			** PUBLIC DISCLOSURE COPY	Y **		
	•	~~	Return of Organization Exempt Fro	om Ir	ncome Tax	OMB No. 1545-0047
Forr	пY	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			) <b>2010</b>
•		uary 2020)	Do not enter social security numbers on this form as i	it may be	e made public.	Open to Public
Depa Interr	rtment i al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the	ne latest i	information.	Inspection
AF	or th	e 2019 calend	ar year, or tax year beginning and end	ding		
Bc	heck if	C Name of	forganization		D Employer identification	ation number
a	pplicab	ROBE	RT F. KENNEDY CENTER FOR JUSTICE			
	_Addre		HUMAN RIGHTS			
	Name Chang	ge Doing bi	usiness as ROBERT F. KENNEDY HUMAN RIGHT	TS	13-252278	4
	Initial	n Number		om/suite	E Telephone number	
	Final		19TH STREET, NW 75	50	(202) 545	-6671
	terminated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	28,089,189.
	Amer	WASH	INGTON, DC 20036		H(a) Is this a group ret	
	Appli tion		nd address of principal officer: MICHAEL SCHREIBER		for subordinates?	Yes X No
	pendi	SAME	AS C ABOVE		H(b) Are all subordinates incl	uded? Yes No
		empt status: [		527	If "No," attach a li	st. (see instructions)
			RFKHUMANRIGHTS.ORG		H(c) Group exemption	
			X Corporation Trust Association Other ►	L Year c	of formation: 1968 M	State of legal domicile: DC
Pa	nrt I	Summary				
<b>n</b>	1		e the organization's mission or most significant activities: ADVANC		SPECT FOR HU	MAN RIGHTS
Governance		AND SOC	IAL JUSTICE, PROMOTE INDIVIDUAL ACTI	ION.		
rna	2	Check this bo	x 🕨 🗌 if the organization discontinued its operations or disposed	l of more t	than 25% of its net asse	
ove	3	Number of vot	ting members of the governing body (Part VI, line 1a)			39
	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)			38
8 8	5	Total number	of individuals employed in calendar year 2019 (Part V, line 2a)		5	47
<b></b> iti	6	Total number	of volunteers (estimate if necessary)		6	65
Activities &	7 a		d business revenue from Part VIII, column (C), line 12			0.
_ <	b	Net unrelated	business taxable income from Form 990-T, line 39			0.
					Prior Year	Current Year
Ø	8	Contributions	and grants (Part VIII, line 1h)		42,942,139.	18,203,666.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		26,402.	27,175.
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		349,495.	423,366.
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-201,124.	-482,677.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		43,116,912.	18,171,530.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		298,100.	474,772.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
Ś	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)		4,624,391.	5,089,425.
nse	16a	Professional fi	undraising fees (Part IX, column (A), line 11e)		443,600.	472,800.
Expenses	b	Total fundraisi	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) $\blacktriangleright$ <u>1,696,233</u>	3.		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		5,352,862.	4,950,343.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,718,953.	10,987,340.
	19	Revenue less	expenses. Subtract line 18 from line 12		32,397,959.	7,184,190.
or				Beg	ginning of Current Year	End of Year
Assets or d Balances	20	Total assets (F	Part X, line 16)		55,140,274.	63,899,123.
Asid	21	Total liabilities	(Part X, line 26)		8,577,485.	8,604,153.
Punc	22		fund balances. Subtract line 21 from line 20		46,562,789.	55,294,970.
Pa	nrt II	Signature	e Block			
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and	nd statemer	nts, and to the best of my k	nowledge and belief, it is
true,	corre	ct, and complete.	. Declaration of preparer (other than officer) is based on all information of which	n preparer h	nas any knowledge.	
Sig	า	Signature	e of officer		Date	
Her			AEL SCHREIBER, CHIEF OPERATING OFFIC	CER		
		Type or p	print name and title			

Print/Type preparer's name	Date Check PTIN									
MICHAELA J. CROMAR, CPA	MICHAELA J. CROMAR,	11/05/20 self-employed P00895728								
Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749										
Only Firm's address 901 N. GLEBE ROAD, SUITE 200										
ARLINGTON, VA 22203 Phone no.571-227-9500										
May the IRS discuss this return with the preparer shown above? (see instructions)										
	MICHAELA J. CROMAR, CPA Firm's name CLIFTONLARSONALL Firm's address 901 N. GLEBE ROA ARLINGTON, VA 22	MICHAELA J. CROMAR, CPA MICHAELA J. CROMAR, Firm's name CLIFTONLARSONALLEN LLP Firm's address 901 N. GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203								

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

Par	990 (2019) AND HUMAN RIGHTS 13-2522784 Page 2 t III   Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ROBERT F. KENNEDY BOLDLY FACED TOUGH PROBLEMS AND CHALLENGED THE
	COMFORTABLE AND COMPLACENT. HE BELIEVED THAT INDIVIDUAL ACTION COULD
	OVERCOME INJUSTICE AND OPPRESSION. HE AWAKENED UNKNOWN STRENGTHS AND
	INSPIRED A GENERATION TO CHANGE THE WORLD. ESTABLISHED IN 1968 BY
~	Did the organization undertake any significant program services during the year which were not listed on the
	If "Yes," describe these new services on Schedule O.
	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.
	(Code:) (Expenses \$2,062,896. including grants of \$210,385. ) (Revenue \$0.
	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 (40, 114) 0 0
	(Code:) (Expenses \$1, 648, 114.         including grants of \$) (Revenue \$)           SPEAK TRUTH TO POWER (STTP):         0.
	AT RKFHR, WE UNDERSTAND THE IMMINENT NEED TO PROVIDE TRANSFORMATIVE AND
	SYSTEMATIC HUMAN RIGHTS EDUCATION TO PREVENT VIOLATIONS FROM OCCURRING.
	ALIGNED WITH THE PRINCIPLES OF THE DECLARATION OF HUMAN RIGHTS
	EDUCATION AND TRAINING, SPEAK TRUTH TO POWER (STTP), IS: 1) ABOUT HUMAN
	RIGHTS, WHICH INCLUDES PROVIDING KNOWLEDGE OF THE HUMAN RIGHTS
	FRAMEWORK AND THE MECHANISMS FOR ITS PROTECTION; 2) THROUGH HUMAN
	RIGHTS, WHICH INCLUDES LEARNING AND TEACHING IN A WAY THAT RESPECTS THE
	RIGHTS OF EDUCATORS AND STUDENTS; AND 3) FOR HUMAN RIGHTS, WHICH
	INCLUDES EMPOWERING STUDENTS TO RECOGNIZE AND PROTECT THEIR RIGHTS AND
	THOSE OF OTHERS. UNDER THIS FRAMEWORK AND THROUGH STORYTELLING, STTP
	CONSTRUCTS A WORLD IN WHICH HUMAN RIGHTS EDUCATION IS INGRAINED INTO
4c	(Code:) (Expenses \$1,085,448. including grants of \$0. (Revenue \$0.
	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
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 2,100,680. including grants of \$ 264,387.) (Revenue \$ 27,175.)
4.	Total program service expenses <b>6</b> , 897, 138.
<u>4e</u>	
40	Form <b>990</b> (201 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S)

ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS

			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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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,			
	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	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?			v
	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		v	
	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,	110	х	
Ь	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	- 11	<u> </u>
D		11b		x
<u>د</u>	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	Х	
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		X
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	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	Х	
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 X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		77	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	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? <i>If</i> "Yes,"	10		v
20-	complete Schedule G, Part III	19	1	X X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		<u>^</u>
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<u> </u>
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i>	21	Х	
932003				(2019)
352000				(

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Form 990 (2019)

Part IV Checklist of Required Schedules

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Pa	t IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	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	e			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		•••		v
	Schedule K. If "No," go to line 25a		24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		24c		
Ь	any tax-exempt bonds?		240 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		240		
200	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		200		<u> </u>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L. Part I		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		X
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% contro	lled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III .		27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
	instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"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		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		00.		x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M		28c 29	Х	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		29	<u>_</u>	
50	contributions? If "Yes," complete Schedule M		30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				<u> </u>
	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		X
35 a	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	on?			
	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				v
~~	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	·····	37		X X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O		38	х	
Pa		<u></u>	30	21	
	Check if Schedule O contains a response or note to any line in this Part V				$\square$
		<u></u>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	53			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	<u></u>	1c		
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	4				

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Form	990 (2019) AND HUMAN RIGHTS 13-2522	784	Р	age 5				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 47							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
с	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							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	<b>b</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).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х					
b	<ul> <li>bit the organization notify the donor of the value of the goods or services provided?</li> </ul>							
с	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8								
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
с	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
			000					

Form **990** (2019)

932005 01-20-20

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	ROBERT F. KENNEDY CENTER FOR JUSTICE			
	<u>990 (2019) AND HUMAN RIGHTS 13-2522</u>		Р	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	espons	se
	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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 39	4		
	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 38	; -		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		37	
	officer, director, trustee, or key employee?	2	X	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4	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?	5		X X
6	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	7-		x
<b>h</b>	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
b		7b		x
•	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	41		
8		8a	Х	
a h	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	21	<u> </u>
9	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5		- 23
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		<u> </u>
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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? Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed 🕨 AK, AL, AR, AZ, CA, CT, FL, GA, IL, KS, 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 <i>(explain on Schedule O)</i>
19	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.
20	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
93200	6 01-20-20 SEE SCHEDULE O FOR FULL LIST OF STATES Form <b>990</b> (2019)
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16b

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	ROBERT F. K	ENNEDY CENTER	FOR JUSTICE						
Form 990 (2019)	AND HUMAN R	IGHTS		13-2522784	Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
Check if Scl	nedule O contains a response	or note to any line in this P	art VII						
Section A. Officers, D	irectors, Trustees, Key Emp	ovees, and Highest Com	pensated Employees						

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	l	mea		C)		ourt	(D)	(E)	(F)
Name and title					ition	1		Reportable	Reportable	Estimated
Name and the	Average hours per		not cl , unles					compensation	compensation	amount of
	week		cer an					from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				Ð		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(	organization
	organizations	trust	al tru		yee	admo				and related
	below	Individual trustee or director	nstitutional trustee	5	Key employee	est cc oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			-
(1) KERRY KENNEDY	37.50									
PRESIDENT OF RFKHR		Х		Х				500,468.	0.	41,723.
(2) MICHAEL SCHREIBER	37.50									
CHIEF OPERATING OFFICER				Х				412,310.	0.	55,915.
(3) LYNN DELANEY	37.50									
SENIOR ADVISER/EXECUTIVE DIRECTOR				Х				299,074.	0.	51,190.
(4) ANGELITA BAEYENS	37.50									
VP, INTERNATIONAL ADVOCACY & LITIGAT						X		151,952.	0.	37,292.
(5) SANCIA DALLEY	37.50									
SENIOR VP, COMPASS INVESTOR PROGRAM						X		169,998.	0.	19,099.
(6) WADE MCMULLEN	37.50									
SENIOR VP, PROGRAMS AND LEGAL STRATE						X		156,509.	0.	25,708.
(7) KAREN ROBINSON-CLOETE	37.50									
PROGRAM DIRECTOR, SPEAK TRUTH TO POW						X		104,624.	0.	46,446.
(8) JEFFREY SIMINOFF	37.50									
SENIOR VP, WORKPLACE DIGNITY						X		107,494.	0.	3,457.
(9) ETHEL KENNEDY	2.00									
FOUNDER		Х		Х				0.	0.	0.
(10) ROBERT F. SMITH	2.00									
BOARD CHAIR		х		Х				0.	0.	0.
(11) TERRY MAZANY	2.00								•	•
CO-VICE CHAIR		X		Х				0.	0.	0.
(12) ANTHONY WILLIAMS	2.00			37				•	0	0
TREASURER & SECRETARY	2 00	Х		Х				0.	0.	0.
(13) FRANK A. BAKER BOARD MEMBER	2.00	v						0	0	0
(14) PETER BARBEY	2.00	X						0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(15) HARRY BELAFONTE	2.00	^						0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(16) TONIO BURGOS	2.00							0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(17) TIM COOK	2.00							<u>0</u> .		<u>v</u> .
BOARD MEMBER		x						0.	0.	0.
932007 01-20-20	1								<b>.</b>	Form <b>990</b> (2019)
					-					(2010)

