

Form **990**

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning

and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1300 19TH STREET, NW 750</p> <p>City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036</p> <p>F Name and address of principal officer: KERRY KENNEDY SAME AS C ABOVE</p>	<p>D Employer identification number 13-2522784</p> <p>E Telephone number (202)463-7575</p> <p>G Gross receipts \$ 14,381,184.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No if "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p>J Website: ▶ WWW.RFKCENTER.ORG</p> <p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		
<p>Part I Summary</p>		<p>L Year of formation: 1968 M State of legal domicile: DC</p>

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ADVANCE RESPECT FOR HUMAN RIGHTS AND SOCIAL JUSTICE, PROMOTE INDIVIDUAL ACTION.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	49
	6	Total number of volunteers (estimate if necessary)	6	60
	7	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	7,575,354.	12,978,316.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	118,470.	26,344.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	354,560.	124,955.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-832,876.	-669,350.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,215,508.	12,460,265.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	166,873.	493,010.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,490,596.	3,422,735.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 884,507.	286,569.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,895,001.	4,437,125.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,839,039.	8,352,870.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-1,623,531.	4,107,395.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	8,011,757.	10,661,989.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,050,065.	722,058.
Part II Signature Block		5,961,692.	9,939,931.	

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<p>Signature of officer: </p> <p>MICHAEL SCHREIBER, COO</p> <p>Type or print name and title</p>	<p>Date: 7-22-2016</p>
Paid Preparer Use Only	<p>Print/Type preparer's name: DAVID TRIMMER</p> <p>Firm's name: CLIFTONLARSONALLEN LLP</p> <p>Firm's address: 4250 N. FAIRFAX DRIVE, SUITE 1020 ARLINGTON, VA 22203</p>	<p>Preparer's signature: </p> <p>Date: 7-19-2016</p> <p>Check <input type="checkbox"/> Preparer's PTIN: P00444822</p> <p>Firm's EIN: 41-0746749</p> <p>Phone no: 571-227-9500</p>

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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AND HUMAN RIGHTS

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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

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 \$ 1,940,508. including grants of \$ 35,500.) (Revenue \$)

PARTNERS FOR HUMAN RIGHTS (FORMERLY ROBERT F. KENNEDY CENTER FOR HUMAN RIGHTS) - RFK PARTNERS FOR HUMAN RIGHTS IS THE ADVOCACY, LITIGATION AND TRAINING ARM OF ROBERT F. KENNEDY HUMAN RIGHTS. BY JOINING FORCES WITH RFK HUMAN RIGHTS LAUREATES AND OTHER HUMAN RIGHTS DEFENDERS ACROSS THE GLOBE, WE RAISE AWARENESS OF THE MOST IMPORTANT -AND SOMETIMES OVERLOOKED - HUMAN RIGHTS CHALLENGES, AMPLIFYING THE VOICES OF LOCAL DEFENDERS AND PUTTING PRESSURE ON THOSE IN POWER TO RESPECT HUMAN DIGNITY. PHR'S INTERNATIONAL STRATEGIC LITIGATION UNIT, ARGUES CASES BEFORE REGIONAL AND INTERNATIONAL TRIBUNALS AND PROVIDES LEGAL SUPPORT FOR DOMESTIC ATTORNEYS, ESTABLISHING NEW AND FAR-REACHING PRECEDENTS THAT RAISE HUMAN RIGHTS STANDARDS AROUND THE WORLD. AT THE RFK TRAINING INSTITUTE, HUMAN RIGHTS DEFENDERS AND GOVERNMENT OFFICIALS

4b (Code:) (Expenses \$ 1,358,635. including grants of \$ 5,745.) (Revenue \$)

