** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury

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

Open to Public

		2021 calendar year, or tax year beginning and ending		
			5 5 1 11 116	
B c	heck if pplicable	C Name of organization	D Employer identific	cation number
	∵ ¬Addres	ROBERT F. KENNEDY CENTER FOR JUSTICE		
	change	AND HUMAN RIGHTS		
	Name change	Doing business as ROBERT F. KENNEDY HUMAN RIGHTS	13-25227	84
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	r
	Final return/	1300 19TH STREET, NW 750		5-6671
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	14,210,918.
	∏Amende		H(a) Is this a group re	
	∐return ∏Applica	,		
	_Ition pending	SAME AS C ABOVE	for subordinates	—
			H(b) Are all subordinates in	
				list. See instructions
		e: ▶ WWW.RFKHUMANRIGHTS.ORG	H(c) Group exemptio	
			ear of formation: 1968 N	M State of legal domicile: DC
Pa		Summary		
d)		Briefly describe the organization's mission or most significant activities: ADVANCE		JMAN RIGHTS
Activities & Governance	4	AND SOCIAL JUSTICE, PROMOTE INDIVIDUAL ACTION	ſ .	
rna	2 (Check this box 🕨 🔲 if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	43
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4	42
ο O		otal number of individuals employed in calendar year 2021 (Part V, line 2a)		52
iţi		otal number of volunteers (estimate if necessary)		65
냙		otal unrelated business revenue from Part VIII, column (C), line 12	I_	0.
ď	l	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
		, , ,	Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)	16,304,907.	6,635,960.
Revenue	l	Program service revenue (Part VIII, line 2g)	20,850.	28,350.
ver	l	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	735,520.	1,200,425.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-190,838.	-337,570.
	l		16,870,439.	7,527,165.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,003,324.	886,571.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.00,371.
	l	Benefits paid to or for members (Part IX, column (A), line 4)	5,942,015.	6,067,672.
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a H	Professional fundraising fees (Part IX, column (A), line 11e)	380,000.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 1,487,342.	2 560 110	4 265 000
ш	'' \	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,560,110.	4,367,888.
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,885,449.	11,322,131.
		Revenue less expenses. Subtract line 18 from line 12	5,984,990.	-3,794,966.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets	20 7	Total assets (Part X, line 16)	64,254,561.	60,116,357.
t As	21 7	otal liabilities (Part X, line 26)	2,927,075.	2,609,677.
		Net assets or fund balances. Subtract line 21 from line 20	61,327,486.	57,506,680.
Pa	ırt II	Signature Block		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is
true,	correct	, and complete. Declaration of premarer (other than officer) is based on all information of which prep		
		Midhael Schreiber	11/15/	/2022
Sigr	n	Signature of officer BBD7F27B0089453	Date	
Her	e	MICHAEL SCHREIBER, CHIEF OPERATING OFFICER		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		AMY CHAPMAN AMY CHAPMAN	11/15/22 if self-employ	P00843460
Prep		Firm's name CLIFTONLARSONALLEN LLP		41-0746749
		Firm's address \ 420 SOUTH ORANGE AVENUE, SUITE 500	THIN O LIN	
	J,	ORLANDO, FL 32801	Phone no 40	7-802-1200
May	the ID	S discuss this return with the preparer shown above? See instructions	I HOUR HO. 4 O	X Yes No
iviay	เมษาที	o discuss this return with the preparer shown above; see instructions		65 100

ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS 13-2522784 <u> Page</u> **2** Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III 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 Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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. 600,376.) (Revenue \$ 2,398,672. including grants of \$) (Expenses \$ 4a 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 1,197,778. including grants of \$) (Expenses \$) (Revenue \$ 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 1,436,940. 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, MEDIA OUTREACH AND EDUCATION.

Other program services (Describe on Schedule O.)

2,296,813. including grants of \$ 286,194.) (Revenue \$ 28,350.) 7,330,203.

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Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü		3		x
4	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	-		
4		١.		X
_	during the tax year? If "Yes," complete Schedule C, Part II	4		 ^
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		٦,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1.15		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ч	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	110		
u		11d	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie	- 72	\vdash
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١	v	
	Schedule D, Parts XI and XII	12a	X	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1,7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	ــــــ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		X
20a		20a		х
b	and the contract of the contra	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	
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Pa	Triv 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		7.7	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
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		37	
	Schedule J	23	Х	
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	١		- V
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			v
00	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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		$\stackrel{\Delta}{\vdash}$
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	0.7		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		$\stackrel{\Delta}{\vdash}$
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a	Х	
h	"Yes," complete Schedule L, Part IV	28b	X	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200	- 21	\vdash
·	"Yes," complete Schedule L, Part IV	28c		x
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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D -	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 65	-		
b		-		
С		_		
	(gambling) winnings to prize winners?	1c	990	(2021

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Part V Statements Regarding Other IRS Filings and Tax Compliance 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **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)? Х 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х 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 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7с d If "Yes." indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7f 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? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a 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 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

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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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 43 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 42 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 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, KY, MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records BRIGETTE WALLACE - (202) 545-6671 1300 19TH STREET NW, SUITE 750, WASHINGTON

SEE SCHEDULE O FOR FULL LIST OF

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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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and title	(B) Average hours per	box	not c , unle:	Pos heck ss per	more rson i	than of structures to the structure to t	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) KERRY KENNEDY	37.50	v		Х				E00 E04	0	<i>1</i> 1 700
PRESIDENT OF RFKHR (2) MICHAEL SCHREIBER	37.50	Х		A				500,594.	0.	41,723.
CHIEF OPERATING OFFICER	37.30	1		х				448,541.	0.	55 015
(3) LYNN DELANEY	37.50			^				440,341.	0.	55,915.
SENIOR ADVISER/EXECUTIVE DIRECTOR	37.30	1		Х				326,644.	0.	51,190.
(4) JEFFREY SIMINOFF	37.50			25				320,044.	•	31,130.
SENIOR VP, WORKPLACE DIGNITY	37.50	1				x		259,900.	0.	34,859.
(5) DAWN ROSS	37.50							233,3001		31,0031
VP, INTERNATIONAL OPERATIONS		1				x		142,892.	0.	45,010.
(6) WADE MCMULLEN	37.50									•
SENIOR VP, PROGRAMS & LEGAL STRATEGY						Х		156,966.	0.	24,777.
(7) SANCIA DALLEY	37.50									
SENIOR VP, COMPASS INVESTOR PROGRAM						Х		160,606.	0.	19,099.
(8) ANGELITA BAEYENS	37.50									
VP, INTERNATIONAL ADVOCACY & LITIGAT						X		142,265.	0.	32,200.
(9) MRS. ROBERT F. KENNEDY	2.00								_	_
FOUNDER		Х		Х				0.	0.	0.
(10) FRANK A. BAKER	2.00	ļ								
CO-CHAIR		Х		X				0.	0.	0.
(11) JOSE E. FELICIANO	2.00								•	•
CO-CHAIR	2 00	Х		Х				0.	0.	0.
(12) TERRY MAZANY	2.00	. ,		٦,					0	0
VICE CHAIR	2.00	Х		Х				0.	0.	0.
(13) ANTHONY WILLIAMS TREASURER	4.00	Х		х				0.	0.	0.
(14) ELISA MASSIMINO	2.00	Λ	\vdash	^				0.	0.	0.
SECRETARY	2.00	Х		Х				0.	0.	0.
(15) PETER BARBEY	2.00		\vdash	<u> </u>					•	`
BOARD MEMBER		х						0.	0.	0.
(16) HARRY BELAFONTE	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(17) TONIO BURGOS	2.00								-	
BOARD MEMBER		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(((D)	(E)			(F)
Name and title	Average	(-1-		Pos	ition			Reportable	Reportable			mated
	hours per	box	not c , unle	ss per	rson i	s both	n an	compensation	compensation	า	amo	ount of
	week		cer ar	id a di	irecto	r/trus	tee)	from	from related		Of	ther
	(list any	director						the	organizations		•	ensation
	hours for related	or di	e e			ated		organization	(W-2/1099-MIS	C/		m the
	organizations	ustee	trust		98	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	nization related
	below	dual tr	tional		yoldı	st con	_	1099-1120)				izations
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	ii.Lationio
(18) NELDA CONNORS	2.00		 	_	_					\neg		
BOARD MEMBER		Х						0.		0.		0.
(19) KIM DAVIS	2.00									\neg		
BOARD MEMBER		Х						0.		0.		0.
(20) STEPHEN DECHERNEY	2.00									\neg		
BOARD MEMBER		Х						0.		0.		0.
(21) THASUNDA BROWN DUCKETT	2.00							-				
BOARD MEMBER		Х						0.		0.		0.
(22) PETER B. EDELMAN	2.00									\neg		
BOARD MEMBER		Х						0.		0.		0.
(23) MARK E. FREITAS	2.00									\neg		
BOARD MEMBER		Х						0.		0.		0.
(24) MARK GEARAN	2.00											
BOARD MEMBER		Х						0.		0.		0.
(25) KENNETH GOLDMAN	2.00											
BOARD MEMBER		Х						0.		0.		0.
(26) CLAUDIO GROSSMAN	2.00									\Box		
BOARD MEMBER		Х						0.		0.		0.
1b Subtotal							▶	2,138,408.		0.	304	,773.
c Total from continuation sheets to Part VII	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	2,138,408.		0.	304	,773.
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			
compensation from the organization												8
												res No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for so	uch individual										3	X
4 For any individual listed on line 1a, is the su	•							•	•			
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	X
5 Did any person listed on line 1a receive or a	ccrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch r	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	•	•							· ·	ensat	ion fron	า
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)		_	(C)	
Name and business	address						_	Description of s	ervices		ompens	sation
TAYLORMADE	000										460	006
9007 OAK PLACE, BETHESDA,	MD 208	Τ./					4	EVENT CONSUL	I.WI.I.		463	<u>,986.</u>
							\dashv					
_							\dashv		+			

Total number of independent contractors (including but not limited to those listed above) who received more than

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

Form **990** (2021)

15261115 131839 064-038234

ROBERT F. KENNEDY CENTER FOR JUSTICE AND HIMAN RIGHTS

Form 990 AND HUMAN RIGHTS 13-2522784

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)			(0				(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	.o.				ployee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099****100)	organization
	related	tee or	stee			en sa te		(** = , ********************************		and related
	organizations	trus	nal tru		oyee	om pe				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	pul	lust	0#ii	Key	Hig	For			
(27) DANIEL R. HALEM	2.00									
BOARD MEMBER		Х						0.	0.	0
(28) DOUGLAS T. HICKEY	2.00									
BOARD MEMBER		Х						0.	0.	0
(29) PHILIP W. JOHNSTON	2.00									
BOARD MEMBER		Х						0.	0.	0
(30) JOSEPH KENNEDY III	2.00									
BOARD MEMBER		Х						0.	0.	0
(31) CARA KENNEDY-CUOMO	2.00									
BOARD MEMBER		Х						0.	0.	0
(32) NICLAS KJELLSTROM-MATSEKE	2.00									
BOARD MEMBER		Х						0.	0.	0
(33) BETTY LIU	2.00									
BOARD MEMBER		Х						0.	0.	0
(34) STEFANO LUCCHINI	2.00									
BOARD MEMBER		Х						0.	0.	0
(35) DERMOT MCDONOGH	2.00									
BOARD MEMBER		Х						0.	0.	0
(36) B. SCOTT MINERD	2.00	1								_
BOARD MEMBER		Х						0.	0.	0
(37) JAMES J. PINTO	2.00	1								_
BOARD MEMBER		Х						0.	0.	0
(38) MICHAEL H. POSNER	2.00	1								_
BOARD MEMBER		Х						0.	0.	0
(39) SUSHMA RAMAN	2.00	1								_
BOARD MEMBER		Х						0.	0.	0
(40) JOHN W. ROGERS, JR.	2.00									_
BOARD MEMBER		Х						0.	0.	0
(41) MARVIN S. ROSEN	2.00	l								
BOARD MEMBER		Х				_		0.	0.	0
(42) JEFFREY A. SACHS	2.00	l							_	_
BOARD MEMBER	1 2 2 2	Х				_		0.	0.	0
(43) HENRY S. SCHLEIFF	2.00	l							_	_
BOARD MEMBER		Х						0.	0.	0
(44) MARTIN SHEEN	2.00	l							_	_
BOARD MEMBER		Х						0.	0.	0
(45) DASHA SMITH	2.00	↓_							_	_
BOARD MEMBER		Х						0.	0.	0
(46) ROBERT F. SMITH	2.00	1_							_	_
BOARD MEMBER	1	X	1	ı	i l	l	Ì	0.	0.	0

Form 990 AND HUMAN RIGHTS 13-2522784

Form 990 AND HUMAN	N RIGHTS)							13-252	4/04
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average			(C Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
47) PEDRO TORRES-MACKIE	2.00									
BOARD MEMBER	2 22	Х						0.	0.	0
(48) DONATO J. TRAMUTO	2.00									
SOARD MEMBER	2 00	Х						0.	0.	С
(49) BARRY VOLPERT BOARD MEMBER	2.00	Х						0.	0.	C
(50) RANDI WEINGARTEN	2.00	Λ						0.	0.	
SOARD MEMBER	2.00	Х						0.	0.	(
JOINE THE BEA		21						0.	0.	
		•								
		•								

AND HUMAN RIGHTS 13-2522784 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) 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 c Fundraising events 5,374,384. 1c d Related organizations 1d 750,700. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 510,876. 1f g Noncash contributions included in lines 1a-1f 6,635,960 h Total. Add lines 1a-1f **Business Code** 2 a AWARD ENTRY FEES 900099 28,350. 28,350. Program Service Revenue b f All other program service revenue 28,350. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 482,337 482,337. 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 6,938,918. assets other than inventory b Less: cost or other basis 6,220,830 Other Revenue and sales expenses 7b 7с c Gain or (loss) 718,088. 718,088. 718,088. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 5,374,384. of contributions reported on line 1c). See Part IV, line 18 121,350 462,923 **b** Less: direct expenses -341,573 -341,573 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 \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code**

7,527,165. 0. 891,205. Total revenue. See instructions 12 Form **990** (2021) 132009 12-09-21

4,003

4,003

900099

11 a MISCELLANEOUS INCOME

e Total. Add lines 11a-11d

d All other revenue

b

4,003.

