33 1/3% support test - 2019. If the	organization did no	t check a box on I				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	t - 2019. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circum	stances test, che	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 AND HUMAN RIGHTS

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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

Section A. Public Support	below, please comp	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	(5) 2017	(0) 2010	(4) 2010	(0) 2020	(1) 10141
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 bus- iness under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
check this box and stop here						>
Section C. Computation of Pub	lic Support Per	rcentage				
15 Public support percentage for 2020	(line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	2020 (line 10c, colu	mn (f), divided by l	ne 13, column (f))		17	%
18 Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2020. If th					33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2019. If the	and stop here. The	organization qual	fies as a publicly s	supported organiza	ation	
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization						

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Schedule A (Form 990 or 990-EZ) 2020

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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
100		
10a		
10b		

Schedule A (Form 990 or 990-EZ) 2020 AND HUMAN RIGHTS 13-2522784 Page 5 Supporting Organizations (continued) Part IV Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described in line 11a above? 11b c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No 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 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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 1 the supported organization(s) Section D. All Type III Supporting Organizations Yes No 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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? If "Yes," describe in Part VI the role the organization's 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). 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. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. 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 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. За 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.

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Schedule A (Form 990 or 990-EZ) 2020 AND HUMAN RIGHTS 13-2522784 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4

Schedule A (Form 990 or 990-EZ) 2020

5

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

5

6

Income tax imposed in prior year

instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2020 AND HUMAN RIGHTS 13-2522784 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 **a** From 2015 **b** From 2016 c From 2017 d From 2018 e 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.

Schedule A (Form 990 or 990-EZ) 2020

and 4c. 8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

7 Excess distributions carryover to 2021. Add lines 3j

Schedule A	(Form 990 or 990-EZ) 2020 AND HUMAN RIGHTS	13-2522784 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
	(See instructions.)	
		_
		_

AND HUMAN RIGHTS 13-2522784

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
B. SCOTT MINERD	2,211,122.	231,322
FUND II FOUNDATION	6,704,964.	4,725,164
otal Excess Contributions to Schedule A, Part II, Line 5		4,956,486

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS

Employer identification number

13-2522784

Organization type (check one):				
Filers of	:	Section:		
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		527 political organization		
Form 99	0-PF	501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
	For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special	Rules			
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.		
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.		
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year		
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to		

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
ROBERT F. KENNEDY CENTER FOR JUSTICE
AND HUMAN RIGHTS

Employer identification number

13-2522784

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID WANG 7575 PELICAN BAY BLVD, APT 1902 NAPLES, FL 34108	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DANIEL SPRINGER 221 MAIN STREET, SUITE 1500 SAN FRANCISCO, CA 94105	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GLEN TULLMAN 222 MERCHANDISE MART #2024 CHICAGO, IL 60654	\$ 421,584.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	VISTA EQUITY PARTNERS 401 CONGRESS AVENUE, SUITE 3100 AUSTIN, TX 78701	\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ARIZONA COMMUNITY FOUNDATION 2201 E. CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	\$ 865,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
ROBERT F. KENNEDY CENTER FOR JUSTICE
AND HUMAN RIGHTS

Employer identification number

13-2522784

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

	rganization T F. KENNEDY CENTER FOR	JUSTICE			Employer identification number
	UMAN RIGHTS	0001101			13-2522784
Part III) through (e) and the following licharitable, etc., contributions of \$1,0	ne entry. For o	rganizations	nat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(1) Town (1)			
	Transferee's name, address, ar	(e) Transfer (elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
	Transferee's name, address, ar	(e) Transfer o		elationship of tra	nsferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS

Employer identification number 13-2522784

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar F	unds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
	•	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in dono	r advised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other pu	rpose conferring
	impermissible private benefit?		X Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) 🔲 Preserva	ation of a historically important land area
	Protection of natural habitat	Preserva	ation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the	e form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic	structure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated	by the organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcin	ng conservation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing co	nservation easements during the year
_	\$		6.74.74
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		•
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial s	statements that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures	or Other Similar Assets
. u	Complete if the organization answered "Yes" on Form	•	or other ominar Addeto.
12	If the organization elected, as permitted under FASB ASC 958		ment and halance cheet works
ıu	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan	, ,	•
h	If the organization elected, as permitted under FASB ASC 958		
b	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:	exhibition, education, or research	in furtherance of public service,
			•
	(i) Revenue included on Form 990, Part VIII, line 1		L L
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	acurae or other cimilar accets for fi	
~	the following amounts required to be reported under FASB A		nanolai gain, provide
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets in alluded in Faure 2000, Dort V		▶
			-

