

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

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

Form 990
Department of the Treasury

For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: ROBERT F KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS
Doing business as: ROBERT F KENNEDY HUMAN RIGHTS
Number and street (or P.O. box if mail is not delivered to street address): 1300 19TH STREET NW 750
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20036

D Employer identification number: 13-2522784
E Telephone number: (202) 545-6671
G Gross receipts \$ 14,210,918

F Name and address of principal officer: KERRY KENNEDY, 1300 19TH STREET NW 750, WASHINGTON, DC 20036

H(a) Is this a group return for subordinates? No
H(b) Are all subordinates included? No
H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.RFKHUMANRIGHTS.ORG

K Form of organization: Corporation

L Year of formation: 1968
M State of legal domicile: DC

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Each section contains multiple rows of data with columns for description, Prior Year, and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer MICHAEL SCHREIBER CHIEF OPERATING OFFICER, Date 2022-11-15

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2022-11-14, Firm's name CLIFTONLARSONALLEN LLP, Firm's address 420 SOUTH ORANGE AVENUE SUITE 500 ORLANDO, FL 32801

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,398,672 including grants of \$ 600,376) (Revenue \$) PARTNERS FOR HUMAN RIGHTS (PHR):THE ROBERT F. KENNEDY PARTNERS FOR HUMAN RIGHTS (RFK PHR) IS THE ORGANIZATION'S ADVOCACY AND LITIGATION ARM. RFK PHR LEVERAGES PROFESSIONAL HUMAN RIGHTS STAFF, BOARD AND LEADERSHIP COUNCIL, AND THEIR NETWORKS TO ADVOCATE FOR THE CHANGE SOUGHT BY THE ORGANIZATION'S PARTNER ACTIVISTS ON THE GROUND; THESE INCLUDE HOLDING GOVERNMENTS ACCOUNTABLE AND CHANGING POLICIES AND ACTIONS OF GOVERNMENTS, INTERGOVERNMENTAL ORGANIZATIONS, AND CORPORATIONS TO BUILD A MORE JUST AND PEACEFUL WORLD. RFK PHR USES CUTTING EDGE METHODS AND INNOVATIVE TOOLS INCLUDING LITIGATION, ADVOCACY, CAPACITY-BUILDING, DATA COLLECTION, AND DOCUMENTING AND REPORTING ABUSES, AS WELL AS LAUNCHING AWARENESS AND EDUCATION CAMPAIGNS AIMED AT ACHIEVING SOCIAL JUSTICE 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.

4b (Code:) (Expenses \$ 1,197,778 including grants of \$) (Revenue \$) SPEAK TRUTH TO POWER (STTP):AT RKFHR, WE UNDERSTAND THE IMMINENT NEED TO PROVIDE TRANSFORMATIVE AND SYSTEMATIC HUMAN RIGHTS EDUCATION TO PREVENT VIOLATIONS FROM OCCURRING. ALIGNED WITH THE PRINCIPLES OF THE DECLARATION OF HUMAN RIGHTS EDUCATION AND TRAINING, SPEAK TRUTH TO POWER (STTP), IS: 1) ABOUT HUMAN RIGHTS, WHICH INCLUDES PROVIDING KNOWLEDGE OF THE HUMAN RIGHTS FRAMEWORK AND THE MECHANISMS FOR ITS PROTECTION; 2) THROUGH HUMAN RIGHTS, WHICH INCLUDES LEARNING AND TEACHING IN A WAY THAT RESPECTS THE RIGHTS OF EDUCATORS AND STUDENTS; AND 3) FOR HUMAN RIGHTS, WHICH INCLUDES EMPOWERING STUDENTS TO RECOGNIZE AND PROTECT THEIR RIGHTS AND THOSE OF OTHERS. UNDER THIS FRAMEWORK AND THROUGH STORYTELLING, STTP CONSTRUCTS A WORLD IN WHICH HUMAN RIGHTS EDUCATION IS INGRAINED INTO 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 EDUCATOR TRAINING AND EDUCATIONAL RESOURCES TO MORE STUDENTS. IT IS CONTINUALLY EXPANDING ITS REACH IN THE US AND ABROAD. CURRENT DOMESTIC PROGRAMMING OCCURS IN NEW YORK CITY, WASHINGTON D.C., PHILADELPHIA, CONNECTICUT, MEMPHIS, SAN DIEGO, INDIANAPOLIS, LOS ANGELES, AUSTIN, AND CHICAGO. OUR CURRENT GLOBAL WORK INCLUDES SPAIN, UK, SWITZERLAND, GREECE, ITALY, SWEDEN, DENMARK, SARAJEVO, AND MEXICO.

4c (Code:) (Expenses \$ 1,436,940 including grants of \$) (Revenue \$) THE COMMUNICATION DEPARTMENT PRODUCES ORGANIZATIONAL LITERATURE SUCH AS BROCHURES, REPORTS, INFORMATION KITS, ETC. FOR THE ORGANIZATION IN GENERAL, AND FOR SPECIFIC PROGRAMS IN PARTICULAR THAT CAN BE USED FOR OUTREACH TO NEW AND EXISTING CONSTITUENCIES, DEVELOPMENT PURPOSES, AND MEDIA OUTREACH AND EDUCATION.