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ROBERT	F.	KENNEDY	CENTER	FOR	JUSTICE
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AND HUMAN RIGHTS

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Form 990 (2019) AND HUMAN	I RIGHTS	3							13-252	2784	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Em	ploy	ees,	and	Hig	ghes	st C	compensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)		(F)	
Name and title	Average	l		Posit				Reportable	Reportable	Fs	timate	d
	hours per			heck m ss pers				compensation	compensation		nount d	
	week			nd a dir				from	from related		other	
	(list any	ctor						the	organizations	com	pensat	tion
	hours for	r dire				ted		organization	(W-2/1099-MISC)	fr	om the	Э
	related	tee o	ustee			ensat		(W-2/1099-MISC)		org	anizati	on
	organizations	l trus	nal tr		oyee	e ann				and	d relate	ed
	below	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	anizatio	ons
	line)	lnd	lns	0ff	Key	Hig em	For					
(18) DR. STEPHEN DECHERNEY	2.00											
BOARD MEMBER		Х						0.	0	•		0.
(19) PETER B. EDELMAN	2.00											
BOARD MEMBER		Х						0.	0	•		0.
(20) MARK E. FREITAS	2.00											
BOARD MEMBER		Х						0.	0	•		0.
(21) MARK GEARAN	2.00											
BOARD MEMBER		X						0.	0	•		0.
(22) KENNETH GOLDMAN	2.00											
BOARD MEMBER		x						0.	0			0.
(23) CLAUDIO GROSSMAN	2.00								<b>U</b>	-		
BOARD MEMBER	2.00	x						0.	0			Ο.
(24) PHILIP W. JOHNSTON	2.00							0.	0	•		0.
BOARD MEMBER	2.00	x						0.	0			0.
	2 00	<b>^</b>			_			0.	0	•		0.
(25) JOSEPH KENNEDY, III	2.00							0	0			^
BOARD MEMBER		X			_			0.	0	•		0.
(26) NICLAS KJELLSTROM-MATSEKE	2.00	l							0			•
BOARD MEMBER		Х						0.	0			0.
1b Subtotal								1,902,429.	0		0,83	
c Total from continuation sheets to Part VI	, Section A							0.	0			0.
d Total (add lines 1b and 1c)								1,902,429.	0	. 28	0,83	30.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d abo	ove)	) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												8
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, ł	key e	emplo	byee	e, or	hig	phest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for su	uch individual									3		Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	-								-	4	X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	-				-					5		Х
Section B. Independent Contractors				<u>ich p</u>	CISC							
1 Complete this table for your five highest cor	mpensated inc	lene	nder	nt co	ntra	octor	rs tł	hat received more than \$	100 000 of compens	sation fro	m	
the organization. Report compensation for t												
(A)			Jindii	ig wi				(B)		(0	<u>יי</u>	
אן Name and business	address							Description of s	ervices	Compe		า
TAYLORMADE EXPERIENCE, LL										00111p0		
9007 OAK PLACE, BETHESDA,		17						EVENT CONSUL	חאת	17	2,80	10
9007 OAK PLACE, BEIHESDA,	MD 200	1/						EVENI CONSOL.		4/.	2,00	
2 Total number of independent contractors (ir	ncluding but n	ot lir	nited	d to tl	hos	e lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz					_1							
SEE PART VII, SECTION	A CONT	'IN	UΑ	TIC	ΟN	S	HĒ	ETS		Form	<b>990</b> (2	2019)
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### ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS

Form 990 AND HUMAN RIGHTS 13-2522784										
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from the	from related organizations	other compensation
	week (list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	' direc				ed em		(W-2/1099-MISC)	()	organization
	related	tee or	ustee			ensat		· · · ·		and related
	organizations	al trus	onal tr		loyee	comp				organizations
	below	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Ē	Ë	Of	Υe	Ŧ	Fo			
(27) MARIALINA MARCUCCI BOARD MEMBER	2.00	x						0.	0.	0.
(28) ELISA MASSIMINO	2.00	^						0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(29) KAREN MEHIEL	2.00							0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(30) B. SCOTT MINERD	2.00									0.
BOARD MEMBER	2.00	x						0.	0.	0.
(31) JAMES J. PINTO	2.00									
BOARD MEMBER		x						0.	Ο.	0.
(32) MICHAEL H. POSNER	2.00									
BOARD MEMBER		х						0.	Ο.	0.
(33) JOHN W. ROGERS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(34) MARVIN S. ROSEN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(35) TODD RUPPERT	2.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(36) MALIKA SAADA SAAR	2.00	x						0	0	0
BOARD MEMBER (37) JEFFREY A. SACHS	2.00	A						0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(38) HENRY S. SCHLEIFF	2.00	^						0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(39) MARTIN SHEEN	2.00									
BOARD MEMBER		x						0.	0.	0.
(40) PEDRO TORRES-MACKIE	2.00									
BOARD MEMBER		x						0.	0.	0.
(41) DONATO J. TRAMUTO	2.00									
BOARD MEMBER		Х						0.	0.	0.
(42) BARRY VOLPERT	2.00									
BOARD MEMBER		Х						0.	0.	0.
(43) JAMES WIATT	2.00									
BOARD MEMBER		Х						0.	0.	0.
(44) JOSE' FELICIANO	2.00									•
BOARD MEMBER	0.00	X						0.	0.	0.
(45) DOUGLAS T. HICKEY	2.00								<u> </u>	0
BOARD MEMBER	2 00	Х						0.	0.	0.
(46) HOLLIE MOORE HAYNES BOARD MEMBER	2.00	x						0.	0.	0.
DOALD MEMDER		Λ						0.	0.	0.
Total to Part VII Section A line 10										
Total to Part VII, Section A, line 1c										