AND HUMAN RIGHTS 13-2522784 Page 10 Form 990 (2021) 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 454,600. 454,600. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 56,350. 56,350. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 375,621. 375,621. Benefits paid to or for members Compensation of current officers, directors, 1,424,607. 656,077. 385,813. 382,717. 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) 3,309,380. 2,295,110. 997,736. 16,534. Other salaries and wages 7 Pension plan accruals and contributions (include 181,445. 134,650. 42,607. 4,188. section 401(k) and 403(b) employer contributions) 848,395. 582,521. 203,186. 62,688. Other employee benefits 9 303,845. 203,645. 73,918. 26,282. 10 Payroll taxes 11 Fees for services (nonemployees): Management 42,764. 42,764. Legal 66,856. 66,856. Accounting Lobbying Professional fundraising services. See Part IV, line 17 137,537. 137,537. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,982,602. 1,165,826. 202,155. 614,621. column (A), amount, list line 11g expenses on Sch O.) 1,669. 33,633. 21,186. 10,778. Advertising and promotion 12 161,143. 34,246. 79,452. 47,445. Office expenses 13 130,834. 37,939. 83,026. 9,869. Information technology 14 Royalties 15 1,890. 34,312. 634,137. 597,935. 16 Occupancy 211,743. 122,214. 52,232. 37,297. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 155,075. 86,255. 311,566. 70,236. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 150,141. 51,053. 98,668. 420. Depreciation, depletion, and amortization 22 49,743. 49,743. 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.) 210,642. 110,590. 48,621. 51,431. DUES & SUBSCRIPTIONS OTHER GRANT RELATED EXP 158,904. 123,862. 35,042. 35,000. 35,000. BAD DEBT EXPENSE 92,930. 715,847. -808,777. INDIRECT COSTS 0. 31,901. $16,2\overline{29}$ 2,513.50,643. e All other expenses 11,322,131. 7,330,203. 2,504,586. 1,487,342. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

F

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		_				
Part X	Balance Sheet					
Form 990	(2021)	AND	HUMAN	RIGHTS	13-2522784	F

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note t	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,993,732.	1	3,789,290.
	2	Savings and temporary cash investments			817,979.	2	335,778
	3	Pledges and grants receivable, net	4,769,690.	3	4,842,240		
	4	Accounts receivable, net		990,182.	4	660,315	
	5	Loans and other receivables from any current or fo					<u> </u>
		trustee, key employee, creator or founder, substan					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in		6			
Ø	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ą	9				63,739.	9	42,479
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,768,851.			
	b	Less: accumulated depreciation	10b	926,636.	960,735.		842,215
	11	Investments - publicly traded securities			16,497,091.	11	16,170,736
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			36,161,413.	15	33,433,304
	16	Total assets. Add lines 1 through 15 (must equal	line 3	3)	64,254,561.	16	60,116,357
	17	Accounts payable and accrued expenses			917,773.	17	1,325,150
	18	Grants payable		18			
	19	Deferred revenue	20,304.	19	0		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Pa	rt IV d	of Schedule D		21	
S	22	Loans and other payables to any current or former	offic	er, director,			
Ĭ		trustee, key employee, creator or founder, substan	ntial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated the			750,700.	24	0
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	7-24).	Complete Part X	1 000 000		1 004 505
		of Schedule D		<u> </u>	1,238,298.	25	1,284,527
	26			. 77	2,927,075.	26	2,609,677
G		Organizations that follow FASB ASC 958, check	here	P X			
č		and complete lines 27, 28, 32, and 33.			14 462 512		14 770 576
alar	27				14,463,512.		14,778,576
ĕ	28	Net assets with donor restrictions			46,863,974.	28	42,728,104
Ĕ		Organizations that do not follow FASB ASC 958	, che	ck here L			
F		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equi				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			61 227 406	31	E7 E06 600
Ž	32	Total net assets or fund balances			61,327,486.	32	57,506,680
	33	Total liabilities and net assets/fund balances			64,254,561.	33	60,116,357

AND HUMAN RIGHTS 13-2522784 Page 12 Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 7,527,165. Total revenue (must equal Part VIII, column (A), line 12) 1 11,322,131. Total expenses (must equal Part IX, column (A), line 25) 2 2 -3,794,966. Revenue less expenses. Subtract line 2 from line 1 3 61,327,486. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 -25,840. 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 57,506,680. 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 on 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 Separate basis Consolidated basis Х **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

132012 12-09-21

SCHEDULE A

(Form 990)

Total

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

2021

Open to Public Inspection

ROBERT F. KENNEDY CENTER FOR JUSTICE **Employer identification number** Name of the organization AND HUMAN RIGHTS 13-2522784 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 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 vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021

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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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9690229.	42942139.	18203666.	16304907.	6635960.	93776901.
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	9690229.	42942139.	18203666.	16304907.	6635960.	93776901.
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)						2794632.
6	Public support. Subtract line 5 from line 4.						90982269.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	9690229.	42942139.	18203666.	16304907.	6635960.	93776901.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	158,271.	324,465.	436,820.	327,494.	482,337.	1729387.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	94.	5,137.		2,639.	4,003.	11,873.
11	Total support. Add lines 7 through 10						95518161.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 2	,597,024.
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ne 6, column (f), d	ivided by line 11, o	column (f))		14	95.25 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	93.63 %
16a	33 1/3% support test - 2021. If the o	rganization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali	fies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	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	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	nstances test, chec	ck this box and st	top here. Explain in	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box ar	nd see instructions	<u> </u>

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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 qualify under the tests listed below, please complete Part II.)

qualify under the tests listed b Section A. Public Support	elow, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and			, ,		'	,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 organ- ization'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						
p 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	(4) 2011	(2) 2010	(6) 2010	(4) 2020	(0) 2021	(1) 10141
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is						
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	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						>
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20)21 (line 10c, colu	mn (f), divided by li	ine 13, column (f))		17	%
18 Investment income percentage from						%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box as						
b 33 1/3% support tests - 2020. If the line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						

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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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.)

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Par	rt IV Supporting Organizations (continued)			_
		Ye	s No	_
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	d		
	11c below, the governing body of a supported organization?	11a		_
	A family member of a person described on line 11a above?	11b		_
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, pr	rovide		
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			_
		Ye	s No	_
1	Did the governing body, members of the governing body, officers acting in their official capacity, or member			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	ation's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organiz			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocate			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax yea	•		_
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			_
		Ye	s No	_
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			_
		Ye	s No	_
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the pr	ior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of t	he		
	organization's governing documents in effect on the date of notification, to the extent not previously provide			
	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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have	e a		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		_
Sect	ction E. Type III Functionally Integrated Supporting Organizations			_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).		_
а				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		ental entity (see instruction <u>s).</u>		_
2	Activities Test. Answer lines 2a and 2b below.	Ύe	s No	_
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		_
		nt,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain	in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		_
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		_
	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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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations			
1	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		•	·		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
с	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting orga	nization (see		
	instructions).	-				

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	t V Type III Non-Functionally Integrated 509		nizations (continu	T (PQ)	3-2322/04 Page 7
	on D - Distributions	(a)(o) capporting orga	COMMINE	ieu)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mnt nurnoses		1	Odirent real
2	Amounts paid to perform activity that directly furthers exemp	<u> </u>		<u> </u>	
_	organizations, in excess of income from activity	or purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	oo or supported organizations		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	ovide details ii) - and any		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>_i</u>	Carryover from 2016 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

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Schedule B

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

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

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	$oxed{X}$ 501(c)($oxed{3}$) (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.				
General	nuie					
	-	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	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter h purpose. Don't con	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., nplete 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				
answer '	aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must newer "No" on 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 certify at it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 2

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 a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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		s250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 222,400 •	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		\$\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page 2

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 a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	* \$ 750,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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.	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			

123453 11-11-21

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** ROBERT F. KENNEDY CENTER FOR JUSTICE 13-2522784 AND HUMAN RIGHTS Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

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Schedule B (Form 990) (2021)

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021
Open to Public

Inspection

ROBERT F. KENNEDY CENTER FOR JUSTICE

AND HUMAN RIGHTS

Employer idea

13-

Employer identification number 13-2522784

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Simi	lar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		·
		(a) Donor advised fu	nds (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 $\boldsymbol{\nu}$	writing that the assets held in	donor advised fund	
	are the organization's property, subject to the organization's	exclusive legal control?		X Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant f	unds can be used o	nly
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any ot	her purpose conferr	
_	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" or	n Form 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, recreated	tion or education)	reservation of a histo	orically important land area
	Protection of natural habitat	L Pr	eservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contributior	n in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
a				2a
b				2b
С.	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
•	listed in the National Register	and a state of the		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or termi	inated by the organi	zation during the tax
	year			
4	Number of states where property subject to conservation eas		handling of	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		nforcing conservation	
Ü	b	narioning or violations, and or	nording conservatio	Treasements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforc	ing conservation eas	sements during the year
•	► \$	g or moralione, and ornere	9	somenie dannig and year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of	section 170(h)(4)(B)	(i)
	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 fina	incial statements tha	at describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasu	ıres, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its revenue	statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or r	research in furtheran	nce of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describe	es these items.	
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenue sta	tement and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	earch in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of art, historical treat	asures, or other similar asset	s for financial gain, p	provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021

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Sche		AN RIGHTS					522784	
Pai	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Sir	nilar Asse	ts (contin	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	signific	cant use of it	S	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	nange program				
b	Scholarly research	е	Other					
С	X Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt p	ourpose in Pa	ırt XIII.	
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	ures, or other simil	ar asse	ets _		
	to be sold to raise funds rather than to be ma						Yes	X No
Pai	rt IV Escrow and Custodial Arrang		te if the organization	n answered "Yes" (on Forn	n 990, Part I\	/, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	or other assets no	t inclu	ded		
	on Form 990, Part X?					L	Yes	L No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:							
					L		Amount	
С	Beginning balance					1c		
d	Additions during the year				L	1d		
е	Distributions during the year				L	1e		
f	Ending balance				L	1f		
	Did the organization include an amount on Fo		•		•	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Pai	rt V Endowment Funds. Complete it							
		(a) Current year	(b) Prior year	(c) Two years back	_	hree years bac	_	years back
1a	Beginning of year balance	2,386,750.	2,300,208.	2,281,254		1,733,452		564,752.
b	Contributions	6,494.	4,400.	-124,872		703,822		121,126.
С	Net investment earnings, gains, and losses	121,225.	155,974.	215,487	•	-87,159	159. 126,148	
d	Grants or scholarships							
е	Other expenditures for facilities	= 6 600	- 2.000	=4 664			.	
	and programs	76,632.	73,832.	71,661	•	68,861		78,574.
f	Administrative expenses		0.005.770			2 221 25		
g	End of year balance	2,437,837.	2,386,750.		•	2,281,254	1,	733,452.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment		_%					
b		%						
С								
	The percentages on lines 2a, 2b, and 2c shou	•						
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	d administered for	the org	ganization	Г	Vaa Na
	by:							Yes No
	(i) Unrelated organizations							X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization						3b	
4 Dai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipme		vment funds.					
Fai	Complete if the organization answered		Dort IV line 11e S	oo Form 000 Port	V lino	10		
			i	- i			(-I) D I	1
	Description of property	(a) Cost or ot basis (investm		, , ,	Accun depreci	nulated	(d) Book	value
	Land	,	Dasis (Other)	aspieci	ation		
_	Land							
b	•		16	9,971.	221	1,406.	227	565
C	Leasehold improvements			2,998.		723.		7,565. 5,275.
d	1 1			5,882.		7,507.		3,375.
	Other		•					2,215.
ıota	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	<u>(, column (B), line 1(</u>	<i>JC.)</i>			042	, 419.

DocuSign Envelope ID: F7281065-8CCF-4EB1-9BBC-D6E105B4A3B4 ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS 13-2522784 Page 3 Schedule D (Form 990) 2021 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (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.

(a) Description	(b) Book value
(1) DEPOSITS	24,126.
(2) OTHER ASSETS	1,650.
(3) FINE ART	40,300.
(4) BENEFICIAL INTEREST IN REMAINDER TRUST	33,367,228.
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	33,433,304.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	481,826.
(3) GUARANTOR DEBT TO INS TRUSTS	802,701.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,284,527.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS 13-2522784 Page 4 Schedule D (Form 990) 2021 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 7,509,693. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 -25,840a Net unrealized gains (losses) on investments 233,880. Donated services and use of facilities 2c Recoveries of prior year grants Other (Describe in Part XIII.) 208,040. Add lines 2a through 2d 2e 7,301,653. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 225,512. c Add lines 4a and 4b 4c 7,527,165. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 11,330,499. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 233,880. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other (Describe in Part XIII.) 233,880. Add lines 2a through 2d 2e 11,096,619. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 225,512. 4c c Add lines 4a and 4b 322,131. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART III, LINE 4: THE COLLECTION CONSISTS OF COINS OF THE LATE ROBERT F. KENNEDY AND SCULPTURES THAT WERE DONATED FROM THE ESTATE OF ERNA STENZLER TO THE ORGANIZATION FOR PRESERVATION FOR FUTURE GENERATIONS. PART V, LINE 4: FUNDS TO BE HELD IN PERPETUITY AND INCOME TO BE USED TO SUPPORT ORGANIZATION'S PROGRAM EXPENSES. PART X, LINE 2: THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)

Schedule D (Form 990) 2021

INTERNAL REVENUE CODE AS A SECTION 501(A) ORGANIZATION.

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13-2522784 Page 5 AND HUMAN RIGHTS Schedule D (Form 990) 2021 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, 2021 AND 2020. 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 4B - OTHER ADJUSTMENTS: **EVENT EXPENSES** 87,975. PART XII, LINE 4B - OTHER ADJUSTMENTS: **EVENT EXPENSES** 87,975.