SPEAK TRUTH TO POWER (STTP) IS A MULTI-FACETED PROJECT THAT INCREASES AWARENESS OF HUMAN RIGHTS THROUGH INSPIRING STORIES OF WOMEN AND MEN AROUND THE WORLD WHO STAND UP TO OPPRESSION AT GREAT PERSONAL RISK. THE PROJECT INCLUDES A BOOK BY KERRY KENNEDY "SPEAK TRUTH TO POWER: HUMAN RIGHTS DEFENDERS WHO ARE CHANGING OUR WORLD", PUBLISHED IN SEVEN LANGUAGES, AN EXHIBITION OF 50 PHOTOGRAPHS BY PULITZER PRIZE-WINNING PHOTOGRAPHER EDDIE ADAMS, A PLAY, BY ARIEL DORFMAN, "SPEAK TRUTH TO POWER: VOICES FROM BEYOND THE DARK" THAT CONTINUES TO TOUR WORLDWIDE AND EDUCATIONAL OUTREACH PROGRAMS INCLUDING THE SPEAK TRUTH TO POWER VIDEO CONTEST AND THE SPEAK UP, SING OUT MUSIC CONTEST AND THE CONTINUED DISTRIBUTION OF THE SPEAK TRUTH TO POWER HUMAN RIGHTS EDUCATION CURRICULUM, WHICH HAS BEEN TAUGHT TO WELL OVER ONE MILLION

4c (Code:) (Expenses \$ 1,174,272. including grants of \$) (Revenue \$ 410.)

RFK COMPASS PROGRAM (COMPASS) - COMPASS 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

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

(Expenses \$ 1,680,343. including grants of \$ 451,765.) (Revenue \$ 25,934.)

4e Total program service expenses 6,153,758.

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12-15-15

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SEE SCHEDULE O FOR CONTINUATION(S)

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12240719 137216 064-03823400 2015.04000 ROBERT F. KENNEDY CENTER FO 064-0001

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

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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

		1a	1b	1c	2a	2b	3a	3b	4a	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b			
1a	Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable	28																																					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0																																				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?																																						
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			49																																			
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)					X																																	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?																																						
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O																																						
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)?																																						
b	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</u>																																						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?																																						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																																						
c	If "Yes," to line 5a or 5b, did the organization file Form 8866-T?																																						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?																																						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?																																						
7	Organizations that may receive deductible contributions under section 170(c).																																						
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?																																						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?																																						
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?																																						
d	If "Yes," indicate the number of Forms 8282 filed during the year																																						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?																																						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?																																						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?																																						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																																						
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?																																						
9	Sponsoring organizations maintaining donor advised funds.																																						
a	Did the sponsoring organization make any taxable distributions under section 4966?																																						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?																																						
10	Section 501(c)(7) organizations. Enter:																																						
a	Initiation fees and capital contributions included on Part VIII, line 12																																						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities																																						
11	Section 501(c)(12) organizations. Enter:																																						
a	Gross income from members or shareholders																																						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)																																						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?																																						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year																																						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.																																						
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.																																						
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																																						
c	Enter the amount of reserves on hand																																						
14a	Did the organization receive any payments for indoor tanning services during the tax year?																																						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O																																						

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532003 12-18-15

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	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?	X	
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, ME**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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 - (202)463-7575**
1300 19TH STREET, NW, SUITE 750, WASHINGTON, DC 20036

532006 10-16-15

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) ROBERT SMITH BOARD CHAIR	10.00	X		X				0.	0.	0.
(2) TERRY MAZANY CO-VICE CHAIR	2.00	X		X				0.	0.	0.
(3) ROBERT WOLF CO-VICE CHAIR	2.00	X		X				0.	0.	0.
(4) ETHEL KENNEDY FOUNDER	2.00	X		X				0.	0.	0.
(5) KERRY KENNEDY MEMBER/PRESIDENT OF RPKHR	37.50	X		X			250,574.	0.	30,537.	
(6) PETER EDELMAN MEMBER	2.00	X					0.	0.	0.	
(7) ANTHONY WILLIAMS TREASURER & SECRETARY	2.00	X		X			0.	0.	0.	
(8) MARK FREITAS MEMBER	2.00	X					0.	0.	0.	
(9) PHILIP JOHNSTON MEMBER	2.00	X					0.	0.	0.	
(10) LUZ VEGA-MARQUIS MEMBER	2.00	X					0.	0.	0.	
(11) JAMES J. PINTO MEMBER	2.00	X					0.	0.	0.	
(12) MATT KENNEDY MEMBER	2.00	X					0.	0.	0.	
(13) MARVIN ROSEN MEMBER	2.00	X					0.	0.	0.	
(14) JOE KENNEDY MEMBER	2.00	X					0.	0.	0.	
(15) HARRY BELAFONTE MEMBER	2.00	X					0.	0.	0.	
(16) CLAUDIO GROSSMAN MEMBER	2.00	X					0.	0.	0.	
(17) ELISA MASSIMINO MEMBER	2.00	X					0.	0.	0.	