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AND HUMAN RIGHTS

### ROBERT F. KENNEDY CENTER FOR JUSTICE

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Check if Schedule O contains a response or note to any line in the Part VIII       (C)       Predicted or exempt function revenue functin revenue function revenue function revenue fu	Form	990	) (2		HTS			13-2522	784 Page 9
CA         CA <thca< th="">         CA         CA         CA&lt;</thca<>	Par	t V	111	Statement of Revenue					
Total revenue         Pelatici or exempt function revenue         Pelaticità or exempt function revenue         Dualness revenue partiest autores revenue         Period partiest autores revenue           1 a         Pederated campaigne         1a         1a <t< td=""><td></td><td></td><td></td><td>Check if Schedule O contains a response</td><td>or note to any line</td><td></td><td></td><td></td><td></td></t<>				Check if Schedule O contains a response	or note to any line				
general sector     Laboration     function revenue     business revenue     form sector       general sector     10     10     10     10     10       Constraining events     10     10     10     10       Particle contributions, gifts, grants, and     11     10     10     10       Particle contributions, gifts, grants, and     11     10     10     10       Constraint contributions, gifts, grants, and     11     10     10     10       Constraint contributions, gifts, grants, and     10     27, 175     10       Constraint control (nouting dividends, interest, and     10     10     10       Constraint control (nouting dividends, interest, and     13     10     10       Constraint control (nouting dividends, interest, and     13     10     10       Constraint control (nouting dividends, interest, and     13     10     10       Contor form invariant contrel (n						. ,			(D) Revenue excluded
generation         1 a         Federated campaigns         1 b           b         Membership dues         1 c         4,095,463.           c         Fordination generations         1 c         4,095,463.           d         Rolated organizations         1 c         4,095,463.           d         Rolated organizations         1 c         4,095,463.           d         Rolated organizations         1 c         4,095,463.           g         Monte contributions, gRs, gans, and t         1 c         1 c         2 c           g         Maked barner         1 c         2 c         1 c         1 c           g         Total. Add lines 1 aft         Barlines Code         2 c         1 c         1 c           g         Total. Add lines 2 a 2t         2 c         2 c         1 c         1 c         1 c           g         Total. Add lines 2 a 2t         2 c         2 c         1 c         1 c         1 c           g         Total. Add lines 2 a 2t         2 c         2 c         1 c         1 c         1 c           g         Total. Add lines 2 a 2t         1 c         2 c         1 c         1 c           g         Total. Add lines 2 a 2t         1 c						Total revenue			from tax under
grad of Palated organizations       10       10       10         grad particle contributions       10       10       10       10         grad particle contributions       10       10       10       10       10         grad particle contributions of the start       11       14       10       20       10 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>sections 512 - 514</td>									sections 512 - 514
grad of Palated organizations       10       10       10         grad particle contributions       10       10       10       10         grad particle contributions       10       10       10       10       10         grad particle contributions of the start       11       14       10       20       10 <td>ts ts</td> <td>1</td> <td>а</td> <td>Federated campaigns 1a</td> <td></td> <td></td> <td></td> <td></td> <td></td>	ts ts	1	а	Federated campaigns 1a					
grad of Palated organizations       10       10       10         grad particle contributions       10       10       10       10         grad particle contributions       10       10       10       10       10         grad particle contributions of the start       11       14       10       20       10 <td>Contributions, Gifts, and Other Similar A</td> <td></td> <td>b</td> <td>Membership dues 1b</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Contributions, Gifts, and Other Similar A		b	Membership dues 1b					
Bit Particle organizations       11         a       All other contributions) gits, grants, and similar anounts not included above.       11       14, 108, 203, 666.         B       Total. Add lines 1a:1       11       14, 108, 203, 666.       10         C       All other contributions oble lines 1a:1       11       10, 203, 666.       10         C       All other program service revenue       90099       27, 175.       10         C       Add lines 2a:1       22, 175.       10       10         C       Add lines 2a:1       27, 175.       10       10         S       Total Add lines 2a:1       27, 175.       10       10         S       Royaties       20       10       10       10         S       Royaties       10       10       10       10       10         S       Royaties       10       10       10       10       10         S       Royaties       10       10       10       10 <td< td=""><td>ي ق ق</td><td></td><td></td><td></td><td>4,095,463.</td><td></td><td></td><td></td><td></td></td<>	ي ق ق				4,095,463.				
Business Code         Business Code           900099         27,175.           0	ar A								
Business Code         Business Code           900099         27,175.           0	o, s Bili								
Business Code         Description           2 a         AMARD ENTRY FEES         900099         27,175.           0	ŝ								
Business Code         Business Code           900099         27,175.           0	her				14,108,203.				
Business Code         Business Code           900099         27,175.           0	ġţ		a		401,453.				
Business Code         Business Code           900099         27,175.           0	N N N		-		, •	18,203,666.			
geogram       2 a       AWARD ENTRY FEES       900099       27,175.         b					Business Code	, , -			
grad       2       2       2       2         a       a       a       a       a       a         a       f All other program service revenue       a       a       a       a         a       f All other program service revenue       a       a       a       a       a         a       f All other program service revenue       a       <		2	2	AWARD ENTRY FEES		27 175.			27,175.
a       Total. Add lines 2a 2f       ≥ 27,175.         3       Investment income (including dividends, interest, and other similar amounts).       436,820.         4       Income from investment of tax-exempt bond proceeds       >         5       Royatties       >         6       a Gross rents       6         b       Less: rental expenses       6         c       Rental income or (loss)       6         7       a       Gross anount from sales of a state state state state than inventory b       a         b       Less: cost or other basis and sales expenses       (1) Securities       (1) Other asset of the ratio income from fundraising events (not including 3 _ 4, 095, 463. of continuctions reported on line 10. See Part IV, line 18       B       660, 545.         b       Less: direct expenses       9a       9a       60, 545.       143, 222.         9       a Gross income from gaming activities. See Part IV, line 19       >       143, 222.       -482, 677.       -         9       a Gross as alse of inventory less returns and allowances       10a       10a       10a       10a         10       a Gross alse of inventory, less returns and allowances       10a       10a       10a       10a         10       a Gross income from gaming activities. See Ores in conces of ogods sold </td <td>/ice</td> <td>_</td> <td></td> <td></td> <td></td> <td>_ ,</td> <td></td> <td></td> <td></td>	/ice	_				_ ,			
a       Total. Add lines 2a 2f       ≥ 27,175.         3       Investment income (including dividends, interest, and other similar amounts).       436,820.         4       Income from investment of tax-exempt bond proceeds       >         5       Royatties       >         6       a Gross rents       6         b       Less: rental expenses       6         c       Rental income or (loss)       6         7       a       Gross anount from sales of a state state state state than inventory b       a         b       Less: cost or other basis and sales expenses       (1) Securities       (1) Other asset of the ratio income from fundraising events (not including 3 _ 4, 095, 463. of continuctions reported on line 10. See Part IV, line 18       B       660, 545.         b       Less: direct expenses       9a       9a       60, 545.       143, 222.         9       a Gross income from gaming activities. See Part IV, line 19       >       143, 222.       -482, 677.       -         9       a Gross as alse of inventory less returns and allowances       10a       10a       10a       10a         10       a Gross alse of inventory, less returns and allowances       10a       10a       10a       10a         10       a Gross income from gaming activities. See Ores in conces of ogods sold </td <td>Ser</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Ser								
a       Total. Add lines 2a 2f       ≥ 27,175.         3       Investment income (including dividends, interest, and other similar amounts).       436,820.         4       Income from investment of tax-exempt bond proceeds       >         5       Royatties       >         6       a Gross rents       6         b       Less: rental expenses       6         c       Rental income or (loss)       6         7       a       Gross anount from sales of a state state state state than inventory b       a         b       Less: cost or other basis and sales expenses       (1) Securities       (1) Other asset of the ratio income from fundraising events (not including 3 _ 4, 095, 463. of continuctions reported on line 10. See Part IV, line 18       B       660, 545.         b       Less: direct expenses       9a       9a       60, 545.       143, 222.         9       a Gross income from gaming activities. See Part IV, line 19       >       143, 222.       -482, 677.       -         9       a Gross as alse of inventory less returns and allowances       10a       10a       10a       10a         10       a Gross alse of inventory, less returns and allowances       10a       10a       10a       10a         10       a Gross income from gaming activities. See Ores in conces of ogods sold </td <td>ven</td> <td></td> <td></td> <td></td> <td>  </td> <td></td> <td></td> <td></td> <td> </td>	ven								
a       Total. Add lines 2a 2f       ≥ 27,175.         3       Investment income (including dividends, interest, and other similar amounts).       436,820.         4       Income from investment of tax-exempt bond proceeds       >         5       Royatties       >         6       a Gross rents       6         b       Less: rental expenses       6         c       Rental income or (loss)       6         7       a       Gross anount from sales of a state state state state than inventory b       a         b       Less: cost or other basis and sales expenses       (1) Securities       (1) Other asset of the ratio income from fundraising events (not including 3 _ 4, 095, 463. of continuctions reported on line 10. See Part IV, line 18       B       660, 545.         b       Less: direct expenses       9a       9a       60, 545.       143, 222.         9       a Gross income from gaming activities. See Part IV, line 19       >       143, 222.       -482, 677.       -         9       a Gross as alse of inventory less returns and allowances       10a       10a       10a       10a         10       a Gross alse of inventory, less returns and allowances       10a       10a       10a       10a         10       a Gross income from gaming activities. See Ores in conces of ogods sold </td <td>Be</td> <td></td> <td></td> <td></td> <td>  </td> <td></td> <td></td> <td></td> <td> </td>	Be								
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3       Investment income (including dividends, interest, and other similar amounts)       4         4       Income from investment of tax-exempt bond proceeds       4         5       Royaties       0         6a       Gross rents       6a         b       Less: rental expenses       6b         c       Rental income or (loss)       6c         7       a fross amount from sales of assets other than inventory       7a         7a       Gross rents       6c         6a       (0) Real       (0) Other assets other than inventory         7a       Gross amount from sales of assets other than inventory       7a         7b       8, 760, 983.       -13, 454.         7b       8, 774, 437.       -13, 454.         7b       6, 740, 437.       -13, 454.         8 a       Gross income from fundraising events (not including 3       4, 095, 463., of contributions reported on line 10. See         Part IV, line 18       8a       660, 545.       6b         9 a       Gross income from gaming activities. See       -482, 577.         9 a       Gross sales of inventory, less returns and allowances       9a         9 a       Gross sales of inventory, less returns and allowances       10a         10 a       Closs plo	-					27 175			
other similar amounts) <ul> <li>4 income from investment of tax-exempt bond proceeds</li> <li>5 Royalties</li> <li>6 a Gross rents</li> <li>6 a</li> <li>6 a Gross rents</li> <li>6 a</li> <li>6 a</li> <li>6 a</li> <li>6 a</li> <li>7 a</li> <li>6 a</li> <li>7 a</li> <li>8,760,983.</li> <li>9 a</li> <li>9 assets other than inventory inventory.</li> <li>9 a Gross income from guing activities.</li> <li>9 a Gross income or (loss) from gaming activities.</li> <li>9 a Gross income or (loss) from gaming activities.</li> <li>9 a Gross income or (loss) from gaming activities.</li> <li>9 a Gross income or (loss) from gaming activities.</li> <li>9 a Gross income or (loss) from sales of inventory.</li> <li>9 a Gross inde of</li></ul>	-		g		· · · •	27,173.			
4       income from investment of tax-exempt bond proceeds         5       Royatties <ul> <li>(i) Real</li> <li>(ii) Personal</li> <li>(ii) Real</li> <li>(iii) Personal</li> <li>(iii) Real</li> <li>(iii) Personal</li> <li>(iii) Real</li> <li>(iii) Personal</li> <li>(iii) Real</li> <li>(iii) Personal</li> <li>(iii) Real</li> <li>(iii) Real</li> <li>(iii) Real</li> <li>(iii) Personal</li> <li>(iii) Real</li> <li>(iiii) Real</li> <li>(iiii) Real</li> <li>(iiii) Real</li> <li>(iiiii) Real</li> <li>(iiiii) Real</li> <li>(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</li></ul>		3				426 820			426 820
5       Royalties       (i) Real       (ii) Personal         6 a       Gross rents       6 a       (iii) Personal         b       Less: rental expenses       6 a       (iii) Personal         c       Rental income or (loss)       6 c       (iii) Personal         d       Net rental income or (loss)       6 c       (iii) Personal         d       Net rental income or (loss)       (iii) Securities       (iii) Other         a sets other than inventory       7a       8, 760, 983.       (iii) Other         a sets other thas inventory       7a       8, 774, 437.       (iii) Other         c       Gain or (loss)       7a       -13, 454.       (iii) Consisting events (not including \$		_				436,820.			436,820.
6 a Gross rents       (i) Real       (ii) Personal         b Less: rental expenses       6b					1				
6 a Gross rents         6a         1           b Less: rental expenses         6a         1           c Rental income or (loss)         6c         1           d Net rental income or (loss)         6c         1           7 a Gross amount from sales of assets other than inventory         7a         6 a Gross amount from sales of assets other than inventory         7a           b Less: cost or other basis and sale expenses         7a         8, 774, 437.         1           c Gain or (loss)         7a         7a, 454.         1           d Net gain or (loss)         7a         13, 454.         1           d Net gain or (loss)         4, 095, 463.         1         1.13, 454.           d Net gain or (loss)         4, 095, 463.         1         1.13, 454.           g Gross income from fundraising events (not including 5         40, 095, 463.         1         1.13, 222.           c Net income or (loss) from fundraising events         -482, 677.         -         -           9 a Gross income from gaming activities         9a         9a         -         -           b Less: cort of goods sold         00b         0         0         0           c Net income or (loss) from sales of inventory.         0         0         0         0		5							
b         Less: rental expenses         6b         6c           c         Rental income or (loss)         6c					(II) Personal				
c       Rental income or (loss)       6c		6							
d       Net rental income or (loss) <ul> <li></li></ul>									
7 a Gross amount from sales of assets other than inventory       Image: constraint of the site of									
assets other than inventory       Ta       8,760,983.         b       Less: cost or other basis and sales expenses       Tb       8,774,437.         c       Gain or (loss)       Tc       -13,454.         d       Net gain or (loss)       Tc       -13,454.         as Gross income from fundraising events (not including \$					····· •				
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and sales expenses       7b       8, 774, 437.         c       Gain or (loss)       -13, 454.         d       Net gain or (loss)       -13, 454.         e       Contributions reported on line 1c). See       -13, 454.         e       Part IV, line 18				assets other than inventory <b>7a</b> 8,760,983.					
c       Gain or (loss)       Tc       -13,454.         d       Net gain or (loss)       -13,454.         8       Gross income from fundraising events (not including \$4,095,463of contributions reported on line 1c). See Part IV, line 18       Ba       660,545.         b       Less: direct expenses       Bb       1,143,222.         c       Net income or (loss) from fundraising events       -482,677.         9       Gross income from gaming activities. See Part IV, line 19       9a         9       Gross ales of inventory, less returns and allowances       9b         10       Gross from sales of inventory       Image: sale of the sale of inventory         soft       C       Net income or (loss) from sales of inventory         soft       C       Net income or (loss) from sales of inventory         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       Image: sale of inventory         c       Image: sale of inventory       Image: sale of inventory         c       Image: sale of inventory       Image: sale of inventory         c       Image: sale of inventory       Image: sale of inventory         c       Image: sale of inventory       Image: sale of inventory         d       All other revenue			b						
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a Net gain or (loss)   8 a Gross income from fundraising events (not including \$	ver		с	Gain or (loss)					
contributions reported on line 1c). See       Ba       660,545.         Part IV, line 18       Bb       1,143,222.         c       Net income or (loss) from fundraising events       -482,677.         9 a       Gross income from gaming activities. See       9a         Part IV, line 19       9a       9b         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       -482,677.         0 a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       >         c       Net income or (loss) from sales of inventory       >         g       Business Code       -         b	Re		d	Net gain or (loss)	🕨	-13,454.			-13,454.
contributions reported on line 1c). See       Ba       660,545.         Part IV, line 18       Bb       1,143,222.         c       Net income or (loss) from fundraising events       -482,677.         9 a       Gross income from gaming activities. See       9a         Part IV, line 19       9a       9b         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       -482,677.         0 a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       >         e       Net income or (loss) from sales of inventory       >         b       Less: cost of goods sold       10b         c       Met income or (loss) from sales of inventory       >         d       All other revenue	her	8	а						
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b Less: direct expenses   c Net income or (loss) from fundraising events   9 a   9 a   9 a   9 a   9 a   9 a   9 a   9 a   9 a   9 a   9 a   9 a   9 a   9 a   9 a   9 a   9 a   9 b   10 a   11 a   12 Total re				contributions reported on line 1c). See					
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9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions			b		1,143,222.				
Part IV, line 19 9a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a   a Gross sales of inventory, less returns   and allowances   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Business Code   c Image: Code   d All other revenue   e Total revenue. See instructions   12 Total revenue. See instructions			с	Net income or (loss) from fundraising events	►	-482,677.			-482,677.
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b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10a 10b c Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ▶ c c 10a 10b c C 10b				Part IV, line 19 9a					
c       Net income or (loss) from gaming activities       ▶       Image: second sec			b						
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e Total. Add lines 11a-11d         ▶         18,171,530.         0.         0.	Be								
12         Total revenue. See instructions         18,171,530.         0.         0.	Σ								
			-			18,171,530.	0.	0.	-32,136.
932009 01-20-20 Form	932009		20-:		F I			•	Form <b>990</b> (2019)