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

Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets	Sche		AN RIGHTS				13	-252	22784	: Pa	ıge 2
a Public exhibition d	Par	t III Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or Oth	ner S	milar A	ssets	(contin	ued)	
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	e signit	ficant use	of its			
b Scholarly research e		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets 1 1 1 1 1 1 1 1 1	а	Public exhibition	d	Loan or excl	nange program						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	b		е	Other							
Soluting the year, did the organization solicit or receive donations of art, historical breasures, or other similar assets to be sold to raise funds rather than to be maintained as part of 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 an angust, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No	С	X Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X, line 21 and 1 de land on Form 990. Part X line 21 and 1 de land on Form 990. Part X line 21 and 1 de land land or line 1 de land of the organization include an amount on Form 990, Part X, line 21 and 1 de land land land land land land land land	4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's e	kempt	purpose ir	n Part)	KIII.		
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV Yes No bit Yes, "explain the arrangement in Part XIII and complete the following table: C Beginning balance	5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	ures, or other sim	ilar ass	ets				
Teported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?										X	No
Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the organization	n answered "Yes"	on Fo	m 990, Pa	art IV, li	ne 9, or		
on Form 990, Part X? c Beginning balance d Additions during the year e Distributions during the year e Distributions during the year f Ending balance 3 bit "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d											
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	or other assets n	ot incl	uded				
d Additions during the year e Distributions during the year f Ending balance 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 Part V Endowment Funds. Complete if the organization answered Yes, or Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Scott Part VIII (d) Three years back (e) Four years back (e)								L	Yes		No
C Beginning balance 1c	b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:							
d Additions during the year Ele									Amount		
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	С	Beginning balance					1c				
t Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d	Additions during the year					1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year					1e				
Describe in Part XIII Check here if the explanation has been provided on Part XIII Check here if the organization answered "Yes" on Form 990, Part IX, line 10. The provided on Part XIII Part XIII Check here if the organization answered "Yes" on Form 990, Part IX, line 10. The provided on Part XIII P	f	Ending balance					1f				
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2 a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial account lia	bility?		L	Yes	Щ	No
a Beginning of year balance 2,300,208. 2,281,254. 1,733,452. 1,564,752. 1,497,990. b Contributions 4,400. -124,872. 703,822. 121,126. 78,833. c Net investment earnings, gains, and losses 155,974. 215,487. -87,159. 126,148. 67,428. d Grants or scholarships 73,832. 71,661. 68,861. 78,574. 79,499. f Administrative expenses 2,386,750. 2,300,208. 2,281,254. 1,733,452. 1,564,752. e Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 94.9300 96. e Term endowment											
1a Beginning of year balance 2,300,208. 2,281,254. 1,733,452. 1,564,752. 1,497,990. b Contributions 4,400. -124,872. 703,822. 121,126. 78,833. c Net investment earnings, gains, and losses of Grants or scholarships 155,974. 215,487. -87,159. 126,148. 67,428. e Other expenditures for facilities and programs 73,832. 71,661. 68,861. 78,574. 79,499. f Administrative expenses and programs 2,386,750. 2,300,208. 2,281,254. 1,733,452. 1,564,752. g End of year balance 2,386,750. 2,300,208. 2,281,254. 1,733,452. 1,564,752. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 80ard designated or quasi-endowment ► % b Permanent endowment ► 94.930.0 % % Yes No. The percentages on lines 2a, 2b, and 2c should equal 100%. 3a.(i) Interest and administered for the organization by: 3a.(i) X (i) Unrelated organizations 3a.(i) X 3a.(i) X (ii) Related organizations 3a.(i) X 3a.(ii) Related organizations 3a.(i) X 4 Describe in Part XIII the	Par	Endowment Funds. Complete i						Т			
b Contributions										•	
to Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2,386,750, 2,300,208, 2,281,254, 1,733,452, 1,564,752. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 94.9300 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment tonds 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 (iii) Related organizations The percentage of the current year end balance (line 1g, column (a)) held as: Yes No	1a		· · ·						1,		
d Grants or scholarships e Other expenditures for facilities and programs 73,832, 71,661, 68,861, 78,574, 79,499. f Administrative expenses g End of year balance 2,386,750, 2,300,208, 2,281,254, 1,733,452, 1,564,752. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	b		· · · · · ·	•	•	_					
e Other expenditures for facilities and programs	С		155,974.	215,487.	-87,159	·	126,	148.		67,4	128.
and programs	d					_					
F Administrative expenses 2,386,750, 2,300,208, 2,281,254, 1,733,452, 1,564,752, 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % % % % % % % % %	е	Other expenditures for facilities	=2 222					,			
g End of year balance		. •	73,832.	71,661.	68,861	•	78,	574.		79,4	199.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 94 ⋅ 93 0 0	f		0.005.750		0 001 05	.		450			
a Board designated or quasi-endowment ▶	g					٠.	1,733,	452.	1,	564,7	/52.
b Permanent endowment ▶ 94.9300	2	·	ent year end balance) held as:						
c Term endowment ▶ 5.0700 % 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 (iii) Related organizations (iii) Respective 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 1a Land b Buildings c Leasehold improvements 469,971. 176,914. 293,057. d Equipment 60ther 60the				_%							
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 (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) If "Yes" on line 3a(ii), are the related organization's 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 469,971. 176,914. 293,057. d Equipment 540,034. 540,034.											
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 (investment) b Buildings c Leasehold improvements d Equipment e Other Other 886,082. 346,034. 540,048.	С	•									
Vest No			•								
(ii) Unrelated organizations (iii) Related organizations (iv) Related	За		ssion of the organiza	tion that are held an	d administered to	the o	rganızatıor	1	Г		
(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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements 469,971. 176,914. 293,057. d Equipment 90, Part X, line 10. (a) Book value 1a Land 1b Buildings 1c Leasehold improvements 469,971. 176,914. 293,057. 1c Equipment 886,082. 346,034. 540,048.		-								Yes	
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 (investment) b Buildings c Leasehold improvements d Equipment e Other Shading as required on Schedule R? (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1293,057. 176,914. 293,057. 127,630. 886,082. 346,034. 540,048.										\dashv	
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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 469,971. 176,914. 293,057. d Equipment 381,177. 253,547. 127,630. e Other 886,082. 346,034. 540,048.		(ii) Related organizations								\dashv	
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 1a Land Buildings C Leasehold improvements 469,971. 176,914. 293,057. d Equipment 381,177. 253,547. 127,630. e Other 886,082. 346,034. 540,048.									36		—
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	_			wment funds.							—
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	ı uı			Dort IV line 11e S	oo Form 000 Dort	V lino	.10				
basis (investment) basis (other) depreciation 1a Land 469,971 176,914 293,057 c Leasehold improvements 469,971 176,914 293,057 d Equipment 381,177 253,547 127,630 e Other 886,082 346,034 540,048				<u> </u>	<u> </u>			Т	(-I) D I		
1a Land b Buildings c Leasehold improvements 469,971. 176,914. 293,057. d Equipment 381,177. 253,547. 127,630. e Other 886,082. 346,034. 540,048.		Description of property	' '		I .	-			(a) Book	. value	1
b Buildings 469,971. 176,914. 293,057. c Leasehold improvements 381,177. 253,547. 127,630. e Other 886,082. 346,034. 540,048.		Land	<u> </u>	13.1.6	(Janon)	aopie	J.A.IIOII				
c Leasehold improvements 469,971. 176,914. 293,057. d Equipment 381,177. 253,547. 127,630. e Other 886,082. 346,034. 540,048.			I								
d Equipment 381,177. 253,547. 127,630. e Other 886,082. 346,034. 540,048.				16	9 971	17	6 911	+	203	0.5	.7
e Other 886,082. 346,034. 540,048.											
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			aud Form 000 Dait			J I	<u>∪,∪∪∓</u>				