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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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) JEFFREY SACHS MEMBER	2.00	X					0.	0.	0.	
(19) MALIKA SAADA SAAR MEMBER	2.00	X					0.	0.	0.	
(20) MARTIN SHEEN MEMBER	2.00	X					0.	0.	0.	
(21) PAUL VAN ZYL MEMBER	2.00	X					0.	0.	0.	
(22) LARRY COX MEMBER	2.00	X					0.	0.	0.	
(23) RICHARD IANNUZZI MEMBER	2.00	X					0.	0.	0.	
(24) NICLAS KJELLSTROM-MATSEKE MEMBER	2.00	X					0.	0.	0.	
(25) JOHN ROGERS MEMBER	2.00	X					0.	0.	0.	
(26) ALAN BURGER MEMBER	2.00	X					0.	0.	0.	
1b Sub-total							250,574.	0.	30,537.	
c Total from continuation sheets to Part VII, Section A							1,075,404.	0.	175,270.	
d Total (add lines 1b and 1c)							1,325,978.	0.	205,807.	

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 7

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
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? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

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, LLC, 9507 FLOWERS AVENUE, SILVER SPRING, MD 20901	EVENT CONSULTANT	280,660.
CHARITY BUZZ, 437 FIFTH AVENUE, 11TH FLOOR, NEW YORK, NY 10016	AUCTION MANAGEMENT	237,821.

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 2

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VIII Statement of Revenue

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

		(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 Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	4,255,529.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,722,787.			
	g Noncash contributors included in lines 1a-1f: \$		440,755.			
	h Total. Add lines 1a-1f		12,978,316.			
Program Service Revenue	2 a AWARD ENTRY FEES	Business Code 900099	25,934.	25,934.		
	b TUITION/REGISTRATION FEE	900099	410.	410.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		26,344.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		127,489.		127,489.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		171.		171.	
	6 a Gross rents	(i) Real	(ii) Personal			
		b Less: rental expenses				
		c Rental income or (loss)				
		d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
		d Net gain or (loss)		-2,534.		-2,534.
	8 a Gross income from fundraising events (not including \$ 4,255,529. of contributions reported on line 1c). See Part IV, line 18	a	556,058.			
		b Less: direct expenses	b	1,199,642.		
		c Net income or (loss) from fundraising events		-643,584.		-643,584.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS REVENUE	900099	15,703.		15,703.		
b REALIZED LOSS ON CURRENCY EXCHANG	900099	-41,640.		-41,640.		
c						
d All other revenue						
e Total. Add lines 11a-11d		-25,937.				
12 Total revenue. See instructions.		12,460,265.	26,344.	0.	-544,395.	

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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	35,245.	35,245.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	30,000.	30,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	427,765.	427,765.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	562,595.	132,948.	197,002.	232,645.
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	1,829,550.	1,537,217.	224,563.	67,770.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,030,590.	716,651.	180,047.	133,892.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	180,769.		180,769.	
b Legal	201,921.	80,083.	121,838.	
c Accounting	79,290.		79,290.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,568,224.	1,170,728.	217,228.	180,268.
12 Advertising and promotion				
13 Office expenses	262,850.	79,022.	138,462.	45,366.
14 Information technology				
15 Royalties				
16 Occupancy	480,309.	3,874.	470,839.	5,596.
17 Travel	370,475.	221,777.	124,509.	24,189.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	577,034.	526,314.	21,234.	29,486.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 ALL OTHER EXPENSES	312,943.	263,794.	27,664.	21,485.
b MEMBERSHIP DUES/SUBSCR	66,228.	42,248.	18,289.	5,691.
c BAD DEBT	45,230.		45,230.	
d INDIRECT COST ALLOCATIO	0.	754,931.	-871,804.	116,873.
e All other expenses	291,852.	131,161.	139,445.	21,246.
25 Total functional expenses. Add lines 1 through 24e	8,352,870.	6,153,758.	1,314,605.	884,507.
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 (ASO 98-220)	27,000.	0.	0.	0.