10

### ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS

	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe		nplete column (A).	
	Check if Schedule O contains a respon	( )		(2)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	231,385.	231,385.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	22,000.	22,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	221,387.	221,387.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,360,680.	649,351.	311,562.	399,767.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,571,393.	1,757,431.	789,937.	24,025.
8	Pension plan accruals and contributions (include	101 605		20.007	4 545
	section 401(k) and 403(b) employer contributions)	121,627.	87,075. 495,387.	32,837.	<u> </u>
9	Other employee benefits	763,002.	495,387.	194,957.	72,658.
10	Payroll taxes	272,723.	173,471.	69,818.	29,434.
11	Fees for services (nonemployees):				
а	Management	10 100		10 100	
	Legal	13,133.		13,133.	
	Accounting	75,382.		75,382.	
	Lobbying	472 000			472 000
	Professional fundraising services. See Part IV, line 17	472,800. 78,119.		78,119.	472,800.
f	Investment management fees	/0,119.		/0,119.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1,556,851.	1,261,732.	236 507	58 500
40	column (A) amount, list line 11g expenses on Sch 0.)	69,097.	46,845.	236,597. 15,273.	<u>58,522</u> 6,979.
12	Advertising and promotion	322,834.	86,419.	121,521.	114,894.
13	Office expenses	87,649.	20,827.	61,867.	4,955.
14 15	Information technology	07,045.	20,027.	01,007.	±,555.
15 16	Royalties Occupancy	584,231.	31,828.	542,248.	10 155.
17	Traval	626,047.	377,466.	189,720.	<u>10,155</u> . 58,861.
18	Payments of travel or entertainment expenses	02070170	57771000	10577200	50,001
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	825,382.	588,764.	100,225.	136,393.
20	Interest	1,463.		1,463.	
21	Payments to affiliates	•			
22	Depreciation, depletion, and amortization	137,342.	23,570.	111,252.	2,520.
23	Insurance	70,413.		70,413.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BAD DEBT EXPENSE	322,174.		166,674.	155,500.
b	DUES & SUBSCRIPTIONS	115,653.	34,015.	63,901.	17,737.
с	INDIRECT COSTS	0.	743,448.	-866,051.	122,603.
d					_
е	All other expenses	64,573.	44,737.	13,121.	6,715.
25	Total functional expenses. Add lines 1 through 24e	10,987,340.	6,897,138.	2,393,969.	1,696,233.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

932010 01-20-20

Check here

Form 990 (2019)

Part IX Statement of Functional Expenses

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

Form 990 (2019) Part X Balance Sheet

# ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			7,417,987.	1	4,184,880
	2	Savings and temporary cash investments			1,252,006.	2	3,351,032
	3	Pledges and grants receivable, net			3,648,732.	3	5,588,099
	4	Accounts receivable, net			1,529,750.	4	1,145,420
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ins		5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
[	9				143,147.	9	168,43
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,189,651.			
	b	Less: accumulated depreciation			614,237.	10c	549,63
	11	Investments - publicly traded securities			9,657,593.	11	12,489,98
	12	Investments - other securities. See Part IV, line -	11			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			30,876,822.	15	36,421,63
	16	Total assets. Add lines 1 through 15 (must equ			55,140,274.	16	63,899,12
	17	Accounts payable and accrued expenses		951,910.	17	1,015,33	
	18	Grants payable			18		
	19	Deferred revenue		600.	19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
,	22	Loans and other payables to any current or form	ner office	er, director,			
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ins		22	
i	23	Secured mortgages and notes payable to unrela	ated thir			23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			7,624,975.	25	7,588,82
	26	Total liabilities. Add lines 17 through 25			8,577,485.	26	8,604,15
		Organizations that follow FASB ASC 958, che	eck here				
3		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			11,989,369.	27	13,846,18
1	28	Net assets with donor restrictions			34,573,420.	28	41,448,78
		Organizations that do not follow FASB ASC 9	58, che	ck 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 ed	quipmen	t fund		30	
2	31	Retained earnings, endowment, accumulated in	come, c	r other funds		31	
	32	Total net assets or fund balances			46,562,789.	32	55,294,97
	33	Total liabilities and net assets/fund balances			55,140,274.	33	63,899,12

932011 01-20-20

ROBERT F	7.	KENNEDY	CENTER	FOR	JUSTICE
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Form	990 (2019) AND HUMAN RIGHTS	13-2	252278	34	Page	12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		[	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,1			
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,9			
3	Revenue less expenses. Subtract line 2 from line 1	3			,190	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46,5			
5	Net unrealized gains (losses) on investments	5	1,5	547	,991	L.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			(	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	55,2	294	<u>,970</u>	).
Pa	rt XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	L	
			_	Y	es N	<u>lo</u>
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		<u>x</u>
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	2b 2	X	
	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					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	<u>2c</u>	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?			Ba	2	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	ßb		
				~		

Form **990** (2019)

932012 01-20-20

SCHEDU	JLE A			D	ia Cha		Ctatua		ם ר	uhlia	. c.			OMB No. 1545-0047
(Form 990	or 990-EZ)			Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section										2010
				Inpiere	•		l) nonexemp			•		or a section		2013
Department of the Internal Revenue				<b>.</b> .			to Form 99							Open to Public Inspection
	e organizatio	n					n990 for inst					formation.	Employer	identification number
Nume of an	e organizatio				N RIGH			L FC	K U	10211				3-2522784
Part I	Reason f	or I					anizations m	ust co	mplete	e this pa	art.) Se	e instructions		5 1511/01
The organiz	ation is not a													
	A church, cor											I)(A)(i).		
<b>2</b> 🗌 A	A school desc	cribe	d in <b>sect</b> i	ion 170(ł	o)(1)(A)(ii).	(Attach	Schedule E	(Form	990 c	or 990-E2	Z).)			
3 🗌 A	A hospital or a	a coo	operative	hospital	service org	anizatio	on described	in se	ction	<b>170(b)(</b> 1	1)(A)(ii	i).		
4 🗌 A	A medical res	earc	h organiz	ation ope	erated in co	njuncti	ion with a ho	spital	descril	bed in s	sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and state													
	•					ollege o	r university o	wned	or ope	erated b	y a go	vernmental u	nit describe	ed in
<ul> <li>section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> </ul>														
37			•		U U					• • •		.,		
	ection 170(k			•		intial pa	art of its supp	SOLT IN	om a g	governm	ental	unit or from tr	ne general p	oublic described in
	A community			•	,	(1)(Δ)(	vi) (Complet	o Part	ш )					
					• •					erated in	coni	inction with a	land-grant	college
	-		-	-							-	, and state of	-	-
	university:			,	5 5		(	,			, ,		5	
10 🗌 A	An organizatio	on th	at norma	Ily receiv	es: (1) more	e than 3	33 1/3% of its	s supp	ort fro	om contr	ributio	ns, membersl	nip fees, an	d gross receipts from
a	activities relat	ed to	o its exem	npt functi	ions - subje	ct to ce	ertain except	ions, a	and (2)	no mor	e thar	n 33 1/3% of i	ts support f	rom gross investment
i	ncome and u	nrela	ted busir	iess taxa	ble income	(less s	ection 511 ta	ax) fro	n bus	inesses	acqui	red by the org	anization a	fter June 30, 1975.
	See <b>section</b> 5	•		-										
	An organizatio		-	-		•	-		-					
	-		-	-		-			-				•	purposes of one or
				-			-			-				Check the box in
		-			••					-		12e, 12f, and	-	nivina
a 🔛					-	-			•		-	anization(s), t		
	organization		-		-			icot a	пајоп	ity of the				pporting
b 🗌	0			-				nnect	on wit	th its sup	oporte	ed organizatio	n(s), by hav	ing
										-	-	ntrol or mana		-
	organizatior	n(s).	You mus	t comple	ete Part IV,	Sectio	ons A and C.							
c 🗌	Type III fun	ctio	nally inte	grated.	A supportir	ng orga	nization oper	rated i	n conr	nection	with, a	and functional	lly integrate	d with,
	its supporte	ed or	ganizatio	n(s) (see	instructions	s). You	ı must comp	lete P	art IV	, Sectio	ns A,	D, and E.		
d 🗌				-		•	U U					ith its suppo	•	
			-	•	•							uirement and	l an attentiv	reness
							Part IV, Sec							
e 🔛			J. J				tegrated sup					Туре I, Туре	п, туре ш	
<b>f</b> Enter	the number of							•	0 0		1.			
	de the followi			0										
	Name of suppo	orted			i) EIN	(iii) ⊤y	ype of organiza		(iv) Is th in your g	ie organizatio overning doc	n listed ument?	(v) Amount o	-	(vi) Amount of other
	organization						ribed on lines e (see instructio		Yes	5 <b>1</b>	No	support (see ir	nstructions)	support (see instructions)
				<u> </u>										
				<u> </u>										
Total														
I LIA Ear Da	norwork Ro	durati	ion Act N	Intion or	on the Inetr	uction	e for Form 0	IQN or		-7 0200	00 100	05 10 Scho	dulo A (Eor	m 990 or 990-E7) 2019

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 14

### ROBERT F. KENNEDY CENTER FOR JUSTICE Schedule A (Form 990 or 990-EZ) 2019 AND HUMAN RIGHTS

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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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12978316.	10496055.	9690229.	42942139.	18203666.	94310405.
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	12978316.	10496055.	9690229.	42942139.	18203666.	94310405.
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)						9796264.
6	Public support. Subtract line 5 from line 4.						84514141.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	12978316.	10496055.	9690229.	42942139.	18203666.	94310405.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	127,660.	96,321.	158,271.	324,465.	436,820.	1143537.
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.)	-25,937.	1,742.	94.	5,137.		-18,964.
11	Total support. Add lines 7 through 10						95434978.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12 3	,646,024.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)	
	organization, check this box and stop	p here					
Sec	ction C. Computation of Public	ic Support Per	centage				
14	Public support percentage for 2019 (I	line 6, column (f) di	vided by line 11, c	olumn (f))		14	88.56 %
15	Public support percentage from 2018	3 Schedule A, Part	II, line 14			15	86.74 %
16a	33 1/3% support test - 2019. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2018. If the	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstand	ces" test, check th	is box and <b>stop l</b>	<b>here.</b> Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	t - 2018. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire	cumstances" test.	The organization q	ualifies as a public	cly supported orga	nization	
18	Private foundation. If the organization	on did not check a	<u>box on line 13, 16</u>	<u>a, 16b, 17a, or 17b</u>	o, check this box a	nd see instructions	<u>s</u>
					Sche	edule A (Form 990	) or 990-EZ) 2019