Schedule D (Form 990) 2020

13-2522784 Page 3 AND HUMAN RIGHTS Schedule D (Form 990) 2020 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4)(5) (6)(7) (8) (9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (a) Description DEPOSITS 24,126. OTHER ASSETS 1,650. 40,300 FINE ART 36,095,337 INTEREST IN REMAINDER TRUST (5) (6) (7) (8) (9) 36,161,413 (Column (b) must equal Form 990. Part X. col. (B) line 15.) Total. Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes 435,597 DEFERRED RENT 802,701 GUARANTOR DEBT TO INS TRUSTS (3)(4)(5) (6)(7)(8)(9)1,238,298. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

032053 12-01-20

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020	AND HUMAN RIGHTS				2522784	Page 4
	of Revenue per Audited Financial Stat		Revenue per Re	turn.		
	nization answered "Yes" on Form 990, Part IV, lin ther support per audited financial statements			1	17,771	856.
	but not on Form 990, Part VIII, line 12:			'	17,771	,030.
	s) on investments	2a	850,227.			
	of facilities		, , , , , , , , , , , , , , , , , , ,			
	nts					
d Other (Describe in Part XIII.)			181,943.			
e Add lines 2a through 2d		-		2e	1,032	,170.
3 Subtract line 2e from line 1				3	16,739	,686.
	990, Part VIII, line 12, but not on line 1:					
a Investment expenses not in	cluded on Form 990, Part VIII, line 7b	4a	130,753.	_		
b Other (Describe in Part XIII.))	4b				
c Add lines 4a and 4b				4c		<u>,753.</u>
5 Total revenue. Add lines 3 a	and 4c. (This must equal Form 990, Part I, line 12.)	<u> </u>	5	16,870	<u>,439.</u>
	of Expenses per Audited Financial Sta		Expenses per F	Retur	n.	
	nization answered "Yes" on Form 990, Part IV, lin				1 2 2 2 2	
	per audited financial statements			1	10,936	<u>,639.</u>
	but not on Form 990, Part IX, line 25:	1 - 1				
	of facilities			-		
				-		
			181,943.	-		
· ·)				101	0.42
				2e	10,754	<u>,943.</u>
	OOO Deat IV line OF history on line 1.			3	10,734	,090.
	990, Part IX, line 25, but not on line 1:	45	130,753.			
	cluded on Form 990, Part VIII, line 7b		130,733.	-		
)	· · · · · · · · · · · · · · · · · · ·		4c	130	,753.
	and 4c. (This must equal Form 990, Part I, line 18			5	10,885	
Part XIII Supplemental I		8.)			10,005	, 440 •
	for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1· Part IV lines 1h	and 2h: Part V line 4	· Part `	X line 2. Part X	<u> </u>
	s 2d and 4b. Also complete this part to provide ar			, i ait	7, III 6 2, 1 ait 7	α,
inics 2d and 45, and r art XII, inics	, 2d and 45. Also complete this part to provide ar	ry additional imom	nation.			
PART III, LINE 4:						
THE COLLEGE ON CO	NATARA OR COING OR MUR I	* WE DODED!			NTD	
THE COLLECTION CO	NSISTS OF COINS OF THE LA	ATE ROBERT	r F. KENNED	Y A.	עע	
SCULPTURES THAT W	ERE DONATED FROM THE ESTA	ATE OF ERN	NA STENZLER	то	THE	
000000000000000000000000000000000000000		~=\;=\;\				
ORGANIZATION FOR	PRESERVATION FOR FUTURE (JENERATION .	ND •			
PART V, LINE 4:						
FART V, DINE 4.						
FUNDS TO BE HELD	IN PERPETUITY AND INCOME	TO BE USE	ED TO SUPPO	RT		
ORGANIZATION'S PR	OGRAM EXPENSES.					
PART X, LINE 2:						
THE ORGANIZATION	IS EXEMPT FROM FEDERAL IN	NCOME TAX	UNDER SECT	ION	501(C)	(3)
OF MUE TRIMEDRIAL P	EVENUE CODE AC A CECUTON	E01/3\ 0T			UP	
	EVENUE CODE AS A SECTION	OT(A) OF	KGAN I ZATION		H년 dule D (Form 9	30U) 2U2U
032054 12-01-20				Scrie	uule D (FUHI) \$	2020) 2020