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	800.	1	800.
	2 Savings and temporary cash investments	892,014.	2	4,732,865.
	3 Pledges and grants receivable, net	2,459,952.	3	1,467,808.
	4 Accounts receivable, net	0.	4	2,028.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6
	7 Notes and loans receivable, net			7
	8 Inventories for sale or use			8
	9 Prepaid expenses and deferred charges	117,232.	9	102,077.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,174,340.	10a	
	b Less: accumulated depreciation	617,977.	10b	
		736,035.	10c	556,363.
	11 Investments - publicly traded securities	3,681,293.	11	3,675,617.
	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	124,431.	15	124,431.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,011,757.	16	10,661,989.	
Liabilities	17 Accounts payable and accrued expenses	800,979.	17	654,057.
	18 Grants payable		18	
	19 Deferred revenue	375.	19	1,425.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,168,563.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	80,148.	25	66,576.
	26 Total liabilities. Add lines 17 through 25	2,050,065.	26	722,058.
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,537,804.	27	7,058,910.
	28 Temporarily restricted net assets	1,877,942.	28	1,333,189.
	29 Permanently restricted net assets	1,545,946.	29	1,547,832.
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	5,961,692.	33	9,939,931.	
34 Total liabilities and net assets/fund balances	8,011,757.	34	10,661,989.	

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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	12,460,265.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,352,870.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,107,395.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,961,692.
5	Net unrealized gains (losses) on investments	5	-128,456.
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	-700.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,939,931.

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 in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

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Schedule A (Form 990 or 990-EZ) 2015 **AND HUMAN RIGHTS**

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,795,746.	7,779,517.	6,534,353.	7,575,354.	12,978,316.	42,663,286.
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	7,795,746.	7,779,517.	6,534,353.	7,575,354.	12,978,316.	42,663,286.
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)						7,475,960.
6 Public support. Subtract line 5 from line 4						35,187,326.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	7,795,746.	7,779,517.	6,534,353.	7,575,354.	12,978,316.	42,663,286.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	57,525.	44,345.	83,540.	79,326.	127,660.	392,396.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			2,380,988.			2,380,988.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,553.	39,952.	84,281.	42,964.	15,703.	184,453.
11 Total support. Add lines 7 through 10						45,621,123.
12 Gross receipts from related activities, etc. (see instructions)					12	245,793.

13 **First five 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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	77.13 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	81.51 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 - 2014. 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"/>

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 lines 7a from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 8						
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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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 in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) 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? 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.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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. 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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).

ROBERT F. KENNEDY CENTER FOR JUSTICE

Schedule A (Form 990 or 990-EZ) 2015 AND HUMAN RIGHTS

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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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

ROBERT F. KENNEDY CENTER FOR JUSTICE

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.)

Lined area for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

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

Employer identification number

13-2522784

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

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AND HUMAN RIGHTS

Employer identification number

13-2522784

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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AND HUMAN RIGHTS

Employer identification number

13-2522784

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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

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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015
Open to Public Inspection

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		1
2 Aggregate value of contributions to (during year)	80,425.	
3 Aggregate value of grants from (during year)	34,258.	
4 Aggregate value at end of year	58,815.	
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply): <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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.	
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	2d
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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.

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

Schedule D (Form 990) 2015

13-2522784 Page 2

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 on 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	1,637,717.	1,613,249.	1,439,034.	1,398,954.	1,098,778.
b Contributions	1,886.	958.	203,483.		300,000.
c Net investment earnings, gains, and losses	-19,085.	79,370.	25,392.	93,740.	53,836.
d Grants or scholarships					
e Other expenditures for facilities and programs	57,060.	55,860.	54,660.	53,660.	53,660.
f Administrative expenses	65,468.				
g End of year balance	1,497,990.	1,637,717.	1,613,249.	1,439,034.	1,398,954.

- 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 98.96 %
 - c Temporarily restricted endowment 1.04 %
- 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 | | X |
| (ii) related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		38,368.	26,679.	11,689.
d Equipment		195,774.	90,727.	105,047.
e Other		940,198.	500,571.	439,627.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				556,363.

Schedule D (Form 990) 2015

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	66,576.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	66,576.

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

ROBERT F. KENNEDY CENTER FOR JUSTICE
AND HUMAN RIGHTS

Schedule D (Form 990) 2015

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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	12,913,374.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-128,456.	
b	Donated services and use of facilities	2b	456,713.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	124,852.	
e	Add lines 2a through 2d	2e	453,109.	
3	Subtract line 2e from line 1	3	12,460,265.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,460,265.	

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	8,935,135.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	456,713.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	125,552.	
e	Add lines 2a through 2d	2e	582,265.	
3	Subtract line 2e from line 1	3	8,352,870.	
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,352,870.	