Part II

Schedule A (Form 990 or 990 EZ) 2019 AND HUMAN RIGHTS

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	Amounts included on lines 1, 2, and						
1 a	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	zation,
	check this box and stop here						
	tion C. Computation of Publ					<u>г г</u>	
	Public support percentage for 2019 (			column (f))		15	%
	Public support percentage from 2018					16	%
	tion D. Computation of Inves		•				
	Investment income percentage for 20		'			17	%
	Investment income percentage from					18 1/00/	<u>%</u>
19a	33 1/3% support tests - 2019. If the						
Ŀ	more than 33 1/3%, check this box at 22 1/2% even out tooto 2018. If the						
b	<b>33 1/3% support tests - 2018.</b> If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	п аю пот спеск а		a, or iso, check t			
93202	3 09-25-19		16	5	300		90 or 990-EZ) 2019

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1

Yes No

# Schedule A (Form 990 or 990-EZ) 2019 AND HUMAN RIGHTS Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

17

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2019

10b

Schedule A (Form 990 or 990 EZ) 2019 AND HUMAN RIGHTS

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Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	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 <b>Part VI</b> the role the organization's	0		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a L	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instruction and the balance).	uctions,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2019

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	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting	a Organ		L3-2322/04 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions All
•	other Type III non-functionally integrated supporting organizations must col			
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	<b>1</b> a		
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		
e	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2019

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13-252278/

	dule A (Form 990 or 990-EZ) 2019 AND HUMAN RIG			3-2522784 Page 7
Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	• • • • • • • • • • • • • • • • • • •
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

	(Form 990 or 990-EZ) 2019			KENNEDY RIGHTS	CENTER	FOR	JUSTIC	E 13-2522784 <sub>Page</sub>
Part VI	Supplemental Inform Part IV, Section A, lines 1,	2, 3b, 3c, 4 ines 2 and	Provide th 4b, 4c, 5a 3; Part IV	ne explanations a, 6, 9a, 9b, 9c, <sup>-</sup> /, Section E, line	11a, 11b, and s 1c, 2a, 2b, 3	11c; Par Ba, and 3b	t IV, Section   b; Part V, line	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
2028 09-25-19	9 131839 064-038				21			Schedule A (Form 990 or 990-EZ) 20

09271105 131839 064-038234-00

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name	of	the	oro	an	izat	tior
INALLIC	UI.		U U	an	ıza	LIUI

\*\* PUBLIC DISCLOSURE COPY \*\*

### **Schedule of Contributors**

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

OMB No. 1545-0047

2019

Employer identification number

13-2522784

<u>i</u>	<b>.</b>	(مامماد مام)	١.
Organization	type	Check one	).

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

ROBERT F. KENNEDY CENTER FOR JUSTICE

AND HUMAN RIGHTS

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

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 or 990-EZ), 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 crueity to children or animals. Complete Parts I, 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 for an *exclusively* set is charitable, etc., but 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 for an *exclusively* set is the set of the parts unless to the set of the parts unless to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the parts unless the set

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS

Employer identification number

Page 2

13-2522784

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>		\$ <u>500,000.</u>	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		\$ <u>1,000,000.</u>	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.)
(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, 990-EZ, or 990-PF) (2019)

\_\_\_\_

24

923452 11-06-19

2019.04030 ROBERT F. KENNEDY CENTER 064-0381

09271105 131839 064-038234-00

nrt II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional snace is needed	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
(0)		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
_			
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	

2019.04030 ROBERT F. KENNEDY CENTER 064-0381

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4			
Name of o	organization		Employ	er identification number			
ROBER	T F. KENNEDY CENTER FOR	JUSTICE					
	UMAN RIGHTS			-2522784			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described in sect	on 501(c)(7), (8), or (10) that total m	nore than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of <b>\$1,000 or le</b>	s 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 o	f how gift is held			
Part I	(2) 1 2 1 0 0 0 1 9 1 1	(0) 000 01 gin					
		(e) Transfer of gift					
	Transferee's name, address, a	nd $7IP \pm 4$	Relationship of transferor t	o transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of	f how gift is held			
Part I							
	(e) Transfer of gift						
	Transforce's name address a	nd <b>ZI</b> D + 4	Relationship of transferor to transferee				
	Transferee's name, address, and ZIP + 4						
(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, a	nd <b>7IP</b> + 4	Relationship of transferor t	o transferee			
(a) No. from	(h) Dumpers of sift		(d) Deservintion of	f how eith is hold			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description d	f how gift is held			
			_				
		() <b>-</b>					
		(e) Transfer of gift					
	Transferenza nome adduces -	nd <b>7</b> ID + 4	Polationship of transferrer t	o transforce			
	Transferee's name, address, a	ווע <b>בוד' + 4</b>	Relationship of transferor t	u ansieree			
923454 11-06	6-19	•	Schedule B (Form 9	90, 990-EZ, or 990-PE) (2019)			

09271105 131839 064-038234-00

	HEDULE D		al Financial Statements	OMB No. 1545-0047
(Form 990)		Complete if the organized of the orga	2019	
	ment of the Treasury	▶	Attach to Form 990. 90 for instructions and the latest informatic	Open to Public Inspection
	e of the organization			Employer identification number
	-	AND HUMAN RIGHTS		13-2522784
Par	t I Organizat	tions Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization	answered "Yes" on Form 990, Part IV, lin		
			(a) Donor advised funds	(b) Funds and other accounts
1		d of year		
2		contributions to (during year)		
3		grants from (during year)		
4		end of year	ا writing that the assets held in donor advised f	indo
5	-		exclusive legal control?	
6			dvisors in writing that grant funds can be use	
Ū	U U		r donor advisor, or for any other purpose cont	
	impermissible privat			
Par			ganization answered "Yes" on Form 990, Part	
1		rvation easements held by the organization		
	Preservation of	of land for public use (for example, recrea	tion or education) Preservation of a h	istorically important land area
	Protection of	natural habitat	Preservation of a c	ertified historic structure
	Preservation of	of open space		
2	Complete lines 2a th	hrough 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of cor	nservation easements		2a
b	-			
С			ucture included in (a)	<u>2c</u>
d			after 7/25/06, and not on a historic structure	
•				
3		ation easements modified, transferred, rei	eased, extinguished, or terminated by the org	anization during the tax
4	year	here property subject to conservation eas	comont is located	
5		on have a written policy regarding the per	-	
Ŭ		rcement of the conservation easements it		Yes No
6			handling of violations, and enforcing conserva-	
	•	с, т. с.		<u> </u>
7	Amount of expenses	 s incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	►\$			
8	Does each conserva	ation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	)(B)(i)
	and section 170(h)(4	4)(B)(ii)?		Yes No
9	In Part XIII, describe	e how the organization reports conservation	on easements in its revenue and expense stat	tement and
			note to the organization's financial statements	that describes the
Do	organization's account of the second	unting for conservation easements.	Art, Historical Treasures, or Other	r Similar Acasta
Fai				Similar Assets.
		the organization answered "Yes" on Form	8, not to report in its revenue statement and t	alanaa ahaat waxka
Id	U U		blic exhibition, education, or research in furthe	
			ncial statements that describes these items.	
b			8, to report in its revenue statement and bala	nce sheet works of
-	-		exhibition, education, or research in furthera	
		g amounts relating to these items:	, , , , , , , , , , , , , , , , , , , ,	
	-			▶ \$
				<b>N A</b>
2	If the organization re		asures, or other similar assets for financial gai	
	the following amour	nts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included o	n Form 990, Part VIII, line 1		► \$
				▶\$ 41,950.
LHA	For Paperwork Rec	duction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019
932051	10-02-19		27	
			27	

09271105 131839 064-038234-00

		F. KENNEDY	CENTER FOR	R JUSTICE				
		AN RIGHTS				13-25	22784	Page <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Ot	her Simil	ar Assets	s (continu	ied)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that mak	ke significan	t use of its		
	collection items (check all that apply):							
а	Public exhibition	d		hange program				
b	Scholarly research	е	Other					
С	X Preservation for future generations							
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's e	exempt purp	ose in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations o	f art, historical treas	ures, or other sin	nilar assets		_	
	to be sold to raise funds rather than to be ma						Yes	X No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes	" on Form 99	90, Part IV,	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 intermedi	ary for contributions	s or other assets i	not included		_	
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:			-		
							Amount	
с	Beginning balance				<u>1c</u>			
d	Additions during the year				1d			
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo						Yes	No No
b	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete in	f the organization and	swered "Yes" on Fo	rm 990, Part IV, li	ne 10.			
		(a) Current year	(b) Prior year	(c) Two years bad	ck (d) Three	e years back	<b>(e)</b> Four y	/ears back
1a	Beginning of year balance	2,281,254.	1,733,452.	1,564,75	2. 1	497,990.	1,6	537,717.
b	Contributions	-124,872.	703,822.	121,12	6.	78,833.		1,886.
	Net investment earnings, gains, and losses	215,487.	-87,159.	126,14	8.	67,428.	-	-19,085.
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs	71,661.	68,861.	78,57	4.	79,499.		57,060.
f	Administrative expenses							65,468.
	End of year balance	2,300,208.	2,281,254.	1,733,45	2. 1	564,752.	1,4	197,990.
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1a. column (a)	) held as:	•			
а	Board designated or quasi-endowment	,	%					
	Permanent endowment  98.31	%						
	1	<u></u> / · · · · · · · · · · · · · · · · · · ·						
•	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should							
3a	Are there endowment funds not in the posses		tion that are held an	d administered fo	or the organi	zation		
	by:	eren er ine er gamza			and organi			res No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule B?					
4	Describe in Part XIII the intended uses of the						00	
_	t VI Land, Buildings, and Equipm		intent funds.					
	Complete if the organization answered		Part IV line 11a S	ee Form 990 Par	t X line 10			
	Description of property	(a) Cost or ot			c) Accumula	itod	(d) Book	valuo
	Description of property	basis (investm	• •		depreciatic			value
10	Land	· · · · ·			sepi coluito			
	Land							
	Buildings		16	9,971.	121,4	123	210	,548.
	Leasehold improvements			9,298.	198,6			<u>,548.</u> ,649.
	Equipment							-
	Other			0,382.	319,9	<u>,4</u> .		<u>,439.</u>
Iota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	( <u>, column (B), line 1(</u>	)c.)		<b>&gt;</b>		,636.
						Schedule	D (Form	990) 2019

ROBER	ΤF.	KENNEDY	CENTER	FOR	JUSTICE
AND H	UMAN	RIGHTS			

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
) Financial derivatives			
) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (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 000 Port IV line	11. Sas Farm 000 Dart V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)	, ,		,
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.			
Complete if the organization answered "Yes		11d. See Form 990, Part X, line 15.	
•	) Description		(b) Book value
(1) DEPOSITS			24,126
(2) OTHER ASSETS			1,650
(3) FINE ART			40,300
(4) BENEFICIAL INTEREST IN RE			29,255,291
(5) RECEIVABLE FROM INSURANCE	TRUST		7,100,270
(6)			
(7)			
(8)			
(9)			26 421 625
otal. (Column (b) must equal Form 990. Part X. col. (B) lir Part X Other Liabilities.	<u>e 15.)</u>		36,421,637
	an Farm 000 Dart IV line		
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	The of TH. See Form 990, Part X, line 25	<b>(b)</b> Book value
() ( )			
(1) Federal income taxes (2) DEFERRED RENT			488,553
	ርመር		7,100,270
	510		,,100,270
(4)			
(5)			+
(7)			
(7)			
(9)			
	25 )	<b>`</b>	7,588,823
otal. (Column (b) must equal Form 990, Part X, col. (B) lir. Liability for uncertain tax positions. In Part XIII, provid			