(Code:) (Expenses \$ 190,415 including grants of \$ 12,284) (Revenue \$ 28,350) 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

(Code:) (Expenses \$ 916,981 including grants of \$ 4,387) (Revenue \$) RFK COMPASS PROGRAM:RFK COMPASS PROGRAM HOSTS ANNUAL CONFERENCES DESIGNED TO HELP INVESTMENT OFFICERS AND TRUSTEES OF PUBLIC AND CORPORATE PENSION FUNDS, ENDOWMENTS, SOVEREIGN WEALTH FUNDS AND NOTABLE FAMILY OFFICES TO FULFILL THEIR FIDUCIARY DUTIES AND MEET THE CHALLENGES OF INVESTING TODAY. THE PROGRAM WAS LAUNCHED IN 2010 TO BRING TOGETHER THESE INVESTMENT PROFESSIONALS TO DISCUSS THE EVOLVING ROLE OF LONG-TERM ASSET OWNERSHIP AND WAYS TO DELIVER SUPERIOR RISK-ADJUSTED RETURNS WITH CONSIDERATIONS FOR HUMAN AND LABOR RIGHTS, CORPORATE GOVERNANCE, AND ENVIRONMENTAL AND SOCIETAL RESPONSIBILITY AS CRUCIAL ELEMENTS OF INVESTMENT MANAGEMENT. RFK COMPASS DISTINGUISHES ITSELF FROM OTHER INVESTMENT CONFERENCES BY HOSTING INVITATION-ONLY, MEDIA FREE GATHERINGS THAT ALLOW FOR DIRECT ENGAGEMENT WITH PEERS, TOP MANAGERS, POLICY MAKERS AND THOUGHT LEADERS.

(Code:) (Expenses \$ 230,720 including grants of \$) (Revenue \$) RFK YOUNG LEADERS - YOUNG PEOPLE AT THE MARGINS AND THOSE WHO HOLD INTERSECTIONAL IDENTITIES ARE DISPROPORTIONATELY ABSENT FROM LEADERSHIP ROLES, COMMUNITY DIALOGUES, AND CRITICAL DECISION MAKING POSITIONS IN COMMUNITIES ACROSS OUR COUNTRY. WE BELIEVE THAT IN ORDER TO BUILD A MORE JUST AND PEACEFUL WORLD, THE NEXT GENERATION OF LEADERS MUST BE INCLUSIVE, AND REFLECT THE DIVERSE IDENTITIES THAT EXIST THROUGHOUT ALL CORNERS OF OUR NATION THE RFK YOUNG LEADERS PROGRAM FOCUSES ON PARTNERING WITH YOUNG ADULTS IN COLLEGE BY MOBILIZING THEM TO TAKE ACTION ON ISSUES AFFECTING THEIR COMMUNITIES, BUILDING THEIR INDIVIDUAL LEADERSHIP SKILLS, AND EXPANDING THEIR COLLECTIVE ACCESS TO PROFESSIONALS AND POLITICAL NETWORKS.

(Code:) (Expenses \$ 207,545 including grants of \$ 73,622) (Revenue \$) RFK EUROPE, LOCATED IN ITALY, WORKS WITH THE ORGANIZATION ADVISING ON ITS HUMAN RIGHTS INITIATIVE. BRINGING STTP TO ITALIAN AND OTHER EUROPEAN CLASSROOMS AND COLLABORATING ON ADVOCACY AND CURRICULUM PROJECTS.

(Code:) (Expenses \$ 316,285 including grants of \$ 173,966) (Revenue \$) 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.

(Code:) (Expenses \$ 434,867 including grants of \$ 21,935) (Revenue \$) 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.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,296,813 including grants of \$ 286,194) (Revenue \$ 28,350)