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.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT SPECIAL EVENTS 125,552.
UNREALIZED LOSS ON CURRENCY EXCHANGE -700.

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Schedule D (Form 990) 2015

ROBERT F. KENNEDY CENTER FOR JUSTICE
AND HUMAN RIGHTS

Schedule D (Form 990) 2015

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Part XIII Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 2D 124,852.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT SPECIAL EVENTS 125,552.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

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 and 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
EUROPE	1	2	PROGRAM SERVICES	HUMAN RIGHTS EDUCATION	71,159.
EUROPE	1	2	GRANTMAKING		425,897.
SOUTH AMERICA	0	0	GRANTMAKING		10,000.
3 a Sub-total	2	4			507,056.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	2	4			507,056.

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

Schedule F (Form 990) 2015

532071 10-01-15

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

Schedule F (Form 990) 2015

13-2522784

Page 2

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH AMERICA	PROGRAM SUPPORT	10,000	WIRE TRANSFER	0		
			EUROPE	PROGRAM SUPPORT	417,165	WIRE TRANSFER	0		

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 1

3 Enter total number of other organizations or entities 2

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

Schedule F (Form 990) 2015

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Page 3

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

Part III can be duplicated if additional space is needed.

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GRANT ASSISTANCE FOR FEES	EUROPE	3	8,132	WIRE TRANSFERS	0		

ROBERT F. KENNEDY CENTER FOR JUSTICE
AND HUMAN RIGHTS

Schedule F (Form 990) 2015

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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; do not 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; do not file with Form 990) Yes No

Schedule F (Form 990) 2015

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.

PART I, LINE 2:

THE SPEAK TRUTH TO POWER/SWEDEN PROJECT COMBINES ART AND EDUCATION TO:
(1) RAISE AWARENESS ABOUT HUMAN RIGHTS, AND (2) PROVIDE INDIVIDUALS WITH
AVENUES FOR ADVOCACY AROUND HUMAN RIGHTS ISSUES. THE PROGRAM PARTNERS
WITH LOCAL NONGOVERNMENTAL ORGANIZATIONS, INTERNATIONAL ORGANIZATIONS AND
PRIVATE ENTITIES TO IMPLEMENT ITS "TOOLKIT FOR CHANGE" WHICH IS COMPRISED
OF THE FOLLOWING ELEMENTS: THE SPEAK TRUTH TO POWER BOOK, A TRAVELING
PHOTOGRAPHIC EXHIBITION, PLAY PERFORMANCES AND A HUMAN RIGHTS EDUCATION
CURRICULUM. THE PROJECT IS OVERSEEN BY THE DIRECTOR OF SPEAK TRUTH TO
POWER (STTP). THE DIRECTOR OF STTP MONITORS THE USE OF ALL GRANT FUNDS.
ALL EXPENDITURES FOR THIS PROGRAM ARE REVIEWED AND APPROVED BY THE
DIRECTOR OF STTP AND ARE PAID THROUGH THE MAIN OFFICE.

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

Schedule G (Form 990 or 990-EZ) 2015

13-2522784 Page 2

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		NEW YORK GALA (event type)	AUCTION (event type)	1 (total number)		
Revenue	1	Gross receipts	2,980,533.	1,118,411.	712,643.	4,811,587.
	2	Less: Contributions	2,755,533.	1,004,953.	495,043.	4,255,529.
	3	Gross income (line 1 minus line 2)	225,000.	113,458.	217,600.	556,058.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes			397,256.	397,256.
	6	Rent/facility costs				
	7	Food and beverages	232,865.		88,995.	321,860.
	8	Entertainment	154,529.		41,647.	196,176.
	9	Other direct expenses	22,429.	256,937.	4,984.	284,350.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,199,642.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-643,584.

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: _____

ROBERT F. KENNEDY CENTER FOR JUSTICE

Schedule G (Form 990 or 990-EZ) 2015 AND HUMAN RIGHTS

13-2522784 Page 3

- 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RFK CHILDREN'S ACTION CORPS, 11 BEACON STREET, #820 BOSTON, MA 02108	04-2457298	501(C)(3)	20,000.	0.	OTHER		ANNUAL EVENT SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table 1.