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS 13-2522784

Pa	rt I	General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on
		Form 990, Part IV	/, line 14b.				
1	For g	rantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	nts and other assistance,	
	the gr	antees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
2	For g	rantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance outsi	de the
	Unite	d States.					
3	Activi	ties per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
			offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
			in the region	independent contractors	gram services, investments, grants to	describe specific type	investments
				in the region	recipients located in the region)	of service(s) in the region	in the region
						ESTABLISHMENT OF PROGRAM	
EURC	OPE		0	1	PROGRAM SERVICES	IN UK	315,000.
						PROVIDED FUNDS FOR THE	
נעספ	TH ASI	A	0	6	PROGRAM SERVICES	PROJECT IN INDIA	223,000.
	0.17	.1.1	0	7			538,000.
	Subto		<u> </u>	 			330,000.
b		from continuation		_			_
		s to Part I	0	0			0.
С		s (add lines 3a		_			E20 000
	and 3	b)	0	7			538,000.

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

Schedule F (Form 990) 2021 AND HUMAN RIGHTS 13-2522784

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING ICELAND AND				_		
		GREENLAND)	PROGRAM SUPPORT	198,271.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	75,000.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE	PROGRAM SUPPORT	20,492.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	9,471.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE	PROGRAM SUPPORT	72,387.	WIRE TRANSFER	0.	N/A	N/A
2 Enter total number of			ecognized as charities by the					

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
 Enter total number of other organizations or entities

→ 5 0

Schedule F (Form 990) 2021

Page 2

Schedule F (Form 990) 2021 AND HUMAN RIGHTS 13-2522784 Page 3

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.

Part III can be duplicated if a	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021 Part IV Foreign Forms 13-2522784 AND HUMAN RIGHTS Page 4

	1 oreign rorms		
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

AND HUMAN RIGHTS 13-2522784 Schedule F (Form 990) 2021 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: THROUGH CONTINUED CLOSE PARTNERSHIP WITH THE ORGANIZATIONS AND CONDUCTED SITE VISITS TO MONITOR THE USE OF THE GRANTS.

Schedule F (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	► Go	to www.irs.gov/Form990 for instru	uction	s and	the latest information	on.	Inspection
Name of the organization		F. KENNEDY CENTER I	FOR	JUS	STICE	l l	er identification number 5 2 2 7 8 4
Part I Fundraisi		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li		
required to o	complete this par	t.					
1 Indicate whether the	e organization rais	sed funds through any of the followin					
a Mail solicitati					overnment grants		
<u> </u>	email solicitations				nment grants		
c Phone solicita d In-person soli		g Special	lunura	aising	events		
 •		or oral agreement with any individual	(includ	ling of	fficers, directors, trust	ees, or	
		art VII) or entity in connection with pr					Yes No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be							
compensated at lea	ast \$5,000 by the	organization.					
(i) Name and address or entity (fund	(ii) Activity (iv) Gross Technique (by) to (or re						to (or retained by)
			Yes	No	-		
Tatal							
		on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt fro	om registration
or neerising.							

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

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021

AND HUMAN RIGHTS

13-2522784 Page 2

Pa	ırt I		•			
_		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			RIPPLE OF		NONE	(add col. (a) through
			HOPE GALA	((tatal acceptant)	col. (c))
Р			(event type)	(event type)	(total number)	
Revenue			5 405 724			F 405 724
Re	1	Gross receipts	5,495,734.			5,495,734.
	2	Less: Contributions	5,374,384.			5,374,384.
	_	Less. Contributions	3,374,304.			3,374,304.
	3	Gross income (line 1 minus line 2)	121,350.			121,350.
			,			, , , , , , ,
	4	Cash prizes				
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs				
Direct Expenses			242 450			242 450
rect	7	Food and beverages	343,458.			343,458.
ā			114 244			111 211
	8	Entertainment Other direct consenses				114,344. 5,121.
	9 10	Other direct expenses				462,923.
	11	Net income summary. Subtract line 10 from li			>	-341,573.
Pa						311/3/30
		\$15,000 on Form 990-EZ, line 6a.		,	,	
			(a) Bingo	(b) Pull tabs/instar		(d) Total gaming (add
Revenue			(a) Birigo	bingo/progressive bi	ngo (C) Other garring	col. (a) through col. (c))
eve						
	1	Gross revenue				
es	2	Cash prizes				
ens						
Direct Expenses	3	Noncash prizes				+
S T	4	Pont/facility costs				
Dir	4	Rent/facility costs				
	5	Other direct expenses				
	Ŭ		Yes %	Yes	% Yes %	
	6	Volunteer labor	No No	No No	No No	
					,	
	7	Direct expense summary. Add lines 2 through	n 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 a				Yes No
b) IT "	No," explain:				
10-	\\/	ere any of the organization's gaming licenses re	avoked suspended or te	rminated during the	tay year?	Yes No
		Yes," explain:			tan your:	163 . 140
		, ,				
						- dula O (F 000) 000
13208	32 10)-21-21			Sche	edule G (Form 990) 2021

Sch	edule G (Form 990) 2021 AND HUMAN RIGHTS	13-2522784 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
12	Indicate the percentage of gaming activity conducted in:	
		10-1
	The organization's facility	
	o An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	is:
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount
	of gaming revenue retained by the third party > \$	
	E If "Yes," enter name and address of the third party:	
•	on 100, onto hame and addition of the time party.	
	Name ▶	
	Address >	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation > \$	
	Description of services provided	
	District of the control of the contr	
	Director/officer Employee Independent contractor	
	Mandatory distributions:	
a	s the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the
	organization's own exempt activities during the tax year ▶ \$	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
_		
_		

				CENTER FOR	JUSTICE		
Schedule C	G (Form 990) Supplemental Infor	AND HUMAN	RIGHTS			13-2522784	Page 4
Part IV	Supplemental infor	mation (continued))				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization $egin{array}{ll} ROBERT & F . \\ AND & HUMAN \\ \end{array}$		CENTER FOR .	JUSTICE				Employer identification number $13-2522784$
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's process. 	stance?				-		
Part II Grants and Other Assistance to I recipient that received more than \$	Domestic Organiz	zations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HAITIAN BRIDGE ALLIANCE 13 OVERTURE LANE							
ALISO VIEJO, CA 92656	81-3558713	501(C)(3)	164,970.	0.	N/A	N/A	GRANT ASSISTANCE
UPTRUST, INC. 156 2ND STREET SAN FRANCISCO, CA 94105	37-3356062	501(C)(3)	100,000.	0.	N/A	N/A	GRANT ASSISTANCE
RFK COMMUNITY ALLIANCE 120 OLD COMMON ROAD LANCASTER, MA 01523	04-2457298	501(C)(3)	25,000.	0.	N/A	N/A	GRANT ASSISTANCE
AFGHAN-AMERICAN COMMUNITY ORGANIZATION - 11735 BAIRD AVENUE - PORTER RANCH, CA 91326	82-3792356	501(C)(3)	14,970.	0.	N/A	N/A	GRANT ASSISTANCE
DONATO J. TRAMUTO FOUNDATION P.O. BOX 1728 OGUNQUIT, ME 03907	03-0373845	501(C)(3)	5,102.	0.	N/A	N/A	GRANT ASSISTANCE
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table		1		5.
3 Enter total number of other organizations	s listed in the line 1	1 table					> 0.

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

Schedule I (Form 990) 2021 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.

(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/JOURNALISM AWARDS	1	2,500.	0.	N/A	N/A
JOURNALISM	13	11,500.	0.	N/A	N/A
ASSISTANCE (LIVING, ETC.)	32	42,350.	0.	N/A	N/A

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

PART I, LINE 2:

THE ROBERT F. KENNEDY (RFK) HUMAN RIGHTS AWARD IS PRESENTED ANNUALLY TO

INDIVIDUALS WHO, AT GREAT PERSONAL RISK, STAND UP TO OPPRESSION IN THE

NONVIOLENT PURSUIT OF RESPECT FOR HUMAN RIGHTS. THE AWARD REFLECTS ROBERT

KENNEDY'S ABSOLUTE OPPOSITION TO TYRANNY AND HIS BELIEF IN THE POWER OF

INDIVIDUAL MORAL COURAGE TO OVERCOME INJUSTICE. THE AWARD, ESTABLISHED IN

1984, SEEKS TO DRAW THE WORLD'S ATTENTION TO THE WORK OF ONE OR MORE

COURAGEOUS INDIVIDUALS, THE RFK HUMAN RIGHTS AWARD LAUREATES, WHO MAKE

GREAT PERSONAL SACRIFICES, OFTEN RISKING THEIR LIVES, TO PROMOTE RESPECT

13-2522784

Page 2

Sched	ule I (Form 9	990) plemental		OBERT F.	KENNEDY RIGHTS	CENTER	FOR	JUSTICE	13-2522784	Page 2
Part	IV Sup	piementai	Intorm	ation						
FOR	HUMAN	RIGHTS	AND	REALIZE	POSITIVE	E CHANGI	Ε			

Schedule I (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

OMB No. 1545-0047

Open to Public 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

 $Employer\ identification\ number \\ 13-2522784$

Pa	art I Questions Regarding Compensation			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	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
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	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		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 AND HUMAN RIGHTS 13-2522784

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KERRY KENNEDY	(i)	350,000.	150,000.	594.	24,500.	17,223.	542,317.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL SCHREIBER	(i)	300,000.	125,000.	23,541.	21,000.	34,915.	504,456.	0.
CHIEF OPERATING OFFICER	ii)	0.	0.	0.	0.	0.	0.	0.
(3) LYNN DELANEY	(i)	230,000.	75,000.	21,644.	16,100.	35,090.	377,834.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEFFREY SIMINOFF	(i)	249,900.	10,000.	0.	17,500.	17,359.	294,759.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAWN ROSS	(i)	136,892.	6,000.	0.	10,500.	34,510.	187,902.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(6) WADE MCMULLEN	(i)	150,806.	6,160.	0.	10,780.	13,997.	181,743.	0.
SENIOR VP, PROGRAMS & LEGAL STRATEGY	ii)	0.	0.	0.	0.	0.	0.	0.
(7) SANCIA DALLEY	(i)	154,424.	6,182.	0.	10,819.	8,280.	179,705.	0.
SENIOR VP, COMPASS INVESTOR PROGRAM	ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANGELITA BAEYENS	(i)	136,465.	5,800.	0.	10,150.	22,050.	174,465.	0.
VP, INTERNATIONAL ADVOCACY & LITIGAT	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
I	ii)							
	(i)							
I	ii)							
	(i)							
	ii)							
	(i)							
I	ii)							
	(i)							
I	ii)							
	(i)							
I	ii)							

Schedule J (Form 990) 2021

Page 2

ROBERT F. KENNEDY CENTER FOR JUSTICE 13-2522784 AND HUMAN RIGHTS Schedule J (Form 990) 2021 Page 3 Part III | Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. PART I, LINE 7: - STAFF BONUSES WERE DETERMINED BY ALLOCATION OF A POOL OF \$225,000 WHICH WAS THEN APPLIED TO THE PERFORMANCE RANKS TO ALLOW FOR BONUS AWARDS OF 4%. BONUS COMPENSATION FOR LYNN, KERRY, AND MICHAEL WAS DETERMINED BY THE BOARD & FINANCE COMMITTEE. BONUSES FOR LYNN, KERRY, AND MICHAEL TOTALED \$350,000.

Schedule J (Form 990) 2021

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

OMB No. 1545-0047

2021

Open To Public Inspection

lame of the or				KENNEDY RIGHTS	CE	NTE	R FOR JUST	ICE	2	1 -	-	ident		on nu	mber
Part I E					01(c)(3), secti	on 501(c)(4), and se	ctior	n 501(c)(29) orgai						
С	omplete if the o	organization a	answ	ered "Yes" on F	orm 9	90, Pa	urt IV, line 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name	of disqualified p	person	(b) R	elationship bety			ified (e	c) De	escription of tran	sactio	n			Corre	cted?
(4)				person and or	ganiza	ation	,						<u> </u>	es	No
													+	+	
													+	-	
													+	-	
2 Enter the section 49		•		•	•		ualified persons dur	•	•		▶ \$				
3 Enter the	amount of tax,										> \$				
		.,													
	oans to and														
	•	· ·					Part V, line 38a or F	orm	n 990, Part IV, line	e 26; c	or if th	e orga	nizatio	n	
	eported an amoi ame of	(b) Relations		(c) Purpose		an to or	(e) Original	14	i) Balance due	(g)	\ In	(h) Ap	proved	/i) \/\	ritten
	ed person	with organiza		of loan	fror	n the ization?	principal amount	") balarice due	defa		by bo	ard or		ment?
					То	From				Yes	No	Yes	No	Yes	No
												<u> </u>			
												<u> </u>	├─		
												 	\vdash		_
												\vdash			\vdash
otal							> \$								
	irants or As			_											
	omplete if the o								(), =		- 1				<u> </u>
(a) Name	e of interested p	person	(1	b) Relationship interested pers the organization	on an		(c) Amount of assistance		(d) Type assistand			•) Purp assista		Ī
											-+				
											\neg				
				<u> </u>											

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

Schedule L (Form 990) 2021

Schedule L (Form 990) 2021 AND HUMAN RIGHTS 13-2522784 Page 2

Part IV Business Transactions Involv	<u> </u>			701 Tage 2	
(a) Name of interested person	e if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (b) Relationship between interested person and the organization transaction (d) Descriptions transaction transaction				
MARK FREITAS	HE IS RFK'S BOARD M	37,346.	BROKER MAIN	Yes No X	
Provide additional information for resc	onses to questions on Schedule L (see i	nstructions).			
SCH L, PART IV, BUSINESS T			D DEDCOMO.		
		G INIEKESIE	TO PERSONS:		
(A) NAME OF PERSON: MARK F	REITAS				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
HE IS RFK'S BOARD MEMBER,	HIS COMPANY IS THE R	FK'S INSURA	NCE BROKER		
(D) DESCRIPTION OF TRANSAC	TION: BROKER MAINTAL	NS RFK'S BU	SINESS		
INSURANCE POLICIES.					