4e Total program service expenses 7,330,203

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as completing schedules A through H, and reporting on various activities and assets.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | | |
|---|--|------------|-----------|--|
| <p>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</p> | <p>2a 52</p> | | | |
| <p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.</p> | <p>2b</p> | <p>Yes</p> | | |
| <p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p> | <p>3a</p> | | <p>No</p> | |
| <p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p> | <p>3b</p> | | | |
| <p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p> | <p>4a</p> | | <p>No</p> | |
| <p>b Enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p> | <p>4b</p> | | | |
| <p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p> | <p>5a</p> | | <p>No</p> | |
| <p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p> | <p>5b</p> | | <p>No</p> | |
| <p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p> | <p>5c</p> | | | |
| <p>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?</p> | <p>6a</p> | | <p>No</p> | |
| <p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p> | <p>6b</p> | | | |
| <p>7 Organizations that may receive deductible contributions under section 170(c).</p> | | | | |
| <p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p> | <p>7a</p> | <p>Yes</p> | | |
| <p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p> | <p>7b</p> | <p>Yes</p> | | |
| <p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p> | <p>7c</p> | | <p>No</p> | |
| <p>d If "Yes," indicate the number of Forms 8282 filed during the year</p> | <p>7d</p> | | | |
| <p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p> | <p>7e</p> | | <p>No</p> | |
| <p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p> | <p>7f</p> | | <p>No</p> | |
| <p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p> | <p>7g</p> | | | |
| <p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p> | <p>7h</p> | | | |
| <p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p> | <p>8</p> | | | |
| <p>9 Sponsoring organizations maintaining donor advised funds.</p> | | | | |
| <p>a Did the sponsoring organization make any taxable distributions under section 4966?</p> | <p>9a</p> | | | |
| <p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p> | <p>9b</p> | | | |
| <p>10 Section 501(c)(7) organizations. Enter:</p> | | | | |
| <p>a Initiation fees and capital contributions included on Part VIII, line 12</p> | <p>10a</p> | | | |
| <p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p> | <p>10b</p> | | | |
| <p>11 Section 501(c)(12) organizations. Enter:</p> | | | | |
| <p>a Gross income from members or shareholders</p> | <p>11a</p> | | | |
| <p>b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</p> | <p>11b</p> | | | |
| <p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p> | | | | |
| <p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p> | <p>12b</p> | | | |
| <p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p> | | | | |
| <p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p> | <p>13a</p> | | | |
| <p>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</p> | <p>13b</p> | | | |
| <p>c Enter the amount of reserves on hand</p> | <p>13c</p> | | | |
| <p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p> | <p>14a</p> | | <p>No</p> | |
| <p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p> | <p>14b</p> | | | |
| <p>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?</p> | <p>15</p> | | <p>No</p> | |
| <p>16 If the organization is a trust, did it file Form 720, Schedule E, to report the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.</p> | <p>16</p> | | <p>No</p> | |
| <p>17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.</p> | <p>17</p> | | | |

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. 15b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b 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

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed. 18 Section 6104 requires an organization to make its Form 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. 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: BRIGETTE WALLACE 1300 19TH STREET NW SUITE 750 WASHINGTON, DC 20036 (202) 545-6671

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

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

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

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

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

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

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

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

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

See the 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) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) KERRY KENNEDY PRESIDENT OF RFKHR | 37.50 | X | | X | | | | 500,594 | 0 | 41,723 |
| (2) MRS ROBERT F KENNEDY FOUNDER | 2.00 | X | | X | | | | 0 | 0 | 0 |
| (3) FRANK A BAKER CO-CHAIR | 2.00 | X | | X | | | | 0 | 0 | 0 |
| (4) JOSE E FELICIANO CO-CHAIR | 2.00 | X | | X | | | | 0 | 0 | 0 |
| (5) TERRY MAZANY VICE CHAIR | 2.00 | X | | X | | | | 0 | 0 | 0 |
| (6) ANTHONY WILLIAMS TREASURER | 2.00 | X | | X | | | | 0 | 0 | 0 |
| (7) ELISA MASSIMINO SECRETARY | 2.00 | X | | X | | | | 0 | 0 | 0 |
| (8) PETER BARBEY BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (9) HARRY BELAFONTE BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (10) TONIO BURGOS BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (11) NELDA CONNORS BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (12) KIM DAVIS BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (13) STEPHEN DECHERNEY BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (14) THASUNDA BROWN DUCKETT BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (15) PETER B EDELMAN BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (16) MARK E FREITAS BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (17) MARK GEARAN BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) KENNETH GOLDMAN BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (19) CLAUDIO GROSSMAN BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (20) DANIEL R HALEM BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (21) DOUGLAS T HICKEY BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (22) PHILIP W JOHNSTON BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (23) JOSEPH KENNEDY III BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (24) CARA KENNEDY-CUOMO BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (25) NICLAS KJELLSTROM-MATSEKE BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (26) BETTY LIU BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (27) STEFANO LUCCHINI BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (28) DERMOT MCDONOGH BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (29) B SCOTT MINERD BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (30) JAMES J PINTO BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (31) MICHAEL H POSNER BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (32) SUSHMA RAMAN BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (33) JOHN W ROGERS JR BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (34) MARVIN S ROSEN BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (35) JEFFREY A SACHS BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (36) HENRY S SCHLEIFF BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (37) MARTIN SHEEN BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (38) DASHA SMITH BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (39) ROBERT F SMITH BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (40) PEDRO TORRES-MACKIE BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (41) DONATO J TRAMUTO BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (42) BARRY VOLPERT BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (43) RANDI WEINGARTEN BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (44) MICHAEL SCHREIBER CHIEF OPERATING OFFICER | 37.50 | | | X | | | | 448,541 | 0 | 55,915 |
| (45) LYNN DELANEY SENIOR ADVISER/EXECUTIVE DIRECTOR | 37.50 | | | X | | | | 326,644 | 0 | 51,190 |
| (46) JEFFREY SIMINOFF SENIOR VP, WORKPLACE DIGNITY | 37.50 | | | | | X | | 259,900 | 0 | 34,859 |
| (47) DAWN ROSS VP, INTERNATIONAL OPERATIONS | 37.50 | | | | | X | | 142,892 | 0 | 45,010 |
| (48) WADE MCMULLEN SENIOR VP, PROGRAMS & LEGAL STRATEGY | 37.50 | | | | | X | | 156,966 | 0 | 24,777 |
| (49) ANGELITA BAEYENS VP, INTERNATIONAL ADVOCACY & LITIGATION | 37.50 | | | | | X | | 142,265 | 0 | 32,200 |
| (50) SANCIA DALLEY SENIOR VP, COMPASS INVESTOR PROGRAM | 37.50 | | | | | X | | 160,606 | 0 | 19,099 |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 2,138,408 | 0 | 304,773 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| TAYLORMADE 9007 OAK PLACE BETHESDA, MD 20817 | EVENT CONSULTANT | 463,986 |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