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HUMAN RIGHTS AWARD	1	30,000.	0.	OTHER	

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

PART I, LINE 2:

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

ROBERT F. KENNEDY CENTER FOR JUSTICE
AND HUMAN RIGHTS

Schedule I (Form 990)

13-2522784 Page 2

Part IV Supplemental Information

FOR HUMAN RIGHTS AND REALIZE POSITIVE CHANGE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

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

Employer identification number
13-2522784

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X
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"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization?	5b	X
If "Yes" to 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?	6a	X
b	Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2015

ROBERT F. KENNEDY CENTER FOR JUSTICE
AND HUMAN RIGHTS

Part III Supplemental Information

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

PART I, LINE 4A:

JOHN ZURICK RECIEVED SEVERANCE PAY OF \$8,815.

ROBERT F. KENNEDY CENTER FOR JUSTICE

Schedule L (Form 990 or 990-EZ) 2015 AND HUMAN RIGHTS

13-2522784 Page 2

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
JOHN ZURICK	CHIEF OPERATION OFF	19,905.	JOHN ZURICK		X
MARK FREITAS	BOARD MEMBER	34,383.	INSURANCE B		X
MARVIN S. ROSEN	BOARD MEMBER	27,271.	TELECOMMUNI		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOHN ZURICK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CHIEF OPERATION OFFICER

(C) AMOUNT OF TRANSACTION \$ 19,905.

(D) DESCRIPTION OF TRANSACTION: JOHN ZURICK IS A GREATER THAN 35% OWNER IN ZQI, INC. ZQI IS A COMPASS PROGRAM CONSULTANT.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MARK FREITAS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 34,383.

(D) DESCRIPTION OF TRANSACTION: INSURANCE BROKERAGE FIRM (MARK EDWARD PARTNERS)

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MARVIN S. ROSEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

ROBERT F. KENNEDY CENTER FOR JUSTICE
AND HUMAN RIGHTS

Schedule L (Form 990 or 990-EZ)

13-2522784 Page 2

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) AMOUNT OF TRANSACTION \$ 27,271.

(D) DESCRIPTION OF TRANSACTION: TELECOMMUNICATIONS COMPASS FOR NY OFFICE
(NBS/FUSION TELECOMMUNICATIONS INTL)

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

DMS No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	43,499.	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>DONATED GIFT</u>)	X	3,620	397,256. FAIR VALUE	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		Yes No
	b If "Yes," describe the arrangement in Part II.	30a	X
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X
	b If "Yes," describe in Part II.		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

Part II

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

SCHEDULE M, LINE 32B:

FOR THE AUCTION, THE ORGANIZATION USES A PROFESSIONAL FUNDRAISING
SERVICE TO LIST NON-CASH CONTRIBUTIONS ON THEIR AUCTION WEBSITE FOR
DONATIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

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

Employer identification number
13-2522784

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

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

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

FROM DIFFERENT REGIONS OF THE WORLD GATHER TO PARTICIPATE IN WORKSHOPS
LED BY WORLD-RENOWNED LEADERS IN THEIR FIELDS, SHARE THEIR EXPERIENCES,
AND REFLECT ON THEIR WORK, MAKING THEM MORE EFFECTIVE CHAMPIONS OF
JUSTICE WHEN THEY RETURN HOME. RFK PARTNERS FOR HUMAN RIGHTS PRESENTS
THE ANNUAL ROBERT F. KENNEDY HUMAN RIGHTS AWARD, WHICH RECOGNIZES A
COURAGEOUS INDIVIDUAL WHOSE ACTIVISM REFLECTS ROBERT KENNEDY'S BELIEF
THAT EVERY INDIVIDUAL CAN MAKE A DIFFERENCE AND ANCHORS ALL OF PHR'S
WORK BY COLLABORATING WITH THESE REMARKABLE INDIVIDUALS ON THE GROUND.
THE AWARD'S RECIPIENTS ENTER MULTI-YEAR PARTNERSHIPS WITH ROBERT F.
KENNEDY HUMAN RIGHTS, STRENGTHENING THEIR ABILITY TO MAKE GENTLER THE
LIFE OF THE WORLD.