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 .... 🚺

932053 10-02-19

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

		ROBERT F. KENI	NEDY CENTER FO	R JU				
	edule D (Form 990) 2019	AND HUMAN RIGH					2522784	Page 4
Pa	rt XI Reconciliation o	f Revenue per Audited	d Financial Statemen	ts Witl	n Revenue per Re	turn.		
	Complete if the organ	ization answered "Yes" on F	orm 990, Part IV, line 12a.					
1	Total revenue, gains, and oth	ner support per audited finan	cial statements			1	20,113,	<u>,481.</u>
2	Amounts included on line 1 k	out not on Form 990, Part VII	I, line 12:					
а	Net unrealized gains (losses)	on investments		2a	1,547,991.			
b	Donated services and use of	facilities		2b	472,079.			
с	Recoveries of prior year gran	its		2c				
d	Other (Describe in Part XIII.)			2d				
е	Add lines 2a through 2d					2e	2,020	<u>,070.</u>
3	Subtract line 2e from line 1					3	18,093,	<u>,411.</u>
4	Amounts included on Form 9	990, Part VIII, line 12, but not	on line 1:					
а	Investment expenses not inc	luded on Form 990, Part VIII,	, line 7b	4a	78,119.			
b	Other (Describe in Part XIII.)			4b				
с	Add lines 4a and 4b					4c	78,	<u>,119.</u>
5	Total revenue. Add lines 3 ar	nd <b>4c.</b> (This must equal Form	990. Part I. line 12.)			5	18,171,	<u>,530.</u>
Pa	rt XII Reconciliation o	f Expenses per Audite	ed Financial Statemer	nts Wi	th Expenses per F	Retur	n.	
		ization answered "Yes" on F	, ,					
1	Total expenses and losses p	er audited financial statemen	ts			1	11,381,	,300.
2	Amounts included on line 1 k	out not on Form 990, Part IX,	line 25:					
а	Donated services and use of	facilities		2a	472,079.			
b	Prior year adjustments			2b				
С	Other losses			2c				
d	Other (Describe in Part XIII.)			2d				
е						2e	472	,079.
3	Subtract line 2e from line 1					3	10,909,	<u>,221.</u>
4	Amounts included on Form 9	990, Part IX, line 25, but not o	on line 1:					
а	Investment expenses not inc	luded on Form 990, Part VIII,	, line 7b	4a	78,119.			
b	Other (Describe in Part XIII.)			4b				
С						4c		,119.
5	Total expenses. Add lines 3	and 4c. (This must equal For	m 990, Part I, line 18.)			5	10,987	<u>,340.</u>
Pa	rt XIII Supplemental In	formation.						

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

### PART 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)

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

932054 10-02-19

Schedule D (Form 990) 2019

09271105 131839 064 - 038234 - 00

ROBERT F. KENNEDY CENTER FOR JUSTICE Schedule D (Form 990) 2019 AND HUMAN RIGHTS 13-2522784 Page 5 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, 2019 AND 2018.

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.

Schedule D (Form 990) 2019

932055 10-02-19

SC	HEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites	ON	IB No. 1545-0047	
(Foi	rm 990)	· · · · · · · · · · · · · · · · · · ·							
	ment of the Treasury I Revenue Service	► Go to y	www.irs.gov/Fc	Attach to Form 990. orm990 for instructions and the latest	information.		Open Inspe	to Public ction	
	e of the organization		in the second			Employer		cation number	
ROBERT F. KENNEDY CENTER FOR JUSTICE									
	D HUMAN RIGH					13-25			
Pa			ctivities Out	side the United States. Comple	ete if the organ	ization answ	ered "Y	es" on	
1	Form 990, Part		maintain recor	ds to substantiate the amount of its gra	ints and other	assistanco			
•	•	0		the selection criteria used to award the		,	🗀	Yes X No	
2	For grantmakers. Des United States.	scribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistand	ce outsi	de the	
3				an be duplicated if additional space is n					
	(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in gram service	. ,	(f) Total expenditures	
		in the region	agents, and independent	gram services, investments, grants to		e specific typ		for and	
			contractors in the region	recipients located in the region)	of service	(s) in the reg	ion	investments in the region	
					ESTABLISHME	NT OF PRO	GRAM		
EURC	PE	1	1	PROGRAM SERVICES	IN UK			172,437.	
					PROVIDED FU	NDS FOR T	HE		
SOUI	'H ASIA	2	0	PROGRAM SERVICES	PROJECT IN			55,071.	
								, , , , , , , , , , , , , , , , , , , ,	
	Subtotal	3	1					227,508.	
b	Total from continuation	n  0	0					0	
~	sheets to Part I	0	U					0.	
	Totals (add lines 3a and 3b)	3	1					227,508.	

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

Schedule F (Form 990) 2019

932071 10-12-19

Page 2		(i) Method of valuation (book, FMV, appraisal, other)						— ო	0 Schedule F (Form 990) 2019
ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS 13-2522784	the United States. Complete if the organization additional space is needed.	(h) Description of noncash assistance							Scher
		(g) Amount of noncash assistance	. 0					empt	
		(f) Manner of cash disbursement	WIRE TRANSFER	WIRE TRANSFER				ecognized as tax-exe	
		(e) Amount of cash grant	172,437.	48,950.				oreign country, r	
		(d) Purpose of grant	PROGRAM SUPPORT	PROGRAM SUPPORT				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
	Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	(c) Region	EUROPE	south Asia				Enter total number of recipient organizations listed above that are recogniz by the IRS, or for which the grantee or counsel has provided a section 501	entities
	<b>r Assistance to Org</b> a eived more than \$5,0	(b) IRS code section and EIN (if applicable)		<u> </u>				ecipient organization: h the grantee or coun	other organizations or
Schedule F (Form 990) 2019	Part II Grants and Other recipient who rece	1 (a) Name of organization						2 Enter total number of r by the IRS, or for which	3 Enter total number of other organizations or entities

932072 10-12-19

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Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2019
	V, line 16.	<b>(g)</b> Description of noncash assistance					Sched
13-2522784	n Form 990, Part I	(f) Amount of noncash assistance					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	<b>(e)</b> Manner of cash disbursement					
TER FUR JUSTER		<b>(d)</b> Amount of cash grant					
НТЗ НТЗ	e the United Stat	<b>(c)</b> Number of recipients					
AND HUMAN RIGHTS	e to Individuals Outside Iditional space is needed	(b) Region					
Schedule F (Form 990) 2019 A.	Part III       Grants and Other Assistance to Individuals Outside the United States.         Part III       can be duplicated if additional space is needed.	(a) Type of grant or assistance					

932073 10-12-19

Sched	ule F (Form 990) 2019 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? <i>If</i> "Yes," <i>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)</i>	·····Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2019

932074 10-12-19

ROBERT	F.	KENNEDY	CENTER	FOR	JUSTICE
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Schedule F (Form 990) 2019 AND HUMAN RIG	HTS		13-2522784	Page 5
Part V Supplemental Information				
Provide the information required by Part I, lin				
investments vs. expenditures per region); Pa (estimated number of recipients), as applicab				
(estimated number of recipients), as applicable	le. Also complete this par	t to provide any additional	mormation. See instructions	
PART I, LINE 2:				
· · · · · ·				
THROUGH CONTINUED CLOSE PARTN	ERSHIP WITH T	HE ORGANIZATI	ONS AND CONDUCT	ED
		-		
SITE VISITS TO MONITOR THE US	E OF THE GRAN	TS.		
			<b>-</b> - · · · - ·	
932075 10-12-19	36		Schedule F (For	m 990) 2019
71105 131839 064-038234-00		030 ROBERT F	KENNEDY CENTER	064-0
				~ ~ ~ `

SCHEDULE G Suppl	emental Information Regardin	g Fund	Iraisi	ing or Gaming A	ctivities	OMB No. 1545-0047	
(Form 990 or 990-EZ) Complete	2019						
Department of the Treasury	Attach to Form 9	90 or Fo	r <b>m 99</b>	0-EZ.		Open to Public	
	Go to www.irs.gov/Form990 for ins					Inspection	
	RT F. KENNEDY CENTER	FOR	របន	STICE		identification number	
	HUMAN RIGHTS				13-25		
Part I Fundraising Activi required to complete thi	<b>ties.</b> Complete if the organization ans s part.	wered "Y	es" or	n Form 990, Part IV,	line 17. Form 990	-EZ filers are not	
<ul> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a wrikey employees listed in Form 9</li> </ul>	tten or oral agreement with any individu 90, Part VII) or entity in connection with d individuals or entities (fundraisers) pur	itation of itation of ial fundra ial (incluc	non-g gover aising ling of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	stees, or		
(i) Name and address of individua or entity (fundraiser)		(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	<b>(v)</b> Amount pai to (or retained b fundraiser listed in col. <b>(i</b>	by) to (or retained by)	
TAYLORMADE EXPERIENCE, LLC -	GOLF TOURNAMENT, ROH GALA	, Yes	No				
9007 OAK PLACE, BETHESDA, MD	HUMAN RIGHTS AWARDS, BOOK		X	3,958,537.	472,80	3,485,737.	
Total 3 List all states in which the organ	ization is registered or licensed to solic	it contrib	▶ utions	3,958,537. or has been notified	472 , 80 I it is exempt fron		
or licensing.	GA, IL, KS, KY, MA, MD, NH				-		

WI, ME, MI, MN, MS, NM, NY, NC, WV

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2019

932081 09-11-19

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### ROBERT F. KENNEDY CENTER FOR JUSTICE <u>Schedule G (Form 990 or 990 EZ) 2019</u> AND HUMAN RIGHTS

13-2522784 Page 2

Pa	irt I	I Fundraising Events. Complete if th	e organization answered	"Yes" on Form 990, Part	IV, line 18, or reported	more than \$15,000		
		of fundraising event contributions and gro						
			(a) Event #1	(b) Event #2	(c) Other events			
			RIPPLE OF	HYANNISPORT	NONE	(d) Total events		
				GOLF TOURNAM		(add col. (a) through		
			(event type)	(event type)	(total number)	- col. <b>(c)</b> )		
anı					, ,			
Revenue	1	Gross receipts	4,044,917.	711,091.		4,756,008.		
Å	•			,				
	2	Less: Contributions	3,627,787.	467,676.		4,095,463.		
			, ,	,				
	3	Gross income (line 1 minus line 2)	417,130.	243,415.		660,545.		
	4	Cash prizes						
	5	Noncash prizes						
ses								
ens	6	Rent/facility costs						
Direct Expenses								
∋ct	7	Food and beverages	404,529.	130,070.		534,599.		
Dire								
	8	Entertainment	196,769.	17,250.		214,019.		
	9	Other direct expenses	26,657.	367,947.		394,604.		
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	1,143,222.		
_		Net income summary. Subtract line 10 from li			🕨	-482,677.		
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than								
		\$15,000 on Form 990-EZ, line 6a.				<u></u>		
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue				billgo/progressive billgo				
Re								
	1	Gross revenue				<u> </u>		
	_							
ses	2	Cash prizes				<u> </u>		
Suece	3	Noncash prizes						
Direct Expenses	3	Noncasir prizes				+		
ect	4	Rent/facility costs						
٦								
	5	Other direct expenses						
	-		Yes %	Yes %	Yes %			
	6	Volunteer labor	□ 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)					
9	En	ter the state(s) in which the organization condu	cts gaming activities:					
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No		
b	lf "	No," explain:						
		ere any of the organization's gaming licenses re			ear?	Yes No		
b	lf "	Yes," explain:						
	_							
93208	32 09	-11-19			Schedule G (Fo	rm 990 or 990-EZ) 2019		