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

| | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|--|----------------------|--|---|--|
| Contributions, Gifts, Grants, and Other Amt Similar Amounts | | | | |
| 1a Federated campaigns | | | | |
| 1b Membership dues | | | | |
| 1c Fundraising events | | | 5,374,384 | |
| 1d Related organizations | | | | |
| 1e Government grants (contributions) | | | 750,700 | |
| 1f All other contributions, gifts, grants, and similar amounts not included above | | | 510,876 | |
| 1g Noncash contributions included in lines 1a - 1f:\$ | | | | |
| h Total. Add lines 1a-1f | | | | 6,635,960 |

| Program Service Revenue | | Business Code | | | |
|---|--|---------------|--------|--|--------|
| | | | | | |
| 2a AWARD ENTRY FEES | | 900099 | 28,350 | | 28,350 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f All other program service revenue. | | | | | |
| g Total. Add lines 2a-2f. | | | 28,350 | | |

| | | | | | | |
|---|--|---|-----------|----------|---------|----------|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 482,337 | | 482,337 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | 6b Less: rental expenses | | | | |
| | | 6c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 6,938,918 | | | |
| | | (ii) Other | | | | |
| | | 7b Less: cost or other basis and sales expenses | 6,220,830 | | | |
| | | 7c Gain or (loss) | 718,088 | | | |
| | d Net gain or (loss) | | 718,088 | | 718,088 | |
| | 8a Gross income from fundraising events (not including \$ 5,374,384 of contributions reported on line 1c). See Part IV, line 18 | | 121,350 | | | |
| | | 8b Less: direct expenses | 462,923 | | | |
| | | c Net income or (loss) from fundraising events | | -341,573 | | -341,573 |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | | | | |
| | | 9b Less: direct expenses | | | | |
| | | c Net income or (loss) from gaming activities | | | | |
| | 10a Gross sales of inventory, less returns and allowances | | | | | |
| 10b Less: cost of goods sold | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a MISCELLANEOUS INCOME | 900099 | 4,003 | | 4,003 | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | 4,003 | | | | |
| 12 Total revenue. See instructions | | 7,527,165 | 0 | 0 | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 454,600 | 454,600 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 56,350 | 56,350 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 375,621 | 375,621 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,424,607 | 656,077 | 385,813 | 382,717 |
| 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 | 3,309,380 | 2,295,110 | 997,736 | 16,534 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 181,445 | 134,650 | 42,607 | 4,188 |
| 9 Other employee benefits | 848,395 | 582,521 | 203,186 | 62,688 |
| 10 Payroll taxes | 303,845 | 203,645 | 73,918 | 26,282 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 42,764 | | 42,764 | |
| c Accounting | 66,856 | | 66,856 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 137,537 | | 137,537 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 1,982,602 | 1,165,826 | 202,155 | 614,621 |
| 12 Advertising and promotion | 33,633 | 21,186 | 10,778 | 1,669 |
| 13 Office expenses | 161,143 | 34,246 | 79,452 | 47,445 |
| 14 Information technology | 130,834 | 37,939 | 83,026 | 9,869 |
| 15 Royalties | | | | |
| 16 Occupancy | 634,137 | 1,890 | 597,935 | 34,312 |
| 17 Travel | 211,743 | 122,214 | 52,232 | 37,297 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 311,566 | 155,075 | 86,255 | 70,236 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 150,141 | 51,053 | 98,668 | 420 |
| 23 Insurance | 49,743 | | 49,743 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a DUES & SUBSCRIPTIONS | 210,642 | 110,590 | 51,431 | 48,621 |
| b OTHER GRANT RELATED EXP | 158,904 | 123,862 | 35,042 | |
| c BAD DEBT EXPENSE | 35,000 | | | 35,000 |
| d INDIRECT COSTS | 0 | 715,847 | -808,777 | 92,930 |
| e All other expenses | 50,643 | 31,901 | 16,229 | 2,513 |
| 25 Total functional expenses. Add lines 1 through 24e | 11,322,131 | 7,330,203 | 2,504,586 | 1,487,342 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|---|--|----------------------|------------|--------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash-non-interest-bearing | 3,993,732 | 1 | 3,789,290 |
| | 2 Savings and temporary cash investments | 817,979 | 2 | 335,778 |
| | 3 Pledges and grants receivable, net | 4,769,690 | 3 | 4,842,240 |
| | 4 Accounts receivable, net | 990,182 | 4 | 660,315 |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 63,739 | 9 | 42,479 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,768,851 | | |
| | b Less: accumulated depreciation | 10b 926,636 | 960,735 | 10c 842,215 |
| | 11 Investments—publicly traded securities | 16,497,091 | 11 | 16,170,736 |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 36,161,413 | 15 | 33,433,304 |
| 16 Total assets: Add lines 1 through 15 (must equal line 33) | 64,254,561 | 16 | 60,116,357 | |
| Liabilities | 17 Accounts payable and accrued expenses | 917,773 | 17 | 1,325,150 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 20,304 | 19 | 0 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 750,700 | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 1,238,298 | 25 | 1,284,527 |
| | 26 Total liabilities. Add lines 17 through 25 | 2,927,075 | 26 | 2,609,677 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 14,463,512 | 27 | 14,778,576 |
| | 28 Net assets with donor restrictions | 46,863,974 | 28 | 42,728,104 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 61,327,486 | 32 | 57,506,680 |
| | 33 Total liabilities and net assets/fund balances | 64,254,561 | 33 | 60,116,357 |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 7,527,165 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 11,322,131 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -3,794,966 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 61,327,486 |
| 5 | Net unrealized gains (losses) on investments | 5 | -25,840 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) | 10 | 57,506,680 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| 2b | Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 2c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | Yes | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | |