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

STUDENTS WORLDWIDE. STTP SEEKS EDUCATIONAL PARTNERS SUCH AS TEACHERS'
ORGANIZATIONS AND UNIONS, FOUNDATIONS AND EDUCATIONAL OFFICIALS TO
BRING THE CURRICULUM TO MORE CLASSROOMS. CONTINUALLY EXPANDING ITS
REACH IN THE US AND ABROAD, RECENT AND PLANNED EXPANSIONS INCLUDE

Name of the organization **ROBERT F. KENNEDY CENTER FOR JUSTICE
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CANADA, FRANCE, RWANDA, SPAIN, SWEDEN AND SWITZERLAND AND IN MAJOR CITIES THROUGHOUT THE US. A MODEL, TRAINING LAW STUDENTS TO TEACH STTP IN MIDDLE AND HIGH SCHOOLS WAS LAUNCHED IN PARTNERSHIP WITH AMERICAN UNIVERSITY'S WASHINGTON COLLEGE OF LAW. CURRICULA ARE ADDED AND UPDATED TO ADDRESS CONTEMPORARY SOCIAL ISSUES SUCH AS BULLYING, OFFERING IDEAS, AND RESOURCES TO IMPLEMENT CHANGE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
MANAGERS, POLICY MAKERS AND THOUGHT LEADERS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SPECIAL PROGRAMS: THE BOOK AND JOURNALISM AWARDS HONOR AUTHORS AND JOURNALISTS FOR EXCELLENCE IN REPORTING AND WRITING ON ISSUES OF CONCERN TO ROBERT KENNEDY - HUMAN RIGHTS, SOCIAL JUSTICE, CIVIL RIGHTS, THOSE WHO ARE MAKING A DIFFERENCE
EXPENSES \$ 156,141. INCLUDING GRANTS OF \$ 14,000. REVENUE \$ 25,934.

COMMUNICATIONS
EXPENSES \$ 345,109. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RFK EUROPE
EXPENSES \$ 826,047. INCLUDING GRANTS OF \$ 417,765. REVENUE \$ 0.

JUVENILE JUSTICE COLLABORATIVE: PARTNERING WITH THE RFK CHILDREN'S ACTION CORPS IN BOSTON, THE COLLABORATIVE COMBINES THE ADVOCACY POWER OF THE RFK CENTER WITH THE DIRECT SERVICE EXPERIENCE AND BEST PRACTICES OF THE ACTION CORPS TO INCREASE NATIONAL ATTENTION ON JUVENILE JUSTICE ISSUES, SPECIFICALLY FOCUSING ON THE NEEDS OF YOUTH RE-ENTERING THEIR

Name of the organization	ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS	Employer identification number	13-2522784
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COMMUNITIES AFTER PERIODS OF CONFINEMENT, INCARCERATION, OR OUT-OF-HOME PLACEMENT. THE COLLABORATIVE BRINGS THE VOICE OF THE IMPACTED YOUTH TO ADVOCACY AND EDUCATES DECISION MAKERS ABOUT THE IMPORTANCE OF EFFECTIVE POLICIES AND RESOURCES TO SUPPORT THE RE-ENTERING YOUTH. AVAILABILITY OF EDUCATION, JOB TRAINING, AND HOUSING ALL PLAY KEY ROLES IN THE SUCCESS OF YOUTH TRYING TO TRANSITION TO INDEPENDENCE AND SHOULD BE PART OF ANY COMPREHENSIVE PLAN ADDRESSING JUVENILE JUSTICE ISSUES. EXPENSES \$ 117,732. INCLUDING GRANTS OF \$ 20,000. REVENUE \$ 0.

RFK LEGACY PROGRAM'S PURPOSE IS TO EDUCATE NEW AUDIENCES ABOUT ROBERT KENNEDY'S LIFE AND WORK, FOCUSING ON THE EFFECT OF HIS WORK AND HOW HIS EFFORTS AND BELIEFS RELATE TO TODAY'S ISSUES, USING AN ONLINE CURRICULUM, THE NEW WEBSITE, A PHOTO ARCHIVE AND A TRAVELING EDUCATIONAL EXHIBIT. IT IS PRIMARILY AN EDUCATIONAL INITIATIVE TO INSPIRE NEW GENERATIONS TO ACT AND TO MAKE A DIFFERENCE. EXPENSES \$ 235,314. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

ETHEL KENNEDY, KERRY KENNEDY, JOE KENNEDY III, AND MATT KENNEDY ALL SERVED ON THE BOARD OF DIRECTORS DURING THE TAX YEAR AND HAVE A FAMILY RELATIONSHIP.