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

AFFAIRS.

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 Form 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization ROBERT F. KENNEDY CENTER FOR JUSTICE **Employer identification number** 13-2522784 AND HUMAN RIGHTS 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 \$ 190,415. INCLUDING GRANTS OF \$ 12,284. REVENUE \$ 28,350. RFK COMPASS PROGRAM: RFK COMPASS PROGRAM HOSTS ANNUAL CONFERENCES DESIGNED TO HELP INVESTMENT OFFICERS AND TRUSTEES OF PUBLIC AND CORPORATE PENSION FUNDS, ENDOWMENTS, SOVEREIGN WEALTH FUNDS AND NOTABLE FAMILY OFFICES TO FULFILL THEIR FIDUCIARY DUTIES AND MEET THE CHALLENGES OF INVESTING TODAY. THE PROGRAM WAS LAUNCHED IN 2010 TO BRING TOGETHER THESE INVESTMENT PROFESSIONALS TO DISCUSS THE EVOLVING ROLE OF LONG-TERM ASSET OWNERSHIP AND WAYS TO DELIVER SUPERIOR RISK-ADJUSTED RETURNS WITH CONSIDERATIONS FOR HUMAN AND LABOR RIGHTS, CORPORATE GOVERNANCE, AND ENVIRONMENTAL AND SOCIETAL RESPONSIBILITY AS CRUCIAL ELEMENTS OF INVESTMENT MANAGEMENT. RFK COMPASS DISTINGUISHES ITSELF FROM OTHER INVESTMENT CONFERENCES BY HOSTING INVITATION-ONLY, MEDIA FREE GATHERINGS THAT ALLOW FOR DIRECT ENGAGEMENT WITH PEERS, TOP MANAGERS, POLICY MAKERS AND THOUGHT LEADERS.

Schedule O (Form 990) 2021 Page 2 Name of the organization ROBERT F. KENNEDY CENTER FOR JUSTICE **Employer identification number** 13-2522784 AND HUMAN RIGHTS EXPENSES \$ 916,981. INCLUDING GRANTS OF \$ 4,387. 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. EXPENSES \$ 230,720. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. RFK EUROPE, LOCATED IN ITALY, WORKS WITH THE ORGANIZATION ADVISING ON ITS HUMAN RIGHTS INITIATIVE. BRINGING STTP TO ITALIAN AND OTHER EUROPEAN CLASSROOMS AND COLLABORATING ON ADVOCACY AND CURRICULUM PROJECTS. EXPENSES \$ 207,545. INCLUDING GRANTS OF \$ 73,622. REVENUE \$ 0. THE ORGANIZATION SUPPORTS THE DEVELOPMENT OF HUMAN RIGHTS EDUCATIONAL PROGRAMS BOTH IN SCHOOLS AND WITHIN THE GENERAL PUBLIC SPACE. THE PRIMARY EFFORTS ARE ALIGNED AROUND THE DEVELOPMENT OF A MAJOR HUMAN RIGHTS FESTIVAL WHICH WILL BE DELIVERED IN PARTNERSHIP WITH A LOCAL MUNICIPAL GOVERNMENT AND SET OF WELL-ESTABLISHED LOCAL ADVOCACY ORGANIZATIONS. EXPENSES \$ 316,285. INCLUDING GRANTS OF \$ 173,966. REVENUE \$ 0. Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021 Page 2

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

Employer identification number 13-2522784

RFK LEGACY PROGRAM'S PURPOSE IS TO EDUCATE NEW AUDIENCES ABOUT ROBERT

KENNEDY'S LIFE AND WORK, FOCUSING ON THE EFFECT OF HIS WORK AND HOW HIS

EFFORTS AND BELIEFS RELATE TO TODAYS ISSUES, USING AN ONLINE

CURRICULUM, THE NEW WEBSITE, A PHOTO ARCHIVE AND A TRAVELING

EDUCATIONAL EXHIBIT. IT IS PRIMARILY AN EDUCATIONAL INITIATIVE TO

INSPIRE NEW GENERATIONS TO ACT AND TO MAKE A DIFFERENCE.

EXPENSES \$ 434,867. INCLUDING GRANTS OF \$ 21,935. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1A:

COMPOSITION: THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE FOUNDER, CHAIR,
VICE CHAIR(S), PRESIDENT, SECRETARY, TREASURER, CHAIRS OF THE FOUR STANDING

COMMITTEES OF THE BOARD, AND SUCH OTHER DIRECTORS AS THE BOARD SHALL ELECT

BY MAJORITY VOTE OF THE DIRECTORS IN OFFICE AT A DULY CONSTITUTED MEETING

OF THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR AND CHIEF OPERATING

OFFICER SHALL SERVE AS NON-VOTING, EX OFFICIO MEMBERS OF THE EXECUTIVE

COMMITTEE. EXECUTIVE COMMITTEE MEMBERS MAY SERVE MORE THAN ONE TERM. THE

ABOVE OFFICERS OF THE CENTER SHALL SERVE IN THE SAME TITLE AND CAPACITY ON

THE EXECUTIVE COMMITTEE AS THEY DO WITH REGARD TO THE CENTER.

POWERS AND AUTHORITY:

THE EXECUTIVE COMMITTEE SHALL HAVE ALL OF THE AUTHORITY OF THE BOARD OF

DIRECTORS DURING THE PERIODS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS,

EXCEPT:

- (A) WHERE SUCH ACTION IS PROHIBITED BY LAW OR THESE BYLAWS;
- (B) WHERE SUCH ACTION IS PROHIBITED BY THE ARTICLES OF INCORPORATION;
- (C) THE POWER TO AMEND OR REPEAL THESE BYLAWS;
- (D) THE POWER TO AMEND OR REPEAL AN ACTION TAKEN BY THE BOARD;
- (E) THE POWER TO SET COMPENSATION FOR THE EXECUTIVE STAFF;

Schedule O (Form 990) 2021 Page 2 Name of the organization ROBERT F. KENNEDY CENTER FOR JUSTICE **Employer identification number** 13-2522784 AND HUMAN RIGHTS (F) THE POWER TO ELECT OR REMOVE DIRECTORS, OFFICERS, TRUSTEES, THE EXECUTIVE DIRECTOR OR THE CHIEF OPERATING OFFICER; (G) THE POWER TO ADOPT A PLAN OF MERGER; AND THE POWER TO AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE CORPORATION. THE EXECUTIVE COMMITTEE SHALL: (A) MONITOR THE CENTER'S COMPLIANCE WITH ITS LEGAL OBLIGATIONS; (B) ACT AS THE LEGAL REPRESENTATIVE OF THE BOARD DURING EMERGENCIES; (C) SERVE AS THE PRIMARY SUPPORT MECHANISM FOR THE EXECUTIVE STAFF DURING NORMAL BUSINESS AND TIMES OF CRISIS; (D) IN COLLABORATION WITH THE GOVERNANCE AND NOMINATING COMMITTEE, REVIEW EACH DIRECTOR'S ACTIVITY, PARTICIPATION, AND FULFILLMENT OF RESPONSIBILITIES; (E) RECOMMEND NEW DIRECTORS TO THE GOVERNANCE AND NOMINATING COMMITTEE; AND (F) CREATE NON-STANDING COMMITTEES AND TASK FORCES AS NECESSARY. ANY ACTION BY THE EXECUTIVE COMMITTEE SHALL BE REPORTED IN WRITING TO THE BOARD WITHIN SEVEN (7) DAYS OF SAID ACTION AND SHALL BE SUBJECT TO APPROVAL, REVISION, OR DISAPPROVAL BY THE BOARD, PROVIDED THAT NO SUCH RECONSIDERATION SHALL ADVERSELY AFFECT THE RIGHTS OF THIRD PARTIES WHO HAVE ACTED IN RELIANCE ON THE ACTION OF THE EXECUTIVE COMMITTEE TAKEN IN ACCORDANCE WITH THE AUTHORITY OF THESE BYLAWS. FORM 990, PART VI, SECTION A, LINE 2: ETHEL KENNEDY, FOUNDER, KERRY KENNEDY, PRESIDENT, JOSEPH KENNEDY III, BOARD MEMBER, AND CARA KENNEDY-CUOMO, BOARD MEMBER, ALL SERVED ON THE BOARD OF DIRECTORS DURING THE TAX YEAR AND HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

AN ACCOUNTING FIRM PREPARES THE FORM 990, AND THE DRAFT IS REVIEWED BY THE

132212 11-11-21

Schedule O (Form 990) 2021

<u>Schedule O (Form 990)</u> 2021 Page **2**

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

Employer identification number 13-2522784

OUTSOURCED CPA ACCOUNTANT, WHO COMPARES THE DRAFT TO THE AUDITED FINANCIAL

STATEMENTS. THE OUTSOURCED ACCOUNTANT AND THE CHIEF OPERATING OFFICER

ADDRESS ANY AREAS OF CONCERN, AND THE FINAL FORM 990 IS FORWARDED TO THE

MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. THE BOARD

ADDRESSES ANY POTENTIAL OR POSSIBLE CONFLICTS WITH STAFF OR BOARD MEMBERS.

THERE IS A TRANSPARENT PROCESS IN WHICH ANY POSSIBLE CONFLICT ISSUE IS

DISCUSSED WITH THE PERSON AND THEN OPENLY AMONG THE BOARD MEMBERS, WHO

REVIEW THE SITUATION, AND MAKE RECOMMENDATIONS, APPROVALS, AND DECISIONS.

THE EXECUTIVE COMMITTEE WILL TYPICALLY REVIEW THE SITUATION FIRST, AND THE

BOARD WILL TAKE INTO CONSIDERATION THEIR POSITION AS WELL.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT, CHIEF OPERATING OFFICER, AND EXECUTIVE DIRECTOR'S

COMPENSATION ARE REVIEWED AND APPROVED BY THE CHAIRMAN OF THE BOARD. THE

CHAIRMAN USES FORM 990S OF OTHER ORGANIZATIONS, COMPENSATION SURVEYS, AND

OTHER MEANS TO DETERMINE THE REASONABLENESS OF THEIR COMPENSATION. THIS

REVIEW TOOK PLACE IN 2020.

THE BOARD APPROVES AND DOCUMENTS THE COMPENSATION OF THE ONLY BOARD MEMBER
WHO IS A KEY EMPLOYEE. THE PRESIDENT, CHIEF OPERATING OFFICER, AND

EXECUTIVE DIRECTOR DETERMINE THE COMPENSATION OF THE OTHER STAFF USING
BUDGET GUIDELINES AS APPROVED AND DOCUMENTED BY THE BOARD. THIS REVIEW TOOK
PLACE IN 2020.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

Schedule O (Form 990) 2021 Name of the organization ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS	Page 2 Employer identification number 13-2522784
AK, AL, AR, AZ, CA, CT, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, N	NH,NJ,NM,NY,OH,OK
OR, PA, RI, SC, TN, UT, VA, WA, WI, WV	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE. ALI	OTHER DOCUMENTS
(CONFLICT OF INTEREST POLICY) ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PARTNERS FOR HUMAN RIGHTS:	
PROGRAM SERVICE EXPENSES	263,316.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	263,316.
SPEAK TRUTH TO POWER:	
PROGRAM SERVICE EXPENSES	84,633.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	84,633.
BOOK AND JOURNALISM AWARDS:	
PROGRAM SERVICE EXPENSES	76,124.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	76,124.
RFK YOUNG LEADERS:	
PROGRAM SERVICE EXPENSES	18,198.
132212 11-11-21	Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization ROBERT F. KENNEDY CENTER FOR JUSTICE	Page 2
Name of the organization ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS	Employer identification number 13-2522784
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,198.
COMPASS:	
PROGRAM SERVICE EXPENSES	125,508.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	125,508.
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	591,525.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	591,525.
RFK LEGACY:	
PROGRAM SERVICE EXPENSES	6,522.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,522.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	202,155.
FUNDRAISING EXPENSES	614,621.
TOTAL EXPENSES	816,776.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,982,602.
132212 11-11-21	Schedule O (Form 990) 2021