13-2522784 Page 5 AND HUMAN RIGHTS Schedule D (Form 990) 2020 Part XIII | Supplemental Information (continued) INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE ORGANIZATION IS A PUBLICLY SUPPORTED ORGANIZATION. HOWEVER, SHOULD THE ORGANIZATION HAVE INCOME FROM ACTIVITIES NOT DIRECTLY RELATED TO ITS TAX-EXEMPT PURPOSE, SUCH INCOME WOULD BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW BY FEDERAL, STATE, AND LOCAL AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. PART XI, LINE 2D - OTHER ADJUSTMENTS: GALA EXPENSES 181,943. PART XII, LINE 2D - OTHER ADJUSTMENTS: GALA EXPENSES 181,943.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ROBERT F. KENNEDY CENTER FOR JUSTICE

AND HUMAN RIGHTS

Employer identification number

13-2522784

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance.

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance		
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	X Yes	No

United States.					
3 Activities per Region. (T (a) Region	he following Part (b) Number of offices in the region	I, line 3 table ca (c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
EUROPE	0	1	PROGRAM SERVICES	ESTABLISHMENT OF PROGRAM IN UK	155,196
SOUTH ASIA	0	5	PROGRAM SERVICES	PROVIDED FUNDS FOR THE PROJECT IN INDIA	156,430
3 a Subtotal	0	6			311,626
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	6			311,626

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

Schedule F (Form 990) 2020

Page 2

13-2522784

AND HUMAN RIGHTS

Schedule F (Form 990) 2020

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

EAST ASIA AND THE PACIFIC EUROPE (INCLUDING ICELAND AND GREENLAND) GREENLAND) EAST ASIA AND THE PACIFIC	THE					
EUROPE (INCLUD ICELAND AND GREENLAND) EAST ASIA AND PACIFIC	PROGRAM SUPPORT	113,564.	WIRE TRANSFER	.0	N/A	N/A
EAST ASIA AND PACIFIC	ING PROGRAM SUPPORT	155,196.	155,196. WIRE TRANSFER	•0	N/A	N/A
	THE PROGRAM SUPPORT	6,672.	WIRE TRANSFER	.0	N/A	N/A
EAST ASIA AND THE PACIFIC	THE PROGRAM SUPPORT	36,194.	WIRE TRANSFER	•0	N/A	N/A
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	t are recognized as charities by th intee or counsel has provided a se	le foreign country, r ection 501(c)(3) equ	ecognized as a tax iivalency letter			4
Enter total number of other organizations or entities					C	0

AND HUMAN RIGHTS

Schedule F (Form 990) 2020

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed

Page 3

13-2522784

1	1	•		1	
(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of noncash assistance					
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of (d) Amount of recipients cash grant					
ditional space is needed (b) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 AND HUMAN RIGHTS 13-2522784 Page 4

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

<u>Schedul</u>	e F (Fc	rm 990)	2020	AND			RIGH	TS							13-	-2522784	<u>Page</u>
Part \	/ s	upple	ment	tal Inforr	natio	on											
																od; amounts o	
	in	vestme	nts vs.	expenditu	res pe	er region	n); Part I	I, line 1	(accou	ınting ı	method)	; Part III	(accounti	ng method	d); and P	art III, column	(c)
	(e	stimate	d num	ber of recip	oients)	, as app	olicable.	Also c	omplete	e this p	oart to p	rovide a	any additio	nal inform	ation. Se	ee instructions	
PART	I,	LIN	E 2:	:													
THRO	UGH	CON	TINU	JED CL	OSE	PAF	RTNE	RSHI	P W	ΙΤΗ	THE	ORG	ANIZA	CIONS	AND	CONDUCT	ED
SITE	VIS	SITS	то	MONIT	OR	THE	USE	OF	THE	GR <i>I</i>	NTS.						
																	<u></u>