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

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

Employer identification number
13-2522784

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|-----------|------------|------------|------------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 9,690,229 | 42,942,139 | 18,203,666 | 16,304,907 | 6,635,960 | 93,776,901 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 Total. Add lines 1 through 3 | 9,690,229 | 42,942,139 | 18,203,666 | 16,304,907 | 6,635,960 | 93,776,901 |
| 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) . . . | | | | | | 2,794,632 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 90,982,269 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|-----------|------------|------------|------------|-----------|--------------------------|
| 7 Amounts from line 4. | 9,690,229 | 42,942,139 | 18,203,666 | 16,304,907 | 6,635,960 | 93,776,901 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 158,271 | 324,465 | 436,820 | 327,494 | 482,337 | 1,729,387 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 94 | 5,137 | | 2,639 | 4,003 | 11,873 |
| 11 Total support. Add lines 7 through 10 | | | | | | 95,518,161 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 2,597,024 |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|-------------------------------------|
| 14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) | 14 | 95.250 % |
| 15 Public support percentage for 2020 Schedule A, Part II, line 14 | 15 | 93.630 % |
| 16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. . | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and reporting requirements.

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the officers, 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? <i>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.</i> | | |
| 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? <i>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.</i> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

| | Yes | No |
|---|-----|----|
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i> | | |
| b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i> | | |

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

| | Yes | No |
|---|-----|----|
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i> | | |

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|---|----------|--|--|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|--|-----------|--|--|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

- | | | |
|--|----------|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 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)

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

(continued)

| Section D - Distributions | | Current Year |
|--|-----------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 Amounts paid to acquire exempt-use assets | 4 | |
| 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 | |
| 6 Other distributions (describe in Part VI). See instructions | 6 | |
| 7 Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | 8 | |
| 9 Distributable amount for 2021 from Section C, line 6 | 9 | |
| 10 Line 8 amount divided by Line 9 amount | 10 | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021: | | | |
| a From 2016. | | | |
| b From 2017. | | | |
| c From 2018. | | | |
| d From 2019. | | | |
| e From 2020. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017. | | | |
| b Excess from 2018. | | | |
| c Excess from 2019. | | | |
| d Excess from 2020. | | | |
| e Excess from 2021. | | | |

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

Facts And Circumstances Test

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Additional Data

Return to Form

Software ID:

Software Version:

Supplemental Financial Statements

2021

Open to Public Inspection

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
13-2522784

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? **Yes** **No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Yes** **No**

Part II Conservation Easements.

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? **Yes** **No**

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes** **No**

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ 41,950

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 2,386,750 | 2,300,208 | 2,281,254 | 1,733,452 | 1,564,752 |
| b Contributions | 6,494 | 4,400 | -124,872 | 703,822 | 121,126 |
| c Net investment earnings, gains, and losses | 121,225 | 155,974 | 215,487 | -87,159 | 126,148 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 76,632 | 73,832 | 71,661 | 68,861 | 78,574 |
| f Administrative expenses | | | | | |
| g End of year balance | 2,437,837 | 2,386,750 | 2,300,208 | 2,281,254 | 1,733,452 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 93.200 %
 - c** Term endowment ▶ 6.800 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | No | No |
| (ii) Related organizations | No | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 469,971 | 232,406 | 237,565 |
| d Equipment | | 382,998 | 296,723 | 86,275 |
| e Other | | 915,882 | 397,507 | 518,375 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 842,215 |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) DEPOSITS | 24,126 |
| (2) OTHER ASSETS | 1,650 |
| (3) FINE ART | 40,300 |
| (4) BENEFICIAL INTEREST IN REMAINDER TRUST | 33,367,228 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 33,433,304 |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 1,284,527 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

| | | | |
|----------|--|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 7,509,693 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -25,840 |
| b | Donated services and use of facilities | 2b | 233,880 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 208,040 |
| 3 | Subtract line 2e from line 1 | 3 | 7,301,653 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 137,537 |
| b | Other (Describe in Part XIII.) | 4b | 87,975 |
| c | Add lines 4a and 4b | 4c | 225,512 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 7,527,165 |

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

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

| | | | |
|----------|---|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 11,330,499 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 233,880 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 233,880 |
| 3 | Subtract line 2e from line 1 | 3 | 11,096,619 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 137,537 |
| b | Other (Describe in Part XIII.) | 4b | 87,975 |
| c | Add lines 4a and 4b | 4c | 225,512 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 11,322,131 |