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STATE COPY

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Dep	artment o rnal Reve	of the Treasury enue Service	➤ Go to www.ir	s.gov/Form990 for i	instructions an	nd the late	est information.	Inspection
Α	For th	e 2021 calend	dar year, or tax year beginning		and	d ending		
В	Check if	C Name o	of organization				D Employer identif	cation number
	applicab		ERT F. KENNEDY CH	ENTER FOR J	USTICE			
	Addre chang	ess ge AND	HUMAN RIGHTS					
	Name chang	ge Doing b	ousiness as ROBERT F	. KENNEDY I	HUMAN RI	GHTS	13-25227	84
	Initial returr	Numbe	r and street (or P.O. box if mail is	not delivered to street a	address)	Room/su	ite E Telephone numbe	er
	Final	1300) 19TH STREET, NV		,	750	(202) 54	
	termi ated		town, state or province, country	, and ZIP or foreign i	postal code		G Gross receipts \$	14,210,918.
	Amer returr	ided TATA CIT	INGTON, DC 2003				H(a) Is this a group r	eturn
	Appli tion	F Name	and address of principal officer:	KERRY KENN	EDY		for subordinates	
	pendi	SAME	AS C ABOVE				H(b) Are all subordinates i	ncluded? Yes No
I	Tax-ex	If "No," attach a	a list. See instructions					
			RFKHUMANRIGHTS.	ORG			H(c) Group exemption	on number
K	Form o	f organization:	X Corporation Trust	Association	Other >	L Ye	ear of formation: 1968 I	M State of legal domicile: DC
P	art I	Summary	r					
	1	Briefly descri	be the organization's mission or	most significant act	ivities: ADVA	NCE F	RESPECT FOR H	UMAN RIGHTS
Governance		AND SOC	CIAL JUSTICE, PRO	OMOTE INDIV	IDUAL A	CTION	•	
2	2	Check this be	ox if the organization	discontinued its ope	rations or dispo	osed of mo	ore than 25% of its net as	sets.
Š	3	Number of vo	oting members of the governing	body (Part VI, line 1a	ı)		3	43
Ğ	4	Number of in	dependent voting members of the	he governing body (F				42
Activities &	5	Total number	of individuals employed in cale	ndar year 2021 (Part	V, line 2a)		5	52
į	6	Total number	of volunteers (estimate if neces	sary)			6	65
÷	7 a		ed business revenue from Part V					0.
_	, p	Net unrelated	business taxable income from	Form 990-T, Part I, li	ne 11	<u></u>	7b	0.
							Prior Year	Current Year
a	8	Contributions	and grants (Part VIII, line 1h)			L	16,304,907.	6,635,960.
Ì	9	Program serv	rice revenue (Part VIII, line 2g)			L	20,850.	28,350.
Revenue	10	Investment in	icome (Part VIII, column (A), line	s 3, 4, and 7d)			735,520.	
α	11	Other revenu	e (Part VIII, column (A), lines 5, 6	6d, 8c, 9c, 10c, and	11e)		-190,838.	-337,570.
	12	Total revenue	e - add lines 8 through 11 (must	equal Part VIII, colun	nn (A), line 12)		16,870,439.	
	13	Grants and s	milar amounts paid (Part IX, col	umn (A), lines 1-3)			1,003,324.	886,571.
	14	Benefits paid	to or for members (Part IX, colu	ımn (A), line 4)			0.	
v.	15	Salaries, othe	er compensation, employee bene	efits (Part IX, column	(A), lines 5-10)		5,942,015.	6,067,672.
Expenses	16a	Professional	fundraising fees (Part IX, columr	n (A), line 11e)			380,000.	0.
Ď	b	Total fundrais	sing expenses (Part IX, column (D), line 25)	1,487,3	<u> 842.</u>		
ú	ì 17	Other expens	ses (Part IX, column (A), lines 11	a-11d, 11f-24e)			3,560,110.	
	18	Total expens	es. Add lines 13-17 (must equal	Part IX, column (A), I	ine 25)		10,885,449.	
	19	Revenue less	expenses. Subtract line 18 fron	n line 12			5,984,990.	-3,794,966.
Net Assets or	SS .						Beginning of Current Year	End of Year
sets	20	Total assets	Part X, line 16)				64,254,561.	60,116,357.
t As	21						2,927,075.	2,609,677.
2	22		fund balances. Subtract line 21	from line 20			61,327,486.	57,506,680.
	art II	Signatur						
			I declare that I have examined this					y knowledge and belief, it is
true	e, corre	ct, and complet	e. Declaration of preparer (other than	n officer) is based on al	I information of w	vhich prepa	rer has any knowledge.	
		0:	- Latin				Data	
Sig	jn	1 '	re of officer				Date	
He	re		IAEL SCHREIBER, (CHIEF OPERA	TING OF	FICER		
		+	print name and title	<u> </u>			I Doto I a	DTIN
		Print/Type pro		Preparer's sign			Date Check [PTIN
Pai		AMY CHA		AMY CHA	PMAN		11/15/22 self-emplo	
	parer	Firm's name				F 0 0	Firm's EIN ▶	41-0746749
Use	Only	Firm's addres	s ► 420 SOUTH ORAI		SUITE	500	1.0	77 000 1000
_			ORLANDO, FL 32				Phone no. 4 0	7-802-1200
Ma	y the I	RS discuss th	is return with the preparer show	n above? See instruc	ctions			X Yes No

ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS 13-2522784 <u> Page</u> **2** Form 990 (2021) Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III 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 Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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. 600,376.) (Revenue \$ 2,398,672. including grants of \$) (Expenses \$ 4a 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 1,197,778. including grants of \$) (Expenses \$) (Revenue \$ 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 1,436,940. 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, MEDIA OUTREACH AND EDUCATION.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 2,296,813. including grants of \$

286,194.) (Revenue \$

28,350.)

4e Total program service expenses

7,330,203.

Form 990 (2021)

AND HUMAN RIGHTS

13-2522784

Page 3

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Х
4	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	3		
5	during the tax year? If "Yes," complete Schedule C, Part II	4		X
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			Х
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		- 21
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	Х	
18		10	- 72	
18 19	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		_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19 20a		X
19 20a	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			_
19 20a	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	x	_

Part IV Checklist of Required Schedules (continued)

AND HUMAN RIGHTS

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Page 4

			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	Х							
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current									
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete									
	Schedule J	23	Х							
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			,,						
	Schedule K. If "No," go to line 25a	24a		X						
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b								
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-								
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d								
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u								
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x						
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Lou								
-	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 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	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,									
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled									
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X						
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,									
	instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		37							
	"Yes," complete Schedule L, Part IV	28a	X							
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Λ							
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x						
29	"Yes," complete Schedule L, Part IV	29		X						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_25								
00	contributions? If "Yes," complete Schedule M	30		x						
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>									
	Schedule N, Part II	32		Х						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations									
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and									
	Part V, line 1	34		Х						
	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									
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b								
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	~~		_v						
27	If "Yes," complete Schedule R, Part V, line 2	_36_		X						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31								
55		38	х							
Pai										
	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable									
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c								
132004	¥ 12-09-21	Form	990	(2021)						

AND HUMAN RIGHTS 13-2522784 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	52			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	ıs				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie orga	nization 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 contribute	ions o	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 set	rvices p	provided to the payor?	7a	X	
				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?	 T		7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e	_		
^	· · · · · · · · · · · · · · · · · · ·			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			90		
		10a	1			
	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	10a				
11	Section 501(c)(12) organizations. Enter:	_100				
	Gross income from members or shareholders	11a	I			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	114				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Ì			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the considering manifest and a second of the fact of the second of t			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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AND HUMAN RIGHTS 13-2522784 Page 6 Form 990 (2021) 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 43 1a Enter the number of voting members of the governing body at the end of the tax year 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. 42 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Voc N

			103	1
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of 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	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	AΚ	, AL	, AR	,AZ	,CA,	CT	,FL,	GA	,IL,	KS,	KY,	, MA
----	--	----	------	------	-----	------	----	------	----	------	-----	-----	------

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)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

BRIGETTE WALLACE - (202) 545-6671

1300 19TH STREET NW, SUITE 750, WASHINGTON, DC 20036

SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2021)

064-0382

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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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	amount of
	week		l ai	uau	liecto	ii i us	(66)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ıer	,		organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) KERRY KENNEDY	37.50								_	
PRESIDENT OF RFKHR		Х		Х				500,594.	0.	41,723.
(2) MICHAEL SCHREIBER	37.50	1								
CHIEF OPERATING OFFICER				Х				448,541.	0.	55,915.
(3) LYNN DELANEY	37.50	1								
SENIOR ADVISER/EXECUTIVE DIRECTOR				Х				326,644.	0.	51,190.
(4) JEFFREY SIMINOFF	37.50	-				l		050 000	•	24 252
SENIOR VP, WORKPLACE DIGNITY	27 50					X		259,900.	0.	34,859.
(5) DAWN ROSS	37.50	-				3,		140 000	0	45 010
VP, INTERNATIONAL OPERATIONS	27 50					Х		142,892.	0.	45,010.
(6) WADE MCMULLEN	37.50	-				37		156 066	0	04 777
SENIOR VP, PROGRAMS & LEGAL STRATEGY	27 50					X		156,966.	0.	24,777.
(7) SANCIA DALLEY	37.50	1				-		160 606	0	10 000
SENIOR VP, COMPASS INVESTOR PROGRAM (8) ANGELITA BAEYENS	37.50					X		160,606.	0.	19,099.
(8) ANGELITA BAEYENS VP, INTERNATIONAL ADVOCACY & LITIGAT	37.30	1				x		142 265	0.	22 200
(9) MRS. ROBERT F. KENNEDY	2.00					^		142,265.	0.	32,200.
FOUNDER	2.00	Х		х				0.	0.	0.
(10) FRANK A. BAKER	2.00	77						0.	0.	<u> </u>
CO-CHAIR	2.00	х		Х				0.	0.	0.
(11) JOSE E. FELICIANO	2.00							•	•	•
CO-CHAIR	2.00	х		Х				0.	0.	0.
(12) TERRY MAZANY	2.00	T-								
VICE CHAIR		Х		х				0.	0.	0.
(13) ANTHONY WILLIAMS	2.00									
TREASURER		Х		Х				0.	0.	0.
(14) ELISA MASSIMINO	2.00									
SECRETARY		Х		Х				0.	0.	0.
(15) PETER BARBEY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) HARRY BELAFONTE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(17) TONIO BURGOS	2.00									
		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	compensated Employee	s (continued)				
(A)	(B)			((C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos) than o	200	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	n	an	nount	of
	week		cer ar	nd a di	irecto	r/trus	tee)	from	from related	t		other	
	(list any	rector						the	organization			pensa	
	hours for related	or di	ee ee			ated		organization	(W-2/1099-MIS			om th	
	organizations	ustee	trust		9	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizat d relat	
	below	ual tr	tional		ploye	t con	_	•				a reiat anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ıııızatı	0113
(18) NELDA CONNORS	2.00	_	_			1 0	_						
BOARD MEMBER		Х						0.		0.			0.
(19) KIM DAVIS	2.00												
BOARD MEMBER		Х						0.		0.			0.
(20) STEPHEN DECHERNEY	2.00												
BOARD MEMBER		Х						0.		0.			0.
(21) THASUNDA BROWN DUCKETT	2.00												
BOARD MEMBER		Х						0.		0.			0.
(22) PETER B. EDELMAN	2.00												
BOARD MEMBER		Х						0.		0.			0.
(23) MARK E. FREITAS	2.00												
BOARD MEMBER		Х						0.		0.			0.
(24) MARK GEARAN	2.00												
BOARD MEMBER		Х						0.		0.			0.
(25) KENNETH GOLDMAN	2.00												
BOARD MEMBER		Х						0.		0.			0.
(26) CLAUDIO GROSSMAN	2.00												
BOARD MEMBER		Х						0.		0.			0.
1b Subtotal							>	2,138,408.		0.	30	4,7	73.
c Total from continuation sheets to Part V	I, Section A						ightharpoonup	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	2,138,408.		0.	30	4,7	73.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	9			
compensation from the organization													8
												Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	кеу е	empl	loye	e, or	hig	ghest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the si	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or	accrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes," con	nplete Schedule	e J f	or su	ıch <u>ı</u>	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	hat received more than \$	100,000 of comp	pensat	tion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(0		
Name and business	address							Description of s	services	С	ompe	nsatio	n
TAYLORMADE	000	. -											0.6
9007 OAK PLACE, BETHESDA	MD 208	17					_	EVENT CONSUL	TANT		46	3,9	86.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \(\bigsim 1\)

SEE PART VII, SECTION A CONTINUATION SHEETS

ROBERT F. KENNEDY CENTER FOR JUSTICE AND HIMAN RIGHTS

Form 990 AND HUMAN RIGHTS 13-2522784

B 11/11	AN RIGHTS								13-252	2784
Part VII Section A. Officers, Directors,		nplo	yee			lighe	est ('	T
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average	١,		Posi				Reportable	Reportable	Estimated
	hours	(C	heck T	call t	that	app I	ly)	compensation	compensation from related	amount of other
	per week					ee e		from the	organizations	compensation
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	or director				ted en		(W-2/1099-MISC)	,	organization
	related	stee o	rustee			oen sa i				and related
	organizations	al trus	onal tı		oloyee	comp				organization
	below	Individual trustee	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(07) DANTEL D. WALEN	line)	드	드	9	32	王	F.			
(27) DANIEL R. HALEM	2.00	x						0.	0.	
BOARD MEMBER (28) DOUGLAS T. HICKEY	2 00	A						0.	0.	(
BOARD MEMBER	2.00	х						0.	0.	
	2 00	^						0.	0.	(
(29) PHILIP W. JOHNSTON BOARD MEMBER	2.00	х						0.	0.	
(30) JOSEPH KENNEDY III	2.00	^						0.	0.	'
BOARD MEMBER	2.00	x						0.	0.	
(31) CARA KENNEDY-CUOMO	2.00	Δ						0.	0.	'
BOARD MEMBER	2.00	x						0.	0.	
(32) NICLAS KJELLSTROM-MATSEKE	2.00	^						0.	0.	
BOARD MEMBER	2.00	X						0.	0.	
(33) BETTY LIU	2.00							0.	<u> </u>	<u> </u>
BOARD MEMBER	2.00	Х						0.	0.	
(34) STEFANO LUCCHINI	2.00							0.	<u> </u>	
BOARD MEMBER	2.00	Х						0.	0.	
(35) DERMOT MCDONOGH	2.00	22						0.	<u> </u>	<u> </u>
BOARD MEMBER	2.00	х						0.	0.	
(36) B. SCOTT MINERD	2.00									
BOARD MEMBER	2.00	х						0.	0.	
(37) JAMES J. PINTO	2.00	<u> </u>								
BOARD MEMBER		x						0.	0.	
(38) MICHAEL H. POSNER	2.00									
BOARD MEMBER		х						0.	0.	
(39) SUSHMA RAMAN	2.00	 							• • • • • • • • • • • • • • • • • • • •	
BOARD MEMBER		x						0.	0.	
(40) JOHN W. ROGERS, JR.	2.00	ļ <u> </u>							<u>-</u>	
BOARD MEMBER		Х						0.	0.	
(41) MARVIN S. ROSEN	2.00									
BOARD MEMBER		Х						0.	0.	
(42) JEFFREY A. SACHS	2.00									
BOARD MEMBER		Х						0.	0.	
(43) HENRY S. SCHLEIFF	2.00									
BOARD MEMBER		Х	L				L	0.	0.	
(44) MARTIN SHEEN	2.00									
BOARD MEMBER		Х	L				L	0.	0.	
(45) DASHA SMITH	2.00									
BOARD MEMBER		Х						0.	0.	
(46) ROBERT F. SMITH	2.00									
		Х	I	1	l	ı	Ì	0.	0.	