Schedule F (Form 990) 2020

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ROBERT F. KENNEDY CENTER FOR JUSTICE

Employer identification number

AND HUM	AN RIGHTS					13-2522	/84
Part I Fundraising Activities. required to complete this par		n answe	red "Ye	es" on	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e f g X or oral agreement with any included art VII) or entity in connection viduals or entities (fundraisers	Solicitat Solicitat Special dividual n with pr	tion of the cion o	non-governosising of onal fundamental contractions and the contractions are not to the	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	<u> </u>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		(iii) fundra have cu or cont contribu	Did aiser istody rol of tions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
FAYLORMADE EXPERIENCE, LLC -	GOLF TOURNAMENT, ROH (GALA	Yes	No			
9007 OAK PLACE, BETHESDA, MD	HUMAN RIGHTS AWARDS, I	•	103	Х	3,887,014.	380,000.	3,507,013.
Fotal				.:	3,887,014.	380,000.	3,507,013.
List all states in which the organization or licensing. AL, AK, AZ, AR, CA, CT, FL, G							
OH, OK, OR, PA, RI, SC, TN,		, 112 , 11			,115,110,110	71117110 711171	1171107112

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 AND HUMAN RIGHTS

13-2522784 Page 2

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups are the contributions.				
			(a) Event #1 RIPPLE OF HOPE GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
_a			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	3,887,014.			3,887,014.
	2	Less: Contributions	3,803,687.			3,803,687.
	3	Gross income (line 1 minus line 2)	83,327.			83,327.
	4	Cash prizes				
S	5	Noncash prizes				
ense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	111,637.			111,637.
	8	Entertainment	164,522. 645.			164,522.
	9	Other direct expenses	645.			645.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		>	276,804.
Do	11 rt I	Net income summary. Subtract line 10 from li			.	-193,477.
Ра	ונו	III Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, o	r reported more than	
П		\$13,000 0111 01111 990-L2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
ш	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	% Yes % No	
	J			140	<u> </u>	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
	_					
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	_	atataa?		Yes No
		No," explain:				Tes NO
		ere any of the organization's gaming licenses re			year?	Yes No
b	IT "	Yes," explain:				
ารงกอ	2 11	-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 AND HUMAN RIGHTS 13-2	25227	<u> 84</u>	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Y	'es	No No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?	Y	'es	☐ No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	13a		%
b An outside facility	13b		<u></u> %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶			
Address ►			
		'es	□ No
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L "	63	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name ▶			
Address >			
16 Gaming manager information:			
Name ▶			
Gaming manager compensation > \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	Y	'es	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. —		
organization's own exempt activities during the tax year > \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	rt III. line	s 9. 9	b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	3:		
(I) NAME OF FUNDRAISER: TAYLORMADE EXPERIENCE, LLC			
(1) Main of forbiditable. Introduction and anticological forbidity and anticological forbidity.			
(I) ADDRESS OF FUNDRAISER: 9007 OAK PLACE, BETHESDA, MD 20817			
(II) ACTIVITY: GOLF TOURNAMENT, ROH GALA, HUMAN RIGHTS AWARDS, BO	OOK &	: J(OURN

DocuSign Envelope ID: 3BE76FEE-F045-4151-AA68-4C87C1BB746D ROBERT F. KENNEDY CENTER FOR JUSTICE 13-2522784 Page 4 AND HUMAN RIGHTS Schedule G (Form 990 or 990-EZ) Part IV | Supplemental Information (continued)

Schedule G (Form 990 or 990-EZ)

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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 13-2522784

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection CENTER FOR JUSTICE ROBERT F. KENNEDY General Information on Grants and Assistance AND HUMAN RIGHTS Name of the organization Part I

X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States criteria used to award the grants or assistance? Part II

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if addition	onal space is neede	ed.			
1 (a) Name and address of organization or government	(p)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MINNESOTA FREEDOM FUND							
PO BOX 6398 MINNEAPOLIS, MN 55104	82-1214607 501(C)(3)	501(C)(3)	25,000.	0.	N/A	N/A	GRANT ASSISTANCE
THE ZANMI BENI FOUNDATION 6201 RIVIERA DRIVE							
CORAL GABLES, FL 33146	46-2284349 501(C)(3)	501(C)(3)	5,000.	0.	N/A	N/A	GRANT ASSISTANCE
CHICAGO COMMUNITY BOND FUND 601 S CALIFORNIA AVENUE							
CHICAGO, IL 60612	47-5015710 501(C)(3)	501(C)(3)	.000,09	0.	N/A	N/A	GRANT ASSISTANCE
UNITED WE DREAM NETWORK							GRANT ASSISTANCE - BAIL
WASHINGTON, DC 20036	46-2216565 501(C)(3)	501(C)(3)	15,000.	.0	N/A	N/A	
ORGANIZATION FOR HUMAN RIGHTS & DEMOCRACY - 931 MONROE DRIVE, NE SUITE 101-552 - ATLANTA GA							GRANT ASSISTANCE - BAIL
30306	81-0976954	501(C)(3)	10,000.	0.	N/A	N/A	FUND
UNITED FORT WORTH 2308 VAUGHN BLVD FORT WORTH, TX 76105	30-1168546 501(C)(3)	501(C)(3)	10,000.	•0	0. N/A	N/A	GRANT ASSISTANCE - BAIL FUND