Part XIII

Supplemental Information

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

| Return Reference | Explanation |
|--|---|
| 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) OF THE INTERNAL REVENUE CODE AS A SECTION 501(A) ORGANIZATION. THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE ORGANIZATION IS A PUBLICLY SUPPORTED ORGANIZATION. HOWEVER, SHOULD THE ORGANIZATION HAVE INCOME FROM ACTIVITIES NOT DIRECTLY RELATED TO ITS TAX-EXEMPT PURPOSE, SUCH INCOME WOULD BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW BY FEDERAL, STATE, AND LOCAL AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | EVENT EXPENSES 87,975. |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | EVENT EXPENSES 87,975. |

Additional Data

[**Return to Form**](#)

Software ID:

Software Version:

2021

Open to Public Inspection

Statement of Activities Outside the United States

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

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

Employer identification number
13-2522784

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) EUROPE | 0 | 1 | PROGRAM SERVICES | ESTABLISHMENT OF PROGRAM IN UK | 315,000 |
| (2) SOUTH ASIA | 0 | 6 | PROGRAM SERVICES | PROVIDED FUNDS FOR THE PROJECT IN INDIA | 223,000 |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total | 0 | 7 | | | 538,000 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 7 | | | 538,000 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|---|--|-----------------------------|---------------------------------|--|---|--|--|
| (1) | | | EUROPE (INCLUDING ICELAND AND GREENLAND) | PROGRAM SUPPORT | 198,271 | WIRE TRANSFER | 0 | N/A | N/A |
| (2) | | | EAST ASIA AND THE PACIFIC | PROGRAM SUPPORT | 75,000 | WIRE TRANSFER | 0 | N/A | N/A |
| (3) | | | EAST ASIA AND THE PACIFIC | PROGRAM SUPPORT | 20,492 | WIRE TRANSFER | 0 | N/A | N/A |
| (4) | | | EAST ASIA AND THE PACIFIC | PROGRAM SUPPORT | 9,471 | WIRE TRANSFER | 0 | N/A | N/A |
| (5) | | | EAST ASIA AND THE PACIFIC | PROGRAM SUPPORT | 72,387 | WIRE TRANSFER | 0 | N/A | N/A |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 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 5

3 Enter total number of other organizations or entities 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|-------------------|---------------------------------|---------------------------------|--|---|--|--|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

| ReturnReference | Explanation |
|-----------------------------|--|
| PART I, LINE 2: | THROUGH CONTINUED CLOSE PARTNERSHIP WITH THE ORGANIZATIONS AND CONDUCTED SITE VISITS TO MONITOR THE USE OF THE GRANTS. |
| PART III ACCOUNTING METHOD: | |
| | |
| | |
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Additional Data

Software ID:

Software Version:

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

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

Employer identification number
 13-2522784

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
 Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 RIPPLE OF HOPE GALA (event type) | (b) Event #2 (event type) | (c) Other events (total number) | (d) Total events (add col. (a) through col. (c)) |
|--|---|--|------------------------------|------------------------------------|---|
| Revenue | 1 Gross receipts | 5,495,734 | | | 5,495,734 |
| | 2 Less: Contributions | 5,374,384 | | | 5,374,384 |
| | 3 Gross income (line 1 minus line 2) | 121,350 | | | 121,350 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | 343,458 | | | 343,458 |
| | 8 Entertainment | 114,344 | | | 114,344 |
| | 9 Other direct expenses | 5,121 | | | 5,121 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 462,923 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -341,573 | |

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.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
|---|---|---|---|------------------|--|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

| | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Additional Data

Return to Form

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

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

Employer identification number
13-2522784

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) HAITIAN BRIDGE ALLIANCE 13 OVERTURE LANE ALISO VIEJO, CA 92656 | 81-3558713 | 501(C)(3) | 164,970 | 0 | N/A | N/A | GRANT ASSISTANCE |
| (2) UPTRUST INC 156 2ND STREET SAN FRANCISCO, CA 94105 | 37-3356062 | 501(C)(3) | 100,000 | 0 | N/A | N/A | GRANT ASSISTANCE |
| (3) RFK COMMUNITY ALLIANCE 120 OLD COMMON ROAD LANCASTER, MA 01523 | 04-2457298 | 501(C)(3) | 25,000 | 0 | N/A | N/A | GRANT ASSISTANCE |
| (4) AFGHAN-AMERICAN COMMUNITY ORGANIZATION 11735 BAIRD AVENUE PORTER RANCH, CA 91326 | 82-3792356 | 501(C)(3) | 14,970 | 0 | N/A | N/A | GRANT ASSISTANCE |
| (5) DONATO J TRAMUTO FOUNDATION PO BOX 1728 OGUNQUIT, ME 03907 | 03-0373845 | 501(C)(3) | 5,102 | 0 | N/A | N/A | GRANT ASSISTANCE |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5
- 3** Enter total number of other organizations listed in the line 1 table 0