Form 990 AND HUMAN RIGHTS 13-2522784

	N RIGHTS	,							13-252	Z / 0 4
Part VII Section A. Officers, Directors, Tre	ustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours			(O Pos	C) ition that	1		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) PEDRO TORRES-MACKIE BOARD MEMBER	2.00	Х						0.	0.	0.
(48) DONATO J. TRAMUTO BOARD MEMBER	2.00	х						0.	0.	0.
(49) BARRY VOLPERT BOARD MEMBER	2.00	x						0.	0.	0.
(50) RANDI WEINGARTEN	2.00									
BOARD MEMBER		X						0.	0.	0.
		_								
		_								
		L								
Total to Part VII, Section A, line 1c		•	•		•	•	•			

Form 990 (2021) AND HUMAN RIGHTS 13-2522784 Page 9

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 5,374,384. c Fundraising events 1c d Related organizations 1d 750,700. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 510,876. 1f g Noncash contributions included in lines 1a-1f 6,635,960. h Total. Add lines 1a-1f **Business Code** 2 a AWARD ENTRY FEES 900099 28,350. 28,350. Program Service Revenue b f All other program service revenue 28,350. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 482,337 482,337. 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 6,938,918. assets other than inventory b Less: cost or other basis 6,220,830 Other Revenue and sales expenses 7b c Gain or (loss) 7с 718,088. 718,088. 718,088. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 5,374,384. of contributions reported on line 1c). See Part IV, line 18 121,350 462,923 **b** Less: direct expenses -341,573 -341,573 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 \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS INCOME 900099 4,003. 4,003 b d All other revenue 4,003 e Total. Add lines 11a-11d 891,205. 7,527,165 Total revenue. See instructions 12

132009 12-09-21

13-2522784 Page 10 AND HUMAN RIGHTS Form 990 (2021) 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 454,600. 454,600. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 56,350. 56,350. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 375,621. 375,621. Benefits paid to or for members Compensation of current officers, directors, 1,424,607. 656,077. 385,813. 382,717. 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) 3,309,380. 2,295,110. 997,736. 16,534. Other salaries and wages 7 Pension plan accruals and contributions (include 181,445. 134,650. 42,607. 4,188. section 401(k) and 403(b) employer contributions) 848,395. 582,521. 203,186. 62,688. Other employee benefits 9 303,845. 203,645. 73,918. 26,282. 10 Payroll taxes 11 Fees for services (nonemployees): Management 42,764. 42,764. Legal 66,856. 66,856. Accounting Lobbying Professional fundraising services. See Part IV, line 17 137,537. 137,537. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,982,602. 1,165,826. 202,155. 614,621. column (A), amount, list line 11g expenses on Sch O.) 1,669. 33,633. 21,186. 10,778. Advertising and promotion 12 161,143. 34,246. 79,452. 47,445. Office expenses 13 130,834. 37,939. 83,026. 9,869. Information technology 14 15 Royalties 1,890. 34,312. 634,137. 597,935. 16 Occupancy 211,743. 122,214. 52,232. 37,297. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 155,075. 86,255. 311,566. 70,236. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 150,141.98,668. 51,053. 420. Depreciation, depletion, and amortization 22 49,743. 49,743. 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.) 210,642. 110,590. 48,621. 51,431. DUES & SUBSCRIPTIONS OTHER GRANT RELATED EXP 158,904. 123,862. 35,042. 35,000. 35,000. BAD DEBT EXPENSE 92,930. 715,847. -808,777. INDIRECT COSTS 0. 31,901. $16,2\overline{29}$ 50,643. 2,513. e All other expenses 11,322,131. 7,330,203. 2,504,586. 1,487,342. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Part X Balance 13-2522784 Page **11** AND HUMAN RIGHTS

Part X		Balance Sheet					
Check if Schedule O contains a response or note to any line in this Part X							
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,993,732.	1	3,789,290.
	2	Savings and temporary cash investments			817,979.	2	335,778.
	3	Pledges and grants receivable, net			4,769,690.	3	4,842,240.
	4	Accounts receivable, net			990,182.	4	660,315.
	5	Loans and other receivables from 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					
						5	
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			60 500	8	40.450
∢	9	Prepaid expenses and deferred charges			63,739.	9	42,479.
		Land, buildings, and equipment: cost or other		1 760 051			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,768,851.	060 725		040 015
		Less: accumulated depreciation	10b	920,030.	960,735. 16,497,091.		842,215. 16,170,736.
	11	Investments - publicly traded securities			10,497,091.	11	10,170,730.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14 15	Intangible assets Other assets See Part IV line 11			36,161,413.	14 15	33,433,304.
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)			64,254,561.	16	60,116,357.
Liabilities	17	Accounts payable and accrued expenses			917,773.	17	1,325,150.
	18	Grants payable			,	18	, , , , , , , , , , , , , , , , , , , ,
	19	Deferred revenue			20,304.	19	0.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to 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				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties			750,700.	24	0.
	25	Other liabilities (including federal income tax, payables to related third					
		parties, and other liabilities not included on lines 17-24). Complete Part X			1 222 202	0.5	1 204 527
	06	of Schedule D			1,238,298. 2,927,075.	25 26	1,284,527. 2,609,677.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here			2,521,015.	20	2,000,011.
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			14,463,512.	27	14,778,576.
	28	Net assets with donor restrictions			46,863,974.	28	42,728,104.
		Organizations that do not follow FASB ASC 958, check here					
		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or equipment fund				30	
	31	Retained earnings, endowment, accumulated income, or other funds				31	
	32	Total net assets or fund balances			61,327,486.	32	57,506,680.
	33	Total liabilities and net assets/fund balances			64,254,561.	33	60,116,357.

AND HUMAN RIGHTS 13-2522784 Page 12 Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 7,527,165. Total revenue (must equal Part VIII, column (A), line 12) 1 11,322,131. Total expenses (must equal Part IX, column (A), line 25) 2 2 -3,794,966. Revenue less expenses. Subtract line 2 from line 1 3 3 61,327,486. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 -25,840. 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 57,506,680. 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 on 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 Separate basis Consolidated basis Х **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

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

Act and OMB Circular A-133?

Form 990 (2021)

За

Х

SCHEDULE A

(Form 990)

Total

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

2021

Open to Public Inspection

ROBERT F. KENNEDY CENTER FOR JUSTICE **Employer identification number** Name of the organization AND HUMAN RIGHTS 13-2522784 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 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 vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

AND HUMAN RIGHTS Schedule A (Form 990) 2021

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Part II	Suppor	rt Schedule for Or	ganizations	Described in S	Sections	170(b)(1)(A)(iv) and	d 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9690229.	42942139.	18203666.	16304907.	6635960.	93776901.
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	9690229.	42942139.	18203666.	16304907.	6635960.	93776901.
	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)						2794632.
6	Public support. Subtract line 5 from line 4.						90982269.
	etion B. Total Support						90902209.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4		42942139.			6635960	93776901.
	Gross income from interest,	3030223.	12012130.	10203000.	103043076	0033300.	337703011
0	·						
	dividends, payments received on						
	securities loans, rents, royalties,	158,271.	324,465.	436,820.	327,494.	182 337	1729387.
^	and income from similar sources	130,271.	324,403.	430,020.	327,494.	402,337.	1729307.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	94.	5,137.		2 620	4 002	11 072
	assets (Explain in Part VI.)	94.	5,157.		2,639.	4,003.	11,873. 95518161.
	Total support. Add lines 7 through 10		,			1	F07 024
	Gross receipts from related activities,						,597,024.
13	First 5 years. If the Form 990 is for th	-		· · · · · · · · · · · · · · · · · · ·			
800	organization, check this box and stopertion C. Computation of Public						P
				I (£\)		44	95.25 %
	Public support percentage for 2021 (li		•	***		14	00 60
	Public support percentage from 2020					15	
ıba	33 1/3% support test - 2021. If the containing and life is						▶ 5
D	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization quali	•	• • •		- 40 40 40		
1/a	7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
_	meets the facts-and-circumstances te	•			•		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu				• • •		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990) 2021

AND HUMAN RIGHTS Schedule A (Form 990) 2021

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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

qualify under the tests listed b	elow, please comp	olete Part II.)				
Section A. Public Support			T			
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 organ- ization'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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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.)		<u> </u>				
14 First 5 years. If the Form 990 is for the	-		•			
check this box and stop here						>
Section C. Computation of Publi		_				
15 Public support percentage for 2021 (I			.,,		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves					T T	
17 Investment income percentage for 20					17	%
18 Investment income percentage from 3					18	%
19a 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box ar b 33 1/3% support tests - 2020. If the	nd stop here. The organization did r	organization quali not check a box on	fies as a publicly s line 14 or line 19a	upported organiza , and line 16 is mo	ntion ore than 33 1/3%, a	▶ □
line 18 is not more than 33 1/3%, che 20 Private foundation. If the organization		•	•		-	>

Schedule A (Form 990) 2021

064-0382

Schedule A (Form 990) 2021

AND HUMAN RIGHTS

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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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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		
10		
4c		
.		
5a		
5b		
5c		
6		
7		
8		
9a		
54		
9b		
0-		
9c		
10a		
40.		
10b ule A (Forn	n 990)	2021

Schedule A (Form 990) 2021

132024 01-04-21

Schedule A (Form 990) 2021 AND HUMAN RIGHTS 13-2522784 Page 5

Par	t IV	Supporting Organizations (continued)			ige o
		11 C (osminasa)		Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
		on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	•	elow, the governing body of a supported organization?	11a		
b		ly member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion B	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>		rised, or controlled the supporting organization.	2		
sec	tion C	C. Type II Supporting Organizations			
_				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	_		
Sec	the su tion C	oported organization(s). D. All Type III Supporting Organizations	1		
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	suppo tion F	rted organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		
1 a		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.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s)	
2		ies Test. Answer lines 2a and 2b below.		Yes	No
а		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported 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 th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	ese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	01		
2		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below. e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

<u>Schedule A (Form 990) 2021</u> AND HUMAN RIGHTS 13-2522784 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Ily integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021 AND HUMAN RIGHTS 13-2522784 Page 7

	rt V Type III Non-Functionally Integrated 509		nizations (continu	<u></u>	3-25227 04 Page 7		
	ion D - Distributions	(ш)(о) сарротшіў стуа	COntine	ieu)	Current Year		
1	Amounts paid to supported organizations to accomplish exe		1				
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3			
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pri		5				
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	he organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
0	Line 8 amount divided by line 9 amount			10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
а	From 2016						
b	From 2017						
С	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2017						
b	Excess from 2018						
С	Excess from 2019						
d	Excess from 2020						
	Fueres from 0001						

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A	(Form 990) 2021	AND	HUMAN	RIGHTS		13-2522784 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. , 2, 3b, 3d lines 2 an	Provide the, 4b, 4c, 5a	ne explanations a, 6, 9a, 9b, 9c, , Section E, lin	required by Part II, line 10; Part II, line 11a, 11b, and 11c; Part IV, Section B es 1c, 2a, 2b, 3a, and 3b; Part V, line 1 and 6. Also complete this part for any	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V,
	(See instructions.)					

Schedule A (Form 990) 2021

Schedule B

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

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

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	$\overline{\mathbf{X}}$ 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.						
General	nuie							
	-	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 contributor, during	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), Part II, line 13, 16a, or 16b, and that received from any one 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.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} 1								
answer '	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on 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 certify hat it doesn't meet the filing requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (2021)

Page 2 Schedule B (Form 990) (2021)

	<u> </u>
Name of organization	Employer identification number
ROBERT F. KENNEDY CENTER FOR JUSTICE	
AND HIMAN RIGHTS	13-2522784

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a)	(b)	(c)	(d)
No. 1	Name, address, and ZIP + 4		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			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4		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			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6			Person X Payroll

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Schedule B (Form 990) (2021)

Page 2 Schedule B (Form 990) (2021)

Name of organization	Employer identification number
ROBERT F. KENNEDY CENTER FOR JUSTICE	
AND HIMAN RIGHTS	13-2522784

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7	Name, address, and Zir + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		\$ 155,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9	Training, assail 600, unto Elli 1 1	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 10	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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 Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		 \$					
(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				

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** ROBERT F. KENNEDY CENTER FOR JUSTICE 13-2522784 AND HUMAN RIGHTS Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

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Transferee's name, address, and ZIP + 4

Relationship of transferor 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 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	l Funds or Other Similar	Funds 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 w		
	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 ac		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	, ,
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Fo	rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Prese	vation of a historically important land area
	Protection of natural habitat	Prese	vation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in	
	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	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a histor	c structure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, har	dling of
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enfor	sing conservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing	conservation easements during the year
	▶ \$		
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 footnote	ote to the organization's financia	I statements that describes the
Da	organization's accounting for conservation easements.	Art Lieterieel Trescure	or Other Similar Assats
Pai	TIII Organizations Maintaining Collections of		, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under FASB ASC 958	, I	
	of art, historical treasures, or other similar assets held for public	,	•
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	h in furtherance of public service,
	provide the following amounts relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		tınancial gain, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<u> </u>

Schedule D (Form 990) 2021

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

13-2522784 Page 2 AND HUMAN RIGHTS Schedule D (Form 990) 2021 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other X Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets X No 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. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 10 1d Additions during the year 1e Distributions during the year 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back 2,386,750 2,300,208 2,281,254 1,733,452 1,564,752. **1a** Beginning of year balance -124,872 703,822 6,494 4,400. 121,126. Contributions 126,148. 121,225. 155,974. 215,487. -87,159. Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities 76,632. 78,574. 73,832. 71,661 68,861 and programs Administrative expenses 2,437,837. 2,386,750. 2,300,208, 2,281,254, 1,733,452. End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment ▶ 93.2000 6.8000 % Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No 3a(i) (i) Unrelated organizations (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds 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 (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land **b** Buildings 469,971. 232,406. 237.565 Leasehold improvements 382,998. 296,723. 86,275 d Equipment 397,507. 915,882. e Other 842,215 Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 AND HUMAN RI	GHTS	13	-2522784 Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(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" o			afa.u manuluakalu.a
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(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" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1) DEPOSITS			24,126.
(2) OTHER ASSETS			1,650.
(3) FINE ART			40,300.
(4) BENEFICIAL INTEREST IN REM	AINDER TRUST		33,367,228.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>)	33,433,304.
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			481,826.
(3) GUARANTOR DEBT TO INS TRUS	TS		802,701.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.)	>	1,284,527.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS 13-2522784 Page 4 Schedule D (Form 990) 2021 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 7,509,693. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 -25,840. a Net unrealized gains (losses) on investments 233,880. Donated services and use of facilities 2c Recoveries of prior year grants Other (Describe in Part XIII.) 208,040. Add lines 2a through 2d 2e 7,301,653. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 225,512. c Add lines 4a and 4b 4c 7,527,165. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 11,330,499. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 233,880. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c d Other (Describe in Part XIII.) 233,880. Add lines 2a through 2d 2e 11,096,619. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 225,512. 4c c Add lines 4a and 4b 322,131. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART III, LINE 4: THE COLLECTION CONSISTS OF COINS OF THE LATE ROBERT F. KENNEDY AND SCULPTURES THAT WERE DONATED FROM THE ESTATE OF ERNA STENZLER TO THE ORGANIZATION FOR PRESERVATION FOR FUTURE GENERATIONS. PART V, LINE 4: FUNDS TO BE HELD IN PERPETUITY AND INCOME TO BE USED TO SUPPORT ORGANIZATION'S PROGRAM EXPENSES. PART X, LINE 2: THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) INTERNAL REVENUE CODE AS A SECTION 501(A) ORGANIZATION.