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Q

Schedule I (Form 990) 2020

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Page 1

ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS

Schedule I (Form 990) AND HUMAN RIGHTS	RIGHTS					1	13-2522784 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	Assistance to Dor	mestic Organizations	and Domestic Go	1 1	(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASHVILLE COMMUNITY BAIL FUND 1623 HAYNES MEADE CIRCLE NASHVILLE, TN 37207	82-0976867	501(C)(3)	10,000.	0.	N/A	N/A	GRANT ASSISTANCE - BAIL FUND
HAITIAN BRIDGE ALLIANCE 13 OVERTURE LANE ALISO VIEJO, CA 92656	81-3558713	501(C)(3)	5,000.	0.	N/A	N/A	GRANT ASSISTANCE - BAIL FUND
JUST CITY, INC. 240 MADISON AVENUE SUITE 104 MEMPHIS, TN 38103	47-2650826	501(C)(3)	50,000.	0.	N/A	N/A	GRANT ASSISTANCE - BAIL FUND
ACTION FOR LIBERATION 3159 HELEN STREET DETROIT , MI 48207	83-1522206 501(C)(3	501(C)(3)	25,000.	•0	N/A	N/A	GRANT ASSISTANCE - BAIL FUND
UPTRUST 156 2ND STREET SAN FRANCISCO, CA 94105	37-3356062	501(C)(3)	50,000.	0.	N/A	N/A	GRANT ASSISTANCE - BAIL FUND
YWCA GREATER BATON ROUGE 11404 LAKE SHERWOOD AVE. N, STE B BATON ROUGE, LA 70816	72-0650993	501(C)(3)	68,500.	•0	N/A	N/A	GRANT ASSISTANCE - BAIL FUND
FREEDOM FUND NETWORK 213 SW 2ND ST., SUITE J FORT LAUDERDALE, FL 33301	82-2069282	501(C)(3)	53,500.	.0	N/A	N/A	GRANT ASSISTANCE - BAIL FUND
NORTHWEST COMMUNITY BAIL FUND 2311 N 45TH STREET #303 SEATTLE, WA 98103	83-1096468	501(C)(3)	25,000.	0.	N/A	N/A	GRANT ASSISTANCE - BAIL FUND
OPERATION RESTORATION 1450 POYDRAS STREET SUITE 2260 NEW ORLEANS, LA 70112	61-1791941 501(C)(3)	501(C)(3)	.000,09	•0	0. N/A	N/A	GRANT ASSISTANCE - BAIL FUND

Schedule I (Form 990)

FOR JUSTICE	
CENTER	
KENNEDY	RIGHTS
ROBERT F.	AND HUMAN

Schedule I (Form 990) AND HUMAN RIGHTS Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	RIGHTS Assistance to Don	mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)		13-2522784 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH IN TEXAS 1111 WEST MOCKINGBIRD LANE SUITE 59 DALLAS, TX 75247	47-3005234	501(C)(3)	20,000.	0.0	N/A	N/A	GRANT ASSISTANCE - BAIL FUND
MANO AMIGA SM 174 SOUTH GUADALUPE STREET #205 SAN MARCOS, TX 78666	83-2030465	501(C)(3)	25,000.	.0	N/A	N/ A	GRANT ASSISTANCE - BAIL FUND
PROGRESS LEADERSHIP ALLIANCE OF NEVADA - 2330 DEL PRODO C109 - LAS VEGAS, NV 89102	88-0318655	501(C)(3)	25,000.	.0	N/A	N/A	GRANT ASSISTANCE- BAIL FUND
TRANSGENDER ADVOCATES KNOWLEDGEABLE EMPOWERING - 7769 2ND AVENUE SOUTH - BIRMINGHAM, AL 35206	85-0702039	501(C)(3)	10,000.	0.			DONATION FOR SUPPORT IN RESPONSE TO JK ROWLING'S ATTACK ON THE TRANS COMMUNITY
							Schedule I (Form 990)

Page 2

13-2522784

AND HUMAN RIGHTS

Schedule I (Form 990) 2020 AND HUMAN RIGHTS

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

Part III can be duplicated if additional space is needed.

Part III can be duplicated it additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BOOK / TOTTBNAT.T CM AWARDS	L	α	c		
JOURNALISM	- 4	2 500	0		
		`			
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column ((b); and any other ad	ditional information.	
PART I, LINE 2:					
THE ROBERT F. KENNEDY (RFK) HUMAN I	RIGHTS AW	AWARD IS PRE	PRESENTED ANN	ANNUALLY TO	
INDIVIDUALS WHO, AT GREAT PERSONAL	RISK,	STAND UP TO	OPPRESSION	IN THE	
NONVIOLENT PURSUIT OF RESPECT FOR I	HUMAN RIG	RIGHTS. THE A	AWARD REFLECTS	CTS ROBERT	
KENNEDY'S ABSOLUTE OPPOSITION TO TY	TYRANNY AND	D HIS BELIEF	IN THE	POWER OF	
INDIVIDUAL MORAL COURAGE TO OVERCOME	ME INJUSTICE.	THE	AWARD, ESTA	ESTABLISHED IN	
1984, SEEKS TO DRAW THE WORLD'S ATT	ATTENTION TO	O THE WORK OF	ONE	OR MORE	
COURAGEOUS INDIVIDUALS, THE RFK HUMAN R	MAN RIGHTS	AWARD	LAUREATES, W	WHO MAKE	
GREAT PERSONAL SACRIFICES, OFTEN R.	RISKING TH	THEIR LIVES,	TO PROMOTE	E RESPECT	
032102 11-02-20		91			Schedule I (Form 990) 2020