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<u> </u>	ROBERT F. KENNEDY CENTER FOR JUSTICE	2522704	
		-2522784	
	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes	L No
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:	1 1	
	a The organization's facility		%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Address 🕨		
<b>1</b> 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
k	o If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the third party $\blacktriangleright$ \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation		
	Description of services provided 🕨		
	Director/officer     Employee     Independent contractor		
17	Mandatory distributions:		
a	a Is 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 in the	•	
Pa	organization's own exempt activities during the tax year <b>s</b> <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:	
<u>(I</u>	) NAME OF FUNDRAISER: TAYLORMADE EXPERIENCE, LLC		
<u>(I</u>	) ADDRESS OF FUNDRAISER: 9007 OAK PLACE, BETHESDA, MD 20817		
<u>(I</u>	I) ACTIVITY: GOLF TOURNAMENT, ROH GALA, HUMAN RIGHTS AWARDS,	BOOK & J	OURN
9320	83 09-11-19 Schedule G (F	orm 990 or 990	-EZ) 2019
			,

Schedule G (Form 990 or 990-EZ)	ROBE	ERT F. HIIMAN	KENNEDY RIGHTS	CENTER	FOR	JUSTICE	13-2522784 Page 4
Part IV Supplemental Inform	nation	(continued	/)				15 2522704 Page4
							Schedule G (Form 990 or 990-EZ)

932084 04-01-19

SCHEDULE I (Form 990)		Grants and Other Assistance to Organizations, Governments, and Individuals in the United States <sup>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22</sup> .	d Other Assistance to Organizations, ts, and Individuals in the United States anization answered "Yes" on Form 990, Part IV, line 21 or 2	ce to Organi s in the Unit on Form 990, Par	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	n 990. · the latest inform	ation.		Open to Public Inspection
Name of the organization ROBERT F.	KENNEDY RIGHTS	CENTER FOR J	JUSTICE				Employer identification number 13-2522784
	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants o	or assistance, the c	jrantees' eligibility	for the grants or assis	tance, and the selectio	;
criteria used to award the grants or assistance?	Istance?		of arout finado in the Haited Ctatee	Ctatoo			YesNo
art	Domestic Organiz			omplete if the orga	nization answered "Y	Complete if the organization answered "Yes" on Form 990. Part IV. line 21. for any	IV. line 21. for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if additio		, j			
<b>1 (a)</b> Name and address of organization or government	NI <b>3 (q)</b>	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
HIGHLANDER RESEARCH & EDUCATION CENTER - 1959 HIGHLANDER WAY - NEW						SUPPORT BAIL	
MARKET, TN 37820	62-0646373	501(C)(3)	25,000.	0.		REFORM	SUPPORT BAIL REFORM
JUST LEADERSHIP USA 1900 LEXINGTON AVENUE NEW YORK, NY 10035	90-1019268	501(C)(3)	10,000.	0.			SUPPORT BAIL REFORM
UPTRUST INC. 156 2ND STREET SAN FRANCISCO, CA 94105	37-3356062	501(C)(3)	50,000.	0.			SUPPORT BAIL REFORM
VOICES OF COMMUNITY ACTIVISTS & LEADERS - NY - 80 4TH AVENUE - BROOKLYN, NY 11217	13-4094385	501(C)(3)	10,000.	•0			SUPPORT BAIL REFORM
WISER INTERNATIONAL P.O. BOX 3186 DURHAM, NC 27715	27-3367993	501(C)(3)	و , ۵۵۵ .	.0			SUPPORT BAIL REFORM
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government orc	anizations listed in the	line 1 table				■
	ns listed in the line 1	table					• 0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	e, see the Instruction	ons for Form 990.					Schedule I (Form 990) (2019)

932101 10-26-19

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Schedule I (Form 990) (2019) AND HUMAN RIGHTS	ស្ត				13-2522784 Page 2
Part III         Grants and Other Assistance to Domestic Individuals.           Part III can be duplicated if additional space is needed.	Complet	organization answe	e if the organization answered "Yes" on Form 990, Part IV, line 22	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BOOK & JOURNALISM AWARDS WINNERS	1	12 000.	0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information	uired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
THE ROBERT F. KENNEDY (RFK) HUMAN RIGHTS		AWARD IS PRE	PRESENTED ANN	ANNUALLY TO	
INDIVIDUALS WHO, AT GREAT PERSONAL RISK	~	STAND UP TO	OPPRESSION	IN THE	
NONVIOLENT PURSUIT OF RESPECT FOR I	HUMAN RIG	RIGHTS. THE A	AWARD REFLECTS	CTS ROBERT	
KENNEDY'S ABSOLUTE OPPOSITION TO T	TYRANNY AN	AND HIS BELIEF	IN THE	POWER OF	
INDIVIDUAL MORAL COURAGE TO OVERCOME	ME INJUSTICE.	THE	AWARD, ESTA	ESTABLISHED IN	
1984, SEEKS TO DRAW THE WORLD'S AT	TENTION T	O THE WORK	ATTENTION TO THE WORK OF ONE OR MORE	MORE	
COURAGEOUS INDIVIDUALS, THE RFK HU	HUMAN RIGHTS		AWARD LAUREATES, W	WHO MAKE	
GREAT PERSONAL SACRIFICES, OFTEN R:	RISKING TH	THEIR LIVES,	TO PROMOTE	E RESPECT	
932102 10-26-19		42			Schedule I (Form 990) (2019)

ROBERT F. KENNEDY CENTER FOR JUSTICE

FOR	HUMAN	RIGHTS	AND	REALIZE	POSITIVE	CHANGE.
932291 04-01-19						Schedule I (Form 990)
04-01-19	)					43

ROBERT F. KENNEDY CENTER FOR JUSTICE

13-2522784 Page 2

AND HUMAN RIGHTS

Schedule I (Form 990)

Part IV Supplemental Information

09271105 131839 064-038234-00

sc	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	l l	20	10	<u> </u>
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ	
Depa	rtment of the Treasury	Attach to Form 990.		Open to		ic
Interr	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	I	Inspe		
Nan	ne of the organization			identificatio		mber
De		AND HUMAN RIGHTS s Regarding Compensation	13-	252278	4	
Pa	rt I Question	s Regarding Compensation				<u> </u>
					Yes	No
а		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items.				
	Travel for com	i i i i i i i i i i i i i i i i i i i				
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	-	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	;			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compensation	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	n committee Written employment contract				
	Independent of	compensation consultant I Compensation survey or study				
	X Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee			
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 re	lated organization:				
а		e payment or change-of-control payment?				X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
С		ceive payment from, an equity-based compensation arrangement?		4c		x
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
E		(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	n .			
Э		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	лт			
_	contingent on the r			5a		x
a h		ation?				X
U		or 5b, describe in Part III.		55		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
Ŭ	contingent on the r					
а	-			6a		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
		nes 5 and 6? If "Yes," describe in Part III		7	Х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
				8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	) 2019

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Schedule J (Form 990) 2019 AND HU	AND HUMAN RIGHTS			13-2522784	84		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.	loyees, and Highest	Compensated Empl		Use duplicate copies if additional space is needed	ace 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.	reported on Schedule 1 990, Part VII.	J, report compensati	ion from the organiz	ation on row (i) and from	related organizations	, described in the instr	uctions, on row (ii).
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	ndividual must equal t	the total amount of F	orm 990, Part VII, Se	ection A, line 1a, applicab	vle column (D) and (E)	amounts for that indiv	vidual.
	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Delletts	(n)-(1)(a)	reported as deferred on prior Form 990
(1) KERRY KENNEDY	(i) 350,000.	150,000.	468.	24,500.	17,223.	542,191.	.0
PRESIDENT OF RFKHR			.0	.0	.0	• 0	0.
(2) MICHAEL SCHREIBER	287,31	125,000.	.0	21,000.	34,915.	468,225.	0.
CHIEF OPERATING OFFICER		0.		.0	0.	.0	0.
(3) LYNN DELANEY	(i) 224,074.	75,000.	0.	16,100.	35,090.	350,264.	0.
SENIOR ADVISER/EXECUTIVE DIRECTOR (		0.					0.
	(i) <u>137,452.</u>	14,50	.0	10,150.	27,142.	189,244.	•0
VP, INTERNATIONAL ADVOCACY & LITIGAT (i			.0				.0
(5) SANCIA DALLEY	(i) 151,451.	18,547.	.0	10,819.	8,280.	189,097.	0.
SENIOR VP, COMPASS INVESTOR PROGRAM (i	(ii) 0.	.0		•0		0.	0.
(6) WADE MCMULLEN	(i) 142,009.	14,50		10,150.	15,558.	182,217.	0.
SENIOR VP, PROGRAMS AND LEGAL STRATE (		.0		•0			0.
(7) KAREN ROBINSON-CLOETE	(j) 92,121.	12,503.	• 0	7,293.	39,153.	151,070.	0.
PROGRAM DIRECTOR, SPEAK TRUTH TO POW (	(ii) 0.	•0	.0	•0	• 0	.0	0.
)	(i)						
(j	(ii)						
	(i)						
(j	(ii)						
	(i)						
Ū	(ii)						
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0	(ii)						
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						Schedu	Schedule J (Form 990) 2019

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ROBERT F. KENNEDY CENTER FOR JUSTICE Schedule J (Form 990) 2019 AND HUMAN RIGHTS	13-2522784 Page 3
Part III Supplemental Information From the secret of the start l, 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.	art for any additional information.
PART I, LINE 7:	
- STAFF BONUSES WERE DETERMINED BY ALLOCATION OF A POOL OF \$325,000 WHICH	
WAS THEN APPLIED TO THE PERFORMANCE RANKS TO ALLOW FOR BONUS AWARDS OF	
EITHER 3%, 15% OR 20%. BONUS COMPENSATION FOR LYNN, KERRY AND MICHAEL WERE	
DETERMINED BY THE BOARD & FINANCE COMMITTEE.	
	Schedule J (Form 990) 2019

SC	HEDULE M		Nonc	ash Contri	ibutions		1	OMB No. 1	545-004	17
(Fo	rm 990)							20	10	<u> </u>
		Complete if the org		answered "Yes" o	n Form 990, Part IV	/, lines 29 o	r 30.			
	ment of the Treasury I Revenue Service	<ul> <li>Attach to Form 990</li> <li>Go to www.irs.gov/</li> </ul>		r instructions and	the latest informa	tion.		Open to Inspe		ic
Name	e of the organization	ROBERT F. KE					Employer ide	entificatio	on nur	nber
		AND HUMAN RI	GHTS				13-	2522	784	
Par	tl Types of F	Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on	) Method of noncash contr		0	s
1	Art - Works of art				,	<u>,                                     </u>				
2		ures								
3		ests								
4		ons								
5	Clothing and house	nold goods								
6	Cars and other vehic	cles								
7	Boats and planes									
8				ļ						
9		traded	X	2	38,	184.AV	/ERAGE SA	LE P	RICI	Ξ
10	Securities - Closely I	held stock								
11	Securities - Partners trust interests	hip, LLC, or								
12	Securities - Miscella	neous								
13	Qualified conservation Historic structures	on contribution -								
14		on contribution - Other								
15		ntial								
16		ercial								
17										
18										
19										
20		supplies								
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens	3								
24	Archeological artifac					0.50 00				
25	Other ► ( <u>EV</u>	ENT PRIZES	X	25	363,	269.CC	OMPARABLE	SAL	ES	
26	Other  (	)								
27	Other (	)								
28	Other (	)								
29		283 received by the organiz				~				
	for which the organi	zation completed Form 82	83, Part IV, I	Donee Acknowledg		29			Vee	
200	During the year did	the organization receive b	v oontributic	n any proporty rop	ortad in Dart L linaa	1 through 0	99 that it		Yes	No
30a		at three years from the date	-	•••••		-				
		r the entire holding period	_		which isn't required			30a		X
b		e arrangement in Part II.	• • • • • • • • • • • • • • • • • • • •					000		
31		on have a gift acceptance p	policy that re	equires the review o	of any nonstandard	contribution	IS?	31	х	
	•	on hire or use third parties	•	-	-					
	contributions?	·		•				32a	X	
	If "Yes," describe in		olumn (a) f-	rotupo of property	for which column (	a) in charles	d			
33	describe in Part II.	idn't report an amount in c	oiui i i i (C) 10	a type of property	for which column (	a) IS CHECKE	ч,			
LHA		eduction Act Notice, see	the Instruc	tions for Form 000	)		Schedule	M (Eorr	n 000)	2010
			110 III3U UC		·-		Scheduk	או ערטח	1 330)	2013

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# ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE M, PART I, COLUMN (B):

#### REPORTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE M, LINE 32B:

Schedule M (Form 990) 2019

FOR THE AUCTION, RFK USES A PROFESSIONAL FUNDRAISING SERVICE TO LIST

NON-CASH CONTRIBUTIONS ON THEIR AUCTION WEBSITE FOR DONATIONS.