> 2021.05000 ROBERT F. KENNEDY CENTER 064-0382

Schedule D (Form 990) 2021

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13-2522784 Page 5 AND HUMAN RIGHTS Schedule D (Form 990) 2021 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, 2021 AND 2020. 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 4B - OTHER ADJUSTMENTS: **EVENT EXPENSES** 87,975. PART XII, LINE 4B - OTHER ADJUSTMENTS: **EVENT EXPENSES** 87,975.

Schedule D (Form 990) 2021

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

Employer identification number

13-2522784

Par	t I	General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on
		Form 990, Part IV	/, line 14b.				
1	For gra	antmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ints and other assistance,	
	the gra	antees' eligibility fo	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
2	For gra	antmakers. Desc	ribe in Part V the	e organization's ¡	procedures for monitoring the use of its	s grants and other assistance outsi	de the
	United	States.					
3	Activiti	es per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)	
	(a)	Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
			offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
			in the region	independent	gram services, investments, grants to		investments
				contractors in the region	recipients located in the region)	of service(s) in the region	in the region
				j j			
						ESTABLISHMENT OF PROGRAM	
EUROI	PE		0	1		IN UK	315,000.
							010,000.
						PROVIDED FUNDS FOR THE	
aorimi	H ASIA		,	_			222 000
SOUTI	1 ASIA	1	0	6	PROGRAM SERVICES	PROJECT IN INDIA	223,000.
				_			F20 000
	Subtot		0	7			538,000.
		rom continuation					
		to Part I	0	0			0.
С	Totals	(add lines 3a					
	and 3h)	0	7			538,000.

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

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 AND HUMAN RIGHTS 13-2522784

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING ICELAND AND						
		GREENLAND)	PROGRAM SUPPORT	198,271.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE						
		PACIFIC	PROGRAM SUPPORT	75,000.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE						
		PACIFIC	PROGRAM SUPPORT	20,492.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE						
		PACIFIC	PROGRAM SUPPORT	9,471.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE						
		PACIFIC	PROGRAM SUPPORT	72,387.	WIRE TRANSFER	0.	N/A	N/A
			 recognized as charities by the for counsel has provided a sect			·····		5

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Schedule F (Form 990) 2021

Page 2

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021 AND HUMAN RIGHTS 13-2522784

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

Schedule F (Form 990) 2021

Page 3

Schedule F (Form 990) 2021 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? f "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) 2021

AND HUMAN RIGHTS 13-2522784 Schedule F (Form 990) 2021 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: THROUGH CONTINUED CLOSE PARTNERSHIP WITH THE ORGANIZATIONS AND CONDUCTED SITE VISITS TO MONITOR THE USE OF THE GRANTS.

132075 12-20-21 Schedule F (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

2021

Open to Public Inspection

Schedule G (Form 990) 2021

	F. KENNEDY CENTER	FOR	JUS	STICE			ntification number		
	AN RIGHTS					13-2522			
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c 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 individendments 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover ising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	·	Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
			<u> </u>		<u> </u>				
3 List all states in which the organization or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	xempt from re	gistration		

132081 10-21-21

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

Schedule G (Form 990) 2021

AND HUMAN RIGHTS

13-2522784 Page 2

Pa		Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions.	oss income on Form 990	EZ, lines 1 and 6	b. List eve	ents with gross r	receipt	
			(a) Event #1 RIPPLE OF HOPE GALA	(b) Event #	2	(c) Other even	nts	(d) Total events (add col. (a) through
_O			(event type)	(event type	e)	(total numbe	r)	col. (c))
Revenue	1	Gross receipts	5,495,734.					5,495,734.
	2	Less: Contributions	5,374,384.					5,374,384.
_	3	Gross income (line 1 minus line 2)	121,350.					121,350.
	4	Cash prizes						
S	5	Noncash prizes						
bense	6	Rent/facility costs						
Direct Expenses	7	Food and beverages	343,458.					343,458.
	8	Entertainment						114,344. 5,121.
	9 10	Other direct expenses	•					462,923.
	11	Net income summary. Subtract line 10 from li						-341,573.
_	rt I						n	0 = 2 / 0 : 0 :
		\$15,000 on Form 990-EZ, line 6a.						
Revenue			(a) Bingo	(b) Pull tabs/insbingo/progressive		(c) Other gami	ing	(d) Total gaming (add col. (a) through col. (c)
Re	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	YesNo	% [Yes No	_ %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)				•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
а	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	ctivities in each of these	states?				Yes No
~	_							
		ere any of the organization's gaming licenses re				ar?		Yes No
	_							
12200	0 10	-21-21					School	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021 AND HUMAN RIGHTS	13-2522784 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
12	Indicate the percentage of gaming activity conducted in:	
		10-1
	The organization's facility	
	o An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	is:
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount
	of gaming revenue retained by the third party \$\bigs\\$	
	E If "Yes," enter name and address of the third party:	
•	on 100, onto hame and addition of the time party.	
	Name ▶	
	Address >	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation > \$	
	Description of services provided	
	District of the control of the contr	
	Director/officer Employee Independent contractor	
	Mandatory distributions:	
a	s the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the
	organization's own exempt activities during the tax year ▶ \$	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
_		
_		

Schedule G (Form 990) 2021

		ROBERT F.	KENNEDY	CENTER FOR JUSTICE	
Schedule G	G (Form 990) Supplemental Infor	AND HUMAN	RIGHTS		13-2522784 Page 4
Part IV	Supplemental Infor	mation (continued)	1		

Schedule G (Form 990)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ROBERT F. AND HUMAN		CENTER FOR	JUSTICE				$\begin{array}{c} \text{Employer identification number} \\ 13-2522784 \end{array}$
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?						on X Yes No
Part II Grants and Other Assistance to I recipient that received more than 9					anization answered "\	es" on Form 990, Part	IV, line 21, for any
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HAITIAN BRIDGE ALLIANCE 13 OVERTURE LANE ALISO VIEJO, CA 92656	81-3558713	501(C)(3)	164,970.	0.	N/A	N/A	GRANT ASSISTANCE
UPTRUST, INC. 156 2ND STREET SAN FRANCISCO, CA 94105	37-3356062	501(C)(3)	100,000.	0.	N/A	N/A	GRANT ASSISTANCE
RFK COMMUNITY ALLIANCE 120 OLD COMMON ROAD LANCASTER, MA 01523	04-2457298	501(C)(3)	25,000.	0.	N/A	N/A	GRANT ASSISTANCE
AFGHAN-AMERICAN COMMUNITY ORGANIZATION - 11735 BAIRD AVENUE - PORTER RANCH, CA 91326	82-3792356	501(C)(3)	14,970.	0.	N/A	N/A	GRANT ASSISTANCE
DONATO J. TRAMUTO FOUNDATION P.O. BOX 1728 OGUNQUIT, ME 03907	03-0373845	501(C)(3)	5,102.	0.	N/A	N/A	GRANT ASSISTANCE
2 Enter total number of section 501(c)(3) at	•		e line 1 table				

Schedule I (Form 990) 2021 AND HUMAN RIGHTS 13-2522784

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BOOK/JOURNALISM AWARDS	1	2,500.	0.	N/A	N/A
JOURNALISM	13	11,500.	0.	N/A	N/A
ASSISTANCE (LIVING, ETC.)	32	42,350.	0.	N/A	N/A

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

PART I, LINE 2:

THE ROBERT F. KENNEDY (RFK) HUMAN RIGHTS AWARD IS PRESENTED ANNUALLY TO

INDIVIDUALS WHO, AT GREAT PERSONAL RISK, STAND UP TO OPPRESSION IN THE

NONVIOLENT PURSUIT OF RESPECT FOR HUMAN RIGHTS. THE AWARD REFLECTS ROBERT

KENNEDY'S ABSOLUTE OPPOSITION TO TYRANNY AND HIS BELIEF IN THE POWER OF

INDIVIDUAL MORAL COURAGE TO OVERCOME INJUSTICE. THE AWARD, ESTABLISHED IN

1984, SEEKS TO DRAW THE WORLD'S ATTENTION TO THE WORK OF ONE OR MORE

COURAGEOUS INDIVIDUALS, THE RFK HUMAN RIGHTS AWARD LAUREATES, WHO MAKE

GREAT PERSONAL SACRIFICES, OFTEN RISKING THEIR LIVES, TO PROMOTE RESPECT

Page 2

Sched	ule I (Fo	orm 9	90)			KENNEDY RIGHTS	CENTER	FOR	JUSTICE	13-2522784	Page 2
Part	IV S	Sup	⁹⁰⁾ plemental	Inform	ation						
FOR	HUM	AN	RIGHTS	AND	REALIZE	POSITIVE	CHANGE	Ξ.			

Schedule I (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

2021

OMB No. 1545-0047

Open to Public 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

 $Employer\ identification\ number \\ 13-2522784$

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	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			l
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
				l
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			l
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 200. Part VII. Section A line 1s, with respect to the filing			
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:			l
a		4a		х
h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	The feet to day of more the personic and provide the approache amounte for each term in the art in.			
	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:			l
а	The organization?	5a		X
b	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		X
b	Any related organization?	6b		Х
	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		7.7	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 AND HUMAN RIGHTS 13-2522784

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

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

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

		(B) Breakdown of W	7-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KERRY KENNEDY	(i)	350,000.	150,000.	594.	24,500.	17,223.	542,317.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL SCHREIBER	(i)	300,000.	125,000.	23,541.	21,000.	34,915.	504,456.	0.
CHIEF OPERATING OFFICER	ii)	0.	0.	0.	0.	0.	0.	0.
(3) LYNN DELANEY	(i)	230,000.	75,000.	21,644.	16,100.	35,090.	377,834.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEFFREY SIMINOFF	(i)	249,900.	10,000.	0.	17,500.	17,359.	294,759.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAWN ROSS	(i)	136,892.	6,000.	0.	10,500.	34,510.	187,902.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(6) WADE MCMULLEN	(i)	150,806.	6,160.	0.	10,780.	13,997.	181,743.	0.
SENIOR VP, PROGRAMS & LEGAL STRATEGY	ii)	0.	0.	0.	0.	0.	0.	0.
(7) SANCIA DALLEY	(i)	154,424.	6,182.	0.	10,819.	8,280.	179,705.	0.
SENIOR VP, COMPASS INVESTOR PROGRAM	ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANGELITA BAEYENS	(i)	136,465.	5,800.	0.	10,150.	22,050.	174,465.	0.
VP, INTERNATIONAL ADVOCACY & LITIGAT	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	(i)							
I	ii)							
	(i)							
	ii)							
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Schedule J (Form 990) 2021

Page 2

<u>Schedule J (Form 990) 2021</u> AND HUMAN RIGHTS 13-2522784 Page 3

Schedule 3 (Form 990) 2021 That Homely Results	13 2322704	raye 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part II.	part for any additional information.	
PART I, LINE 7:		
- STAFF BONUSES WERE DETERMINED BY ALLOCATION OF A POOL OF \$225,000 WHICH		
WAS BURN ADDITED TO THE DEDUCTIONANCE DANKS TO ALLOW TOD DONIES AWADDS OF 49.		
WAS THEN APPLIED TO THE PERFORMANCE RANKS TO ALLOW FOR BONUS AWARDS OF 4%.		
BONUS COMPENSATION FOR LYNN, KERRY, AND MICHAEL WAS DETERMINED BY THE BOARD		
& FINANCE COMMITTEE. BONUSES FOR LYNN, KERRY, AND MICHAEL TOTALED \$350,000.		

SCHEDULE L

(Form 990)

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.