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Schedule I (Form 990)

Part I Questions Regarding Compensation

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Attach to Form 990.

2020 Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

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

ROBERT F. KENNEDY CENTER FOR JUSTICE

AND HUMAN RIGHTS

Employer identification number 13-2522784

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53 4958.6(c)?	a		

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

Schedule J (Form 990) 2020

13 - 2522784

AND HUMAN RIGHTS

Schedule J (Form 990) 2020

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

Page 2

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

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	able	(E) Total of columns	E
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) KERRY KENNEDY	(j)	349,969.	0	593.	24,500.	19,719.	394,781.	0
PRESIDENT OF RFKHR	€	• 0	0	0	• 0	0	0	0
(2) JEFFREY SIMINOFF	Ξ	249,468.	37,500.	403.	17,500.	17,359.	322,230.	0
SENIOR VP, WORKPLACE DIGNITY	(ii)	• 0	• 0	• 0	• 0	0	0 • 0	• 0
(3) MICHAEL SCHREIBER	Θ	287,914.	0.	207.	21,000.	28,966.	338,087.	0
CHIEF OPERATING OFFICER	(ii)	• 0	0	0	• 0	0	0.	• 0
(4) LYNN DELANEY	Θ	221,594.	0.	1,980.	16,100.	31,680.	271,354.	0
SENIOR ADVISER/EXECUTIVE DIRECTOR	(ii)	• 0	0.	0	0.	0.	0.	0
(5) WADE MCMULLEN	Θ	150,706.	10,780.	84.	10,780.	13,997.	186,347.	0
SENIOR VP, PROGRAMS AND LEGAL STRATE	_	• 0		• 0	• 0	0	0 • 0	• 0
(6) SANCIA DALLEY	Θ	154,142.	10,819.	94.	10,819.	9,911.	185,785.	• 0
SENIOR VP, COMPASS INVESTOR PROGRAM	€	• 0	0	0	• 0	0	0	0
(7) ANGELITA BAEYENS	(E)	136,908.	10,150.	84.	10,150.	22,050.	179,342.	0
VP, INTERNATIONAL ADVOCACY & LITIGAT		• 0		• 0	• 0	0	0 • 0	• 0
(8) ELIZABETH GILDERSLEEVE	(i)	149,808.	10,500.	619.	10,500.	8,441.	179,868.	0
COMMUNICTIONS DIRECTOR	(ii)	0	0	0	0	0	0.	0
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Schedule J (Form 990) 2020

ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS

Page 3 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. Part III Supplemental Information Schedule J (Form 990) 2020

13-2522784

DART T LINE 7.
STAFF BONUSES WERE DETERMINED BY ALLOCATION OF A POOL OF \$225,000 WHICH
HE PERFORMANCE
IS COMPENSATION FOR LYNN, KERRY,
E FINANCE COMMITTEE. BONUSES FOR LYNN, KERRY, AND MICHAEL TOTALED \$350,000.

Schedule J (Form 990) 2020

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

RT F. KENNEDY CENTER FOR ITISTICE

OMB No. 1545-0047

2020 Open To Public

Name of the organization ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS

Employer identification number

Inspection

13-2522784 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 h) Approved (d) Loan to or (a) Name of (b) Relationship (c) Purpose (i) Written (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No **Total** Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of (a) Name of interested person (c) Amount of (b) Relationship between (d) Type of assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2020

<u>Schedule L (Form 990 or 990-EZ) 2020</u> **AND HUMAN RIGHTS** 13-2522784 Page 2

Part IV Business Transactions Involving Complete if the organization answered	=			· · · ·
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues
MARK FREITAS	HE IS RFK'S BOARD M	29,352.	BROKER MAIN	Yes N
		,		
Part V Supplemental Information. Provide additional information for response.	I onses to questions on Schedule L (see	instructions).		
SCH L, PART IV, BUSINESS T			D PERSONS:	
(A) NAME OF PERSON: MARK F	REITAS			
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	O ORGANIZATI	ON:	
HE IS RFK'S BOARD MEMBER, I	HTC COMPANY TC THE	PEK'S TNGIIDA	NCE BBOKEB	
HE 15 KFK 5 BOARD MEMBER,	IIIS COMPANI IS IIIE	ATOOME C ATA	MCE BROKER	
(D) DESCRIPTION OF TRANSAC	TION: BROKER MAINTA	INS RFK'S BU	SINESS	
INSURANCE POLICIES.				

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

AFFAIRS.