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) BOOK/JOURNALISM AWARDS | 1 | 2,500 | N/A | N/A | |
| (2) JOURNALISM | 13 | 11,500 | N/A | N/A | |
| (3) ASSISTANCE (LIVING, ETC.) | 32 | 42,350 | N/A | N/A | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 2: | THE ROBERT F. KENNEDY (RFK) HUMAN RIGHTS AWARD IS PRESENTED ANNUALLY TO INDIVIDUALS WHO, AT GREAT PERSONAL RISK, STAND UP TO OPPRESSION IN THE NONVIOLENT PURSUIT OF RESPECT FOR HUMAN RIGHTS. THE AWARD REFLECTS ROBERT KENNEDY'S ABSOLUTE OPPOSITION TO TYRANNY AND HIS BELIEF IN THE POWER OF INDIVIDUAL MORAL COURAGE TO OVERCOME INJUSTICE. THE AWARD, ESTABLISHED IN 1984, SEEKS TO DRAW THE WORLD'S ATTENTION TO THE WORK OF ONE OR MORE COURAGEOUS INDIVIDUALS, THE RFK HUMAN RIGHTS AWARD LAUREATES, WHO MAKE GREAT PERSONAL SACRIFICES, OFTEN RISKING THEIR LIVES, TO PROMOTE RESPECT FOR HUMAN RIGHTS AND REALIZE POSITIVE CHANGE. |

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
13-2522784

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 4a | | No |
| 4b | | No |
| 4c | | No |
| 5a | | No |
| 5b | | No |
| 6a | | No |
| 6b | | No |
| 7 | Yes | |
| 8 | | No |
| 9 | | |

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

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

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

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

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

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 7 | - STAFF BONUSES WERE DETERMINED BY ALLOCATION OF A POOL OF \$225,000 WHICH WAS THEN APPLIED TO THE PERFORMANCE RANKS TO ALLOW FOR BONUS AWARDS OF 4%. BONUS COMPENSATION FOR LYNN, KERRY, AND MICHAEL WAS DETERMINED BY THE BOARD & FINANCE COMMITTEE. BONUSES FOR LYNN, KERRY, AND MICHAEL TOTALED \$350,000. |

Additional Data

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Schedule L
(Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2021

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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

Employer identification number

13-2522784

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| | | | | | |
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2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$. ▶ _____
 \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Total | | | | | | ▶ \$ | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|---|---|----|
| | | | | Yes | No |
| (1) MARK FREITAS | HE IS RFK'S BOARD MEMBER, HIS COMPANY IS THE RFK'S INSURANCE BROKER | 37,346 | BROKER MAINTAINS RFK'S BUSINESS INSURANCE POLICIES. | | No |
| | | | | | |
| | | | | | |
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Part V Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Additional Data

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SCHEDULE O
(Form 990)**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.