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.										Inspection							
Name of the	ne organization	ROBERT	F.	KENNEDY	CE	NTE	R FO	R JUSTI	ICE			-		dentification number			
				RIGHTS									227	84			
Part I	Excess B	enefit Trans	actio	ons (section 50	01(c)(3	3), sect	ion 501	(c)(4), and se	ction	501(c)(29) orga	nizatio	ons on	ıly).				
	Complete if t	the organization	answ	vered "Yes" on F	orm 9	990, Pa	art IV, lir	ne 25a or 25b	o, or F	orm 990-EZ, Pa	art V, I	ine 40	b.				
1 (a) Na	me of disqualifi	ied nerson	(b) F	Relationship betv			lified	10	c) De	scription of tran	sactio	n		(d) Corrected?			
(u) No	aric or dioqualin	lea person		person and or	ganıza	ation			0, D0.		Juotic	,,,		Y	es	No	
														_			
														-			
														+			
														+	-		
														+			
2 Enter	the amount of	tax incurred by	the o	rganization man	aners	or disc	nualified	l nersons dur	ina th	e vear under				-			
		-			-		-	-	-	-		S					
				above, reimburs								\$					
		, ····· , , -·····	,		,		J					•					
Part II	Loans to	and/or Fron	ı Inte	erested Pers	ons.												
	Complete if t	the organizatior	answ	vered "Yes" on F	orm 9	990-EZ	, Part V	, line 38a or F	orm :	990, Part IV, lin	e 26; (or if th	e orga	nizatio	on		
	reported an	amount on Forr	n 990	, Part X, line 5, 6	6, or 2	2.											
	a) Name of	(b) Relatio		(c) Purpose		oan to or m the		Original	(f)	Balance due) In	(h) App	oroved ard or	, .	/ritten	
inte	rested person	with organi	zation	of loan		ization?	princi	ipal amount				default? comm			agree	ment?	
					То	From					Yes	No	Yes	No	Yes	No	
									<u> </u>								
Total		<u>'</u>						> \$									
Part III	Grants or	Assistance	Ben	efiting Inter	este	d Per	sons.						•				
	Complete if t	the organization	answ	vered "Yes" on F	orm 9	990, Pa	art IV, lir	ne 27.									
(a) N	Name of interest	ted person	((b) Relationship	betwe	en) Amount of		(d) Type					ose o	f	
				interested pers		d		assistance		assistan	ce		á	assist	ance		
				the organiza	สตอก							\perp					
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021

Schedule L (Form 990) 2021 AND HUMAN RIGHTS 13-2522784 Page 2

Part IV Business Transactions Inv	olving Interested Persons		13 2322	70=	Page Z	
	•					
Complete if the organization answer	ered "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha	aring of	
(a) Name of interested person	person and the organization	transaction	transaction	organization's revenues?		
				Yes No		
MARK FREITAS	HE IS RFK'S BOARD M	37,346.	BROKER MAIN		Х	
		•				
Part V Supplemental Information.	•					
Provide additional information for r	esponses to questions on Schedule L (see ir	nstructions).				
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVING	G INTERESTE	ED PERSONS:			
(A) NAME OF PERSON: MARK	FREITAS					
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	ON:			
HE IS RFK'S BOARD MEMBER	, HIS COMPANY IS THE R	FK'S INSURA	NCE BROKER			
(D) DESCRIPTION OF TRANS	ACTION: BROKER MAINTAI	NS RFK'S BU	JSINESS			
INSURANCE POLICIES.						

Schedule L (Form 990) 2021

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

ROBERT F. KENNEDY CENTER FOR JUSTICE

Open to Public Inspection

OMB No. 1545-0047

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 AFFAIRS.

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

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization ROBERT F. KENNEDY CENTER FOR JUSTICE **Employer identification number** 13-2522784 AND HUMAN RIGHTS 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 \$ 190,415. INCLUDING GRANTS OF \$ 12,284. REVENUE \$ 28,350. RFK COMPASS PROGRAM: RFK COMPASS PROGRAM HOSTS ANNUAL CONFERENCES DESIGNED TO HELP INVESTMENT OFFICERS AND TRUSTEES OF PUBLIC AND CORPORATE PENSION FUNDS, ENDOWMENTS, SOVEREIGN WEALTH FUNDS AND NOTABLE FAMILY OFFICES TO FULFILL THEIR FIDUCIARY DUTIES AND MEET THE CHALLENGES OF INVESTING TODAY. THE PROGRAM WAS LAUNCHED IN 2010 TO BRING TOGETHER THESE INVESTMENT PROFESSIONALS TO DISCUSS THE EVOLVING ROLE OF LONG-TERM ASSET OWNERSHIP AND WAYS TO DELIVER SUPERIOR RISK-ADJUSTED RETURNS WITH CONSIDERATIONS FOR HUMAN AND LABOR RIGHTS, CORPORATE GOVERNANCE, AND ENVIRONMENTAL AND SOCIETAL RESPONSIBILITY AS CRUCIAL ELEMENTS OF INVESTMENT MANAGEMENT. RFK COMPASS DISTINGUISHES ITSELF FROM OTHER INVESTMENT CONFERENCES BY HOSTING INVITATION-ONLY, MEDIA FREE GATHERINGS THAT ALLOW FOR DIRECT ENGAGEMENT WITH PEERS, TOP MANAGERS, POLICY MAKERS AND THOUGHT LEADERS.

Schedule O (Form 990) 2021 Page 2 Name of the organization ROBERT F. KENNEDY CENTER FOR JUSTICE **Employer identification number** 13-2522784 AND HUMAN RIGHTS EXPENSES \$ 916,981. INCLUDING GRANTS OF \$ 4,387. 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. EXPENSES \$ 230,720. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. RFK EUROPE, LOCATED IN ITALY, WORKS WITH THE ORGANIZATION ADVISING ON ITS HUMAN RIGHTS INITIATIVE. BRINGING STTP TO ITALIAN AND OTHER EUROPEAN CLASSROOMS AND COLLABORATING ON ADVOCACY AND CURRICULUM PROJECTS. EXPENSES \$ 207,545. INCLUDING GRANTS OF \$ 73,622. REVENUE \$ 0. THE ORGANIZATION SUPPORTS THE DEVELOPMENT OF HUMAN RIGHTS EDUCATIONAL PROGRAMS BOTH IN SCHOOLS AND WITHIN THE GENERAL PUBLIC SPACE. THE PRIMARY EFFORTS ARE ALIGNED AROUND THE DEVELOPMENT OF A MAJOR HUMAN RIGHTS FESTIVAL WHICH WILL BE DELIVERED IN PARTNERSHIP WITH A LOCAL MUNICIPAL GOVERNMENT AND SET OF WELL-ESTABLISHED LOCAL ADVOCACY ORGANIZATIONS. EXPENSES \$ 316,285. INCLUDING GRANTS OF \$ 173,966. REVENUE \$ 0. Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

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

Employer identification number 13-2522784

RFK LEGACY PROGRAM'S PURPOSE IS TO EDUCATE NEW AUDIENCES ABOUT ROBERT

KENNEDY'S LIFE AND WORK, FOCUSING ON THE EFFECT OF HIS WORK AND HOW HIS

EFFORTS AND BELIEFS RELATE TO TODAYS ISSUES, USING AN ONLINE

CURRICULUM, THE NEW WEBSITE, A PHOTO ARCHIVE AND A TRAVELING

EDUCATIONAL EXHIBIT. IT IS PRIMARILY AN EDUCATIONAL INITIATIVE TO

INSPIRE NEW GENERATIONS TO ACT AND TO MAKE A DIFFERENCE.

INCLUDING GRANTS OF \$ 21,935. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1A:

COMPOSITION: THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE FOUNDER, CHAIR,
VICE CHAIR(S), PRESIDENT, SECRETARY, TREASURER, CHAIRS OF THE FOUR STANDING

COMMITTEES OF THE BOARD, AND SUCH OTHER DIRECTORS AS THE BOARD SHALL ELECT

BY MAJORITY VOTE OF THE DIRECTORS IN OFFICE AT A DULY CONSTITUTED MEETING

OF THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR AND CHIEF OPERATING

OFFICER SHALL SERVE AS NON-VOTING, EX OFFICIO MEMBERS OF THE EXECUTIVE

COMMITTEE. EXECUTIVE COMMITTEE MEMBERS MAY SERVE MORE THAN ONE TERM. THE

ABOVE OFFICERS OF THE CENTER SHALL SERVE IN THE SAME TITLE AND CAPACITY ON

THE EXECUTIVE COMMITTEE AS THEY DO WITH REGARD TO THE CENTER.

POWERS AND AUTHORITY:

EXPENSES \$ 434,867.

THE EXECUTIVE COMMITTEE SHALL HAVE ALL OF THE AUTHORITY OF THE BOARD OF

DIRECTORS DURING THE PERIODS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS,

EXCEPT:

- (A) WHERE SUCH ACTION IS PROHIBITED BY LAW OR THESE BYLAWS;
- (B) WHERE SUCH ACTION IS PROHIBITED BY THE ARTICLES OF INCORPORATION;
- (C) THE POWER TO AMEND OR REPEAL THESE BYLAWS;
- (D) THE POWER TO AMEND OR REPEAL AN ACTION TAKEN BY THE BOARD;
- (E) THE POWER TO SET COMPENSATION FOR THE EXECUTIVE STAFF;

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization ROBERT F. KENNEDY CENTER FOR JUSTICE **Employer identification number** AND HUMAN RIGHTS 13-2522784 (F) THE POWER TO ELECT OR REMOVE DIRECTORS, OFFICERS, TRUSTEES, THE EXECUTIVE DIRECTOR OR THE CHIEF OPERATING OFFICER; (G) THE POWER TO ADOPT A PLAN OF MERGER; AND THE POWER TO AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE CORPORATION. THE EXECUTIVE COMMITTEE SHALL: (A) MONITOR THE CENTER'S COMPLIANCE WITH ITS LEGAL OBLIGATIONS; (B) ACT AS THE LEGAL REPRESENTATIVE OF THE BOARD DURING EMERGENCIES; (C) SERVE AS THE PRIMARY SUPPORT MECHANISM FOR THE EXECUTIVE STAFF DURING NORMAL BUSINESS AND TIMES OF CRISIS; (D) IN COLLABORATION WITH THE GOVERNANCE AND NOMINATING COMMITTEE, REVIEW EACH DIRECTOR'S ACTIVITY, PARTICIPATION, AND FULFILLMENT OF RESPONSIBILITIES; (E) RECOMMEND NEW DIRECTORS TO THE GOVERNANCE AND NOMINATING COMMITTEE; AND (F) CREATE NON-STANDING COMMITTEES AND TASK FORCES AS NECESSARY. ANY ACTION BY THE EXECUTIVE COMMITTEE SHALL BE REPORTED IN WRITING TO THE BOARD WITHIN SEVEN (7) DAYS OF SAID ACTION AND SHALL BE SUBJECT TO APPROVAL, REVISION, OR DISAPPROVAL BY THE BOARD, PROVIDED THAT NO SUCH RECONSIDERATION SHALL ADVERSELY AFFECT THE RIGHTS OF THIRD PARTIES WHO HAVE ACTED IN RELIANCE ON THE ACTION OF THE EXECUTIVE COMMITTEE TAKEN IN ACCORDANCE WITH THE AUTHORITY OF THESE BYLAWS. FORM 990, PART VI, SECTION A, LINE 2: ETHEL KENNEDY, FOUNDER, KERRY KENNEDY, PRESIDENT, JOSEPH KENNEDY III, BOARD MEMBER, AND CARA KENNEDY-CUOMO, BOARD MEMBER, ALL SERVED ON THE BOARD OF DIRECTORS DURING THE TAX YEAR AND HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

AN ACCOUNTING FIRM PREPARES THE FORM 990, AND THE DRAFT IS REVIEWED BY THE

132212 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

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

Employer identification number 13-2522784

OUTSOURCED CPA ACCOUNTANT, WHO COMPARES THE DRAFT TO THE AUDITED FINANCIAL

STATEMENTS. THE OUTSOURCED ACCOUNTANT AND THE CHIEF OPERATING OFFICER

ADDRESS ANY AREAS OF CONCERN, AND THE FINAL FORM 990 IS FORWARDED TO THE

MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. THE BOARD

ADDRESSES ANY POTENTIAL OR POSSIBLE CONFLICTS WITH STAFF OR BOARD MEMBERS.

THERE IS A TRANSPARENT PROCESS IN WHICH ANY POSSIBLE CONFLICT ISSUE IS

DISCUSSED WITH THE PERSON AND THEN OPENLY AMONG THE BOARD MEMBERS, WHO

REVIEW THE SITUATION, AND MAKE RECOMMENDATIONS, APPROVALS, AND DECISIONS.

THE EXECUTIVE COMMITTEE WILL TYPICALLY REVIEW THE SITUATION FIRST, AND THE

BOARD WILL TAKE INTO CONSIDERATION THEIR POSITION AS WELL.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT, CHIEF OPERATING OFFICER, AND EXECUTIVE DIRECTOR'S

COMPENSATION ARE REVIEWED AND APPROVED BY THE CHAIRMAN OF THE BOARD. THE

CHAIRMAN USES FORM 990S OF OTHER ORGANIZATIONS, COMPENSATION SURVEYS, AND

OTHER MEANS TO DETERMINE THE REASONABLENESS OF THEIR COMPENSATION. THIS

REVIEW TOOK PLACE IN 2020.

THE BOARD APPROVES AND DOCUMENTS THE COMPENSATION OF THE ONLY BOARD MEMBER
WHO IS A KEY EMPLOYEE. THE PRESIDENT, CHIEF OPERATING OFFICER, AND

EXECUTIVE DIRECTOR DETERMINE THE COMPENSATION OF THE OTHER STAFF USING
BUDGET GUIDELINES AS APPROVED AND DOCUMENTED BY THE BOARD. THIS REVIEW TOOK
PLACE IN 2020.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

Schedule O (Form 990) 2021 Name of the organization ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS	Employer identification number 13-2522784
AK, AL, AR, AZ, CA, CT, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, N	IH,NJ,NM,NY,OH,OK
OR, PA, RI, SC, TN, UT, VA, WA, WI, WV	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE. ALI	OTHER DOCUMENTS
(CONFLICT OF INTEREST POLICY) ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PARTNERS FOR HUMAN RIGHTS:	
PROGRAM SERVICE EXPENSES	263,316.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	263,316.
SPEAK TRUTH TO POWER:	
PROGRAM SERVICE EXPENSES	84,633.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	84,633.
BOOK AND JOURNALISM AWARDS:	
PROGRAM SERVICE EXPENSES	76,124.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	76,124.
RFK YOUNG LEADERS:	
PROGRAM SERVICE EXPENSES	18,198.
132212 11-11-21	Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization ROBERT F. KENNEDY CENTER FOR JUSTICE	Page 2 Employer identification number
AND HUMAN RIGHTS	13-2522784
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,198.
COMPASS:	
PROGRAM SERVICE EXPENSES	125,508.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	125,508.
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	591,525.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	591,525.
RFK LEGACY:	
PROGRAM SERVICE EXPENSES	6,522.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,522.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	202,155.
FUNDRAISING EXPENSES	614,621.
TOTAL EXPENSES	816,776.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,982,602. Schedule O (Form 990) 2021