(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.

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

ROBERT F. KENNEDY CENTER FOR JUSTICE

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

13-2522784

Name of the organization AND HUMAN RIGHTS

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FRIENDS AND FAMILY OF ROBERT KENNEDY, THE ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS (THE "CENTER") IS A NONPROFIT CHARITABLE ORGANIZATION THAT FOR OVER THREE DECADES HAS FURTHERED THE VISION AND SPIRIT OF ROBERT KENNEDY BY ADVANCING RESPECT FOR HUMAN RIGHTS AND SOCIAL JUSTICE FOR ALL PEOPLE AND PROMOTING THE IDEA THAT INDIVIDUAL ACTION CAN MAKE A DIFFERENCE THROUGH COMMITMENT TO CIVIC AND COMMUNITY

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE PARTNERSHIP MODEL REPRESENTS AN EFFECTIVE, SUSTAINABLE METHOD FOR SUPPORTING HUMAN RIGHTS. OUR PROGRAM WORKS BOTH DOMESTICALLY AND ABROAD. OUR DOMESTIC WORK AIMS AT USING PUBLIC POLICY CHANGE. ADVOCACY, AND INNOVATIVE TECHNIQUES TO PUT LASTING LEGAL CHANGE IN PLACE FOR COMPLEX SOCIETAL ISSUES. OUR DOMESTIC WORK HAS BEEN AIMED AT REDUCING THE POPULATION OF INDIVIDUALS' INCARCERATED PRE-TRIAL. THROUGH CAMPAIGNS, ADVOCACY, AND STRATEGIC LITIGATION WE HELP DECREASE THE SYSTEMIC RELIANCE ON MONEY BAIL AND POSITIVELY IMPACT THE CRIMINALIZATION OF POVERTY IN THE UNITED STATES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THE FABRIC OF ALL EDUCATORS' PEDAGOGY, AND WHERE YOUNG PEOPLE HAVE THE ATTITUDES, AND BEHAVIORS TO DEFEND AND ADVANCE EFFECTIVE MINDSETS, HUMAN RIGHTS AS THE NEXT GENERATION OF HUMAN RIGHTS DEFENDERS. STTP SEEKS EDUCATIONAL PARTNERS SUCH AS TEACHERS' ORGANIZATIONS AND UNIONS, SCHOOL DISTRICTS, FOUNDATIONS AND EDUCATION OFFICIALS TO BRING THE Schedule O (Form 990 or 990-EZ) 2020

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

13-2522784

EDUCATOR TRAINING AND EDUCATIONAL RESOURCES TO MORE STUDENTS. IT IS

CONTINUALLY EXPANDING ITS REACH IN THE US AND ABROAD. CURRENT DOMESTIC

PROGRAMMING OCCURS IN NEW YORK CITY, WASHINGTON D.C., PHILADELPHIA,

CONNECTICUT, MEMPHIS, SAN DIEGO, INDIANAPOLIS, LOS ANGELES, AUSTIN, AND

CHICAGO. OUR CURRENT GLOBAL WORK INCLUDES SPAIN, UK, SWITZERLAND,

GREECE, ITALY, SWEDEN, DENMARK, SARAJEVO, AND MEXICO.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE BOOK AND JOURNALISM AWARDS HONOR AUTHORS AND JOURNALISTS FOR

EXCELLENCE IN REPORTING AND WRITING ON ISSUES OF CONCERN TO ROBERT

KENNEDY - HUMAN RIGHTS, SOCIAL JUSTICE, CIVIL RIGHTS, THOSE WHO ARE

MAKING A DIFFERENCE

EXPENSES \$ 117,336. INCLUDING GRANTS OF \$ 12,500. REVENUE \$ 0.

RFK YOUNG LEADERS - YOUNG PEOPLE AT THE MARGINS AND THOSE WHO HOLD INTERSECTIONAL IDENTITIES ARE DISPROPORTIONATELY ABSENT FROM LEADERSHIP ROLES, COMMUNITY DIALOGUES, AND CRITICAL DECISION MAKING POSITIONS IN COMMUNITIES ACROSS OUR COUNTRY. WE BELIEVE THAT IN ORDER TO BUILD A MORE JUST AND PEACEFUL WORLD, THE NEXT GENERATION OF LEADERS MUST BE INCLUSIVE, AND REFLECT THE DIVERSE IDENTITIES THAT EXIST THROUGHOUT ALL CORNERS OF OUR NATION THE RFK YOUNG LEADERS PROGRAM FOCUSES ON PARTNERING WITH YOUNG ADULTS IN COLLEGE BY MOBILIZING THEM TO TAKE ACTION ON ISSUES AFFECTING THEIR COMMUNITIES, BUILDING THEIR INDIVIDUAL LEADERSHIP SKILLS, AND EXPANDING THEIR COLLECTIVE ACCESS TO PROFESSIONALS AND POLITICAL NETWORKS.

RFK COMPASS PROGRAM:

EXPENSES \$ 403,497.

INCLUDING GRANTS OF \$ 10,155.

REVENUE \$ 0.

EXPENSES \$ 252,926. INCLUDING GRANTS OF \$ 155,196. REVENUE \$ 0.