Schedule M (Form 990) 2019

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND HUMAN RIGHTS

FRIENDS AND FAMILY OF ROBERT KENNEDY, THE ROBERT F. KENNEDY CENTER FOR

ROBERT F. KENNEDY CENTER FOR JUSTICE

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:

GOALS. 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

EFFECTIVE MINDSETS, ATTITUDES, AND BEHAVIORS TO DEFEND AND ADVANCE

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 or 990-EZ) (2019)

 932211
 09-06-19

09271105 131839 064-038234-00

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Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS	Employer identification number $13 - 2522784$
EDUCATOR TRAINING AND EDUCATIONAL RESOURCES TO MORE STUDEN	TS. IT IS
CONTINUALLY EXPANDING ITS REACH IN THE US AND ABROAD. CURR	ENT DOMESTIC
PROGRAMMING OCCURS IN NEW YORK CITY, WASHINGTON D.C., PHIL	ADELPHIA,
CONNECTICUT, MEMPHIS, SAN DIEGO, INDIANAPOLIS, LOS ANGELES	, AUSTIN, AND
CHICAGO. OUR CURRENT GLOBAL WORK INCLUDES SPAIN, UK, SWITZ	ERLAND,
GREECE, ITALY, SWEDEN, DENMARK, SARAJEVO, AND MEXICO.	

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

GATHERINGS THAT ALLOW FOR DIRECT ENGAGEMENT WITH PEERS, TOP MANAGERS,

POLICY MAKERS AND THOUGHT LEADERS.

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

COMMUNICATION: THE COMMUNICATION DEPARTMENT PRODUCES ORGANIZATIONAL

LITERATURE SUCH AS BROCHURES, REPORTS, INFORMATION KITS, ETC. FOR THE

ORGANIZATION IN GENERAL, AND FOR SPECIFIC PROGRAMS IN PARTICULAR THAT

CAN BE USED FOR OUTREACH TO NEW AND EXISTING CONSTITUENCIES,

DEVELOPMENT PURPOSES, AND MEDIA OUTREACH AND EDUCATION.

EXPENSES \$ 798,870. INCLUDING GRANTS OF \$ 0. 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 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 50 09271105 131839 064-038234-00 2019.04030 ROBERT F. KENNEDY CENTER 064-0381

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS	Employer identification number 13-2522784
LEADERSHIP SKILLS, AND EXPANDING THEIR COLLECTIVE ACCESS T	0
PROFESSIONALS AND POLITICAL NETWORKS.	
EXPENSES \$ 399,956. INCLUDING GRANTS OF \$ 11,000. REVE	NUE \$ 0.

RFK LEGACY: 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 TODAY'S 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 \$ 356,928. INCLUDING GRANTS OF \$ 20,000. REVENUE \$ 0.

RFJ UNITED KINGDOM: 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 \$ 180,119. INCLUDING GRANTS OF \$ 172,437. REVENUE \$ 0.

BOOK AND JOURNALISM AWARDS: 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 \$ 182,649. INCLUDING GRANTS OF \$ 12,000. REVENUE \$ 27,175.

RFK EUROPE: RFK EUROPE, LOCATED IN ITALY, WORKS WITH THE ORGANIZATION

ADVISING ON ITS HUMAN RIGHTS INITIATIVE. BRINGING STTP TO ITALIAN AND 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 51

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<sup>2019.04030</sup> ROBERT F. KENNEDY CENTER 064-0381

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS	Employer identification number
OTHER EUROPEAN CLASSROOMS AND COLLABORATING ON ADVOCACY AN	ND CURRICULUM
PROJECTS	
EXPENSES \$ 182,158. INCLUDING GRANTS OF \$ 48,950. REVE	ENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 1:	
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 H	BOARD SHALL ELECT
BY MAJORITY VOTE OF THE DIRECTORS IN OFFICE AT A DULY CONS	STITUTED MEETING
OF THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR AND CHIR	EF OPERATING
OFFICER SHALL SERVE AS A NON-VOTING, EX OFFICIO MEMBERS OF	THE EXECUTIVE
COMMITTEE. EXECUTIVE COMMITTEE MEMBERS MAY SERVE MORE THAN	N ONE TERM. THE
ABOVE OFFICERS OF THE CENTER SHALL SERVE IN THE SAME TITLE	E AND CAPACITY ON
THE EXECUTIVE COMMITTEE AS THEY DO WITH REGARD TO THE CENT	ſER.
POWERS AND AUTHORITY:	
THE EXECUTIVE COMMITTEE SHALL HAVE ALL OF THE AUTHORITY OF	F THE BOARD OF
DIRECTORS DURING THE PERIODS BETWEEN MEETINGS OF THE BOARI	O OF DIRECTORS,
EXCEPT:	
(A) WHERE SUCH ACTION IS PROHIBITED BY LAW OR THESE BYLAWS	5;
(B) WHERE SUCH ACTION IS PROHIBITED BY THE ARTICLES OF INC	CORPORATION;
(C) THE POWER TO AMEND OR REPEAL THESE BYLAWS;	
(D) THE POWER TO AMEND OR REPEAL AN ACTION TAKEN BY THE BO	DARD;
(E) THE POWER TO SET COMPENSATION FOR THE EXECUTIVE STAFF	;
(F) THE POWER TO ELECT OR REMOVE DIRECTORS, OFFICERS, TRUS	STEES, THE
EXECUTIVE DIRECTOR OR THE CHIEF OPERATING OFFICER;	
(G) THE POWER TO ADOPT A PLAN OF MERGER; AND	
(H) THE POWER TO AUTHORIZE THE VOLUNTARY DISSOLUTION OF TH	HE CORPORATION.

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THE EXECUTIVE COMMITTEE SHALL:

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Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS	Employer identification number 13-2522784
(A) MONITOR THE CENTER'S COMPLIANCE WITH ITS LEGAL OBLIGAT	IONS;
(B) ACT AS THE LEGAL REPRESENTATIVE OF THE BOARD DURING EM	ERGENCIES;
(C) SERVE AS THE PRIMARY SUPPORT MECHANISM FOR THE EXECUTI	VE STAFF DURING
NORMAL BUSINESS AND TIMES OF CRISIS;	
(D) IN COLLABORATION WITH THE GOVERNANCE AND NOMINATING CO	MMITTEE, REVIEW
EACH DIRECTOR'S ACTIVITY, PARTICIPATION, AND FULFILLMENT C	F
RESPONSIBILITIES;	
(E) RECOMMEND NEW DIRECTORS TO THE GOVERNANCE AND NOMINATI	NG COMMITTEE; AND
(F) CREATE NON-STANDING COMMITTEES AND TASK FORCES AS NECE	SSARY.
ANY ACTION BY THE EXECUTIVE COMMITTEE SHALL BE REPORTED IN	WRITING TO THE
BOARD WITHIN SEVEN (7) DAYS OF SAID ACTION AND SHALL BE SU	BJECT 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, KERRY KENNEDY AND JOSEPH KENNEDY III, 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 OUTSOURCED CPA ACCOUNTANT, WHO COMPARES THE DRAFT TO THE AUDITED FINANCIAL STATEMENTS. THE OUTSOURCED ACCOUNTANT AND THE CHIEF OPERATING OFFICE ADDRESS ANY AREAS OF CONCERN, AND THE FINAL FORM 990 IS FORWARDED TO THE MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING.

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

Schedule O (Form 990 or 990-EZ) (2019)

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 Page 2

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

 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.
 POSITION AS WELL.

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

THE PRESIDENT, CHIEF OPERATION 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. THE

COMPENSATION WAS LAST REVIEWED IN 2018.

THE BOARD APPROVES AND DOCUMENTS THE COMPENSATION OF THE ONLY BOARD MEMBER WHO IS A KEY EMPLOYEE. THE PRESIDENT, CHIEF OPERATION OFFICER, AND EXECUTIVE DIRECTOR DETERMINES THE COMPENSATION OF THE OTHER STAFF USING BUDGET GUIDELINES AS APPROVED AND DOCUMENTED BY THE BOARD. THIS PROCESS RECENTLY TOOK PLACE IN 2018.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK,AL,AR,AZ,CA,CT,FL,GA,IL,KS,KY,MA,MD,ME,MI,MN,MS,NC,ND,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 GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE

 TO THE PUBLIC. THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC

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 Schedule O (Form 990 or 990-EZ) (2019)

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 2019.04030 ROBERT F. KENNEDY CENTER 064-0381

Schedule O (Form 990 or 990-EZ) (2019)           Name of the organization         ROBERT F. KENNEDY CENTER FOR JUSTICE           AND         HUMAN           RIGHTS         AND	Employer identification number 13-2522784
UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PARTNERS FOR HUMAN RIGHTS:	
PROGRAM SERVICE EXPENSES	280,322.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	280,322.
SPEAK TRUTH TO POWER:	
PROGRAM SERVICE EXPENSES	521,152.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	521,152.
BOOK AND JOURNALISM AWARDS:	
PROGRAM SERVICE EXPENSES	66,296.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	
TOTAL EXPENSES	
RFK YOUNG LEADERS:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	

COMPASS:

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Schedule O (Form 990 or 990-EZ) (2019) Name of the organization ROBERT F. KENNEDY CENTER FOR JUS AND HUMAN RIGHTS	TICE Employer identification numbe
PROGRAM SERVICE EXPENSES	174,812.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	174,812.
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	152,004.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	152,004.
RFK EUROPE:	
PROGRAM SERVICE EXPENSES	30,000.
IANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
FOTAL EXPENSES	30,000.
RFK LEGACY:	
PROGRAM SERVICE EXPENSES	9,000.
IANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
FOTAL EXPENSES	9,000.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
IANAGEMENT AND GENERAL EXPENSES	236,597.
FUNDRAISING EXPENSES	58,522.
TOTAL EXPENSES	295 , 119 . Schedule O (Form 990 or 990-EZ) (201

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Schedule O (Form 9 Name of the organiz	ation ROI	BERT F. D HUMAN		DY CENTER S	FOR J	USTIC	E	Emplo 1	Page yer identification numbe 3 – 2 5 2 2 7 8 4
TOTAL OTHE	R FEES	ON FORM	990,	PART IX,	LINE	11G,	COL A		1,556,851.
932212 09-06-19					57			Schedule O (F	orm 990 or 990-EZ) (201