2021**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
ROBERT F KENNEDY CENTER FOR JUSTICE
AND HUMAN RIGHTS

Employer identification number

13-2522784

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 1A | COMPOSITION: THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE FOUNDER, CHAIR, VICE CHAIR(S), PRESIDENT, SECRETARY, TREASURER, CHAIRS OF THE FOUR STANDING COMMITTEES OF THE BOARD, AND SUCH OTHER DIRECTORS AS THE BOARD SHALL ELECT BY MAJORITY VOTE OF THE DIRECTORS IN OFFICE AT A DULY CONSTITUTED MEETING OF THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR AND CHIEF OPERATING OFFICER SHALL SERVE AS NON-VOTING, EX OFFICIO MEMBERS OF THE EXECUTIVE COMMITTEE. EXECUTIVE COMMITTEE MEMBERS MAY SERVE MORE THAN ONE TERM. THE ABOVE OFFICERS OF THE CENTER SHALL SERVE IN THE SAME TITLE AND CAPACITY ON THE EXECUTIVE COMMITTEE AS THEY DO WITH REGARD TO THE CENTER. POWERS AND AUTHORITY: THE EXECUTIVE COMMITTEE SHALL HAVE ALL OF THE AUTHORITY OF THE BOARD OF DIRECTORS DURING THE PERIODS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, EXCEPT: (A) WHERE SUCH ACTION IS PROHIBITED BY LAW OR THESE BYLAWS; (B) WHERE SUCH ACTION IS PROHIBITED BY THE ARTICLES OF INCORPORATION; (C) THE POWER TO AMEND OR REPEAL THESE BYLAWS; (D) THE POWER TO AMEND OR REPEAL AN ACTION TAKEN BY THE BOARD; (E) THE POWER TO SET COMPENSATION FOR THE EXECUTIVE STAFF; (F) THE POWER TO ELECT OR REMOVE DIRECTORS, OFFICERS, TRUSTEES, THE EXECUTIVE DIRECTOR OR THE CHIEF OPERATING OFFICER; (G) THE POWER TO ADOPT A PLAN OF MERGER; AND (H) THE POWER TO AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE CORPORATION. THE EXECUTIVE COMMITTEE SHALL: (A) MONITOR THE CENTER'S COMPLIANCE WITH ITS LEGAL OBLIGATIONS; (B) ACT AS THE LEGAL REPRESENTATIVE OF THE BOARD DURING EMERGENCIES; (C) SERVE AS THE PRIMARY SUPPORT MECHANISM FOR THE EXECUTIVE STAFF DURING NORMAL BUSINESS AND TIMES OF CRISIS; (D) IN COLLABORATION WITH THE GOVERNANCE AND NOMINATING COMMITTEE, REVIEW EACH DIRECTOR'S ACTIVITY, PARTICIPATION, AND FULFILLMENT OF RESPONSIBILITIES; (E) RECOMMEND NEW DIRECTORS TO THE GOVERNANCE AND NOMINATING COMMITTEE; AND (F) CREATE NON-STANDING COMMITTEES AND TASK FORCES AS NECESSARY. ANY ACTION BY THE EXECUTIVE COMMITTEE SHALL BE REPORTED IN WRITING TO THE BOARD WITHIN SEVEN (7) DAYS OF SAID ACTION AND SHALL BE SUBJECT TO APPROVAL, REVISION, OR DISAPPROVAL BY THE BOARD, PROVIDED THAT NO SUCH RECONSIDERATION SHALL ADVERSELY AFFECT THE RIGHTS OF THIRD PARTIES WHO HAVE ACTED IN RELIANCE ON THE ACTION OF THE EXECUTIVE COMMITTEE TAKEN IN ACCORDANCE WITH THE AUTHORITY OF THESE BYLAWS. |
| FORM 990, PART VI, SECTION A, LINE 2 | ETHEL KENNEDY, FOUNDER, KERRY KENNEDY, PRESIDENT, JOSEPH KENNEDY III, BOARD MEMBER, AND CARA KENNEDY-CUOMO, BOARD MEMBER, ALL SERVED ON THE BOARD OF DIRECTORS DURING THE TAX YEAR AND HAVE A FAMILY RELATIONSHIP. |
| FORM 990, PART VI, SECTION B, LINE 11B | AN ACCOUNTING FIRM PREPARES THE FORM 990, AND THE DRAFT IS REVIEWED BY THE OUTSOURCED CPA ACCOUNTANT, WHO COMPARES THE DRAFT TO THE AUDITED FINANCIAL STATEMENTS. THE OUTSOURCED ACCOUNTANT AND THE CHIEF OPERATING OFFICER ADDRESS ANY AREAS OF CONCERN, AND THE FINAL FORM 990 IS FORWARDED TO THE MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING. |
| FORM 990, PART VI, SECTION B, LINE 12C | THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. THE BOARD ADDRESSES ANY POTENTIAL OR POSSIBLE CONFLICTS WITH STAFF OR BOARD MEMBERS. THERE IS A TRANSPARENT PROCESS IN WHICH ANY POSSIBLE CONFLICT ISSUE IS DISCUSSED WITH THE PERSON AND THEN OPENLY AMONG THE BOARD MEMBERS, WHO REVIEW THE SITUATION, AND MAKE RECOMMENDATIONS, APPROVALS, AND DECISIONS. THE EXECUTIVE COMMITTEE WILL TYPICALLY REVIEW THE SITUATION FIRST, AND THE BOARD WILL TAKE INTO CONSIDERATION THEIR POSITION AS WELL. |
| FORM 990, PART VI, SECTION B, LINE 15 | THE PRESIDENT, CHIEF OPERATING OFFICER, AND EXECUTIVE DIRECTOR'S COMPENSATION ARE REVIEWED AND APPROVED BY THE CHAIRMAN OF THE BOARD. THE CHAIRMAN USES FORM 990S OF OTHER ORGANIZATIONS, COMPENSATION SURVEYS, AND OTHER MEANS TO DETERMINE THE REASONABLENESS OF THEIR COMPENSATION. THIS REVIEW TOOK PLACE IN 2020. THE BOARD APPROVES AND DOCUMENTS THE COMPENSATION OF THE ONLY BOARD MEMBER WHO IS A KEY EMPLOYEE. THE PRESIDENT, CHIEF OPERATING OFFICER, AND EXECUTIVE DIRECTOR DETERMINE THE COMPENSATION OF THE OTHER STAFF USING BUDGET GUIDELINES AS APPROVED AND DOCUMENTED BY THE BOARD. THIS REVIEW TOOK PLACE IN 2020. |
| FORM 990, PART VI, SECTION C, LINE 19 | THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE. ALL OTHER DOCUMENTS (CONFLICT OF INTEREST POLICY) ARE AVAILABLE UPON REQUEST. |
| FORM 990, PART IX, LINE 11G | PARTNERS FOR HUMAN RIGHTS: PROGRAM SERVICE EXPENSES 263,316. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 263,316. SPEAK TRUTH TO POWER: PROGRAM SERVICE EXPENSES 84,633. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 84,633. BOOK AND JOURNALISM AWARDS: PROGRAM SERVICE EXPENSES 76,124. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 76,124. RFK YOUNG LEADERS: PROGRAM SERVICE EXPENSES 18,198. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 18,198. COMPASS: PROGRAM SERVICE EXPENSES 125,508. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 125,508. COMMUNICATIONS: PROGRAM SERVICE EXPENSES 591,525. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 591,525. RFK LEGACY: PROGRAM SERVICE EXPENSES 6,522. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 6,522. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 202,155. FUNDRAISING EXPENSES 614,621. TOTAL EXPENSES 816,776. |

Additional Data

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