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

AN ACCOUNTING FIRM PREPARES THE FORM 990 AND THE DRAFT IS REVIEWED BY THE OUTSOURCED CPA ACCOUNTANT AND THE RFK ACCOUNTANT, AND THEY COMPARE THE DRAFT TO THE AUDITED FINANCIAL STATEMENTS. THE OUTSOURCED CPA 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

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

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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 OPERATION OFFICER, & EXECUTIVE DIRECTOR'S COMPENSATION ARE REVIEWED AND APPROVED BY THE CHAIRMAN OF THE BOARD. THE CHAIRMAN USES FORM 990S OF OTHER ORGANIZATIONS, COMPENSATION SURVEYS, AND OTHER MEANS TO DETERMINE THE REASONABLENESS OF THEIR COMPENSATION. THE BOARD APPROVES AND DOCUMENTS THE COMPENSATION OF THE ONLY BOARD MEMBER WHO IS A KEY EMPLOYEE. THE PRESIDENT, CHIEF OPERATION OFFICER, & EXECUTIVE DIRECTOR DETERMINES THE COMPENSATION OF THE OTHER STAFF USING BUDGET GUIDELINES AS APPROVED AND DOCUMENTED BY THE BOARD. THE COMPENSATION WAS LAST REVIEWED IN 2015.

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

AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC. THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

SERVICES FOR COMMUNICATIONS:

PROGRAM SERVICE EXPENSES	23,124.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	23,124.

SERVICES FOR BOOK & JOURNALISM:

PROGRAM SERVICE EXPENSES	71,451.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	71,451.

SERVICES FOR LEGACY:

PROGRAM SERVICE EXPENSES	97,785.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	97,785.

SERVICES FOR JUVENILE JUSTICE:

PROGRAM SERVICE EXPENSES	93,072.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	93,072.

SERVICES FOR PARTNER FOR HUMAN RIGHTS:

502112 09-03-15

Name of the organization	ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS	Employer identification number	13-2522784
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PROGRAM SERVICE EXPENSES	183,345.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	183,345.
SERVICES FOR YOUNG LEADERS:	
PROGRAM SERVICE EXPENSES	1,610.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,610.
SERVICES FOR SPEAK TRUTH TO POWER:	
PROGRAM SERVICE EXPENSES	592,952.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	592,952.
SERVICES FOR RFK EUROPE:	
PROGRAM SERVICE EXPENSES	7,642.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,642.
SERVICES FOR COMPASS:	
PROGRAM SERVICE EXPENSES	99,747.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	99,747.

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

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	46,486.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	46,486.

ZQI CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	15,994.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,994.

PAYROLL SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	9,422.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,422.

DATABASE SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	32,200.
FUNDRAISING EXPENSES	8,820.
TOTAL EXPENSES	41,020.

EXECUTIVE SEARCH SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	99,546.

Name of the organization	ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS	Employer identification number 13-2522784
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 99,546.

CLEANING SERVICES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 6,576.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 6,576.

PROFESSIONAL SERVICES (AUCTION):

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 900.

FUNDRAISING EXPENSES -331,430.

TOTAL EXPENSES -330,530.

RECYCLING SERVICES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 37.

FUNDRAISING EXPENSES 310.

TOTAL EXPENSES 347.

PHOTOGRAPHY SERVICES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 855.

FUNDRAISING EXPENSES 6,970.

TOTAL EXPENSES 7,825.

SECURITY MONITORING SERVICES:

Name of the organization	ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS	Employer identification number	13-2522784
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PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	854.
FUNDRAISING EXPENSES	2,450.
TOTAL EXPENSES	3,304.

DESIGN SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,898.
FUNDRAISING EXPENSES	9,844.
TOTAL EXPENSES	13,742.

CAR SERVICE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	460.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	460.

PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	181,504.
TOTAL EXPENSES	181,504.

PRESS SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,500.
TOTAL EXPENSES	1,500.

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

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	280,455.
TOTAL EXPENSES	280,455.

TEMP SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	6,102.
TOTAL EXPENSES	6,102.

MEDIA SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	730.
TOTAL EXPENSES	730.

REGISTRATION SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	13,013.
TOTAL EXPENSES	13,013.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,568,224.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED LOSS FROM CURRENCY EXCHANGE	-700.
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IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning _____, 2015, and ending _____, 20__

2015

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

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

13-2522784

Name and title of officer
**MICHAEL SCHREIBER
COO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>12,460,265.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP

ERO firm name

to enter my PIN 20036

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 7-22-2016

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54263942639

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 7-19-2016

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**