

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

2018

Open to Public Inspection

Form 990

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS		D Employer identification number 13-2522784
	Doing business as ROBERT F. KENNEDY HUMAN RIGHTS		E Telephone number (202) 545-6671
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 48,425,749.
	1300 19TH STREET, NW	750	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: MICHAEL SCHREIBER SAME AS C ABOVE			H(c) Group exemption number ▶
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			
J Website: ▶ WWW.RFKHUMANRIGHTS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1968 M State of legal domicile: DC

Part I Summary

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 36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 35
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 40
	6 Total number of volunteers (estimate if necessary)	6 70
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 38	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 9,690,229. Current Year 42,942,139.
	9 Program service revenue (Part VIII, line 2g)	23,776. 26,402.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	289,572. 349,495.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-764,513. -201,124.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,239,064. 43,116,912.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	460,369. 298,100.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,691,433. 4,624,391.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	366,000. 443,600.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,953,401.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,841,260. 5,352,862.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,359,062. 10,718,953.	
19 Revenue less expenses. Subtract line 18 from line 12	1,880,002. 32,397,959.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 15,854,950. End of Year 55,140,274.
	21 Total liabilities (Part X, line 26)	849,383. 8,577,485.
	22 Net assets or fund balances. Subtract line 21 from line 20	15,005,567. 46,562,789.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	MICHAEL SCHREIBER, CHIEF OPERATING OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KAREN GRIES	Preparer's signature <i>Karen Gries</i>	Date 11/5/19	Check if self-employed <input type="checkbox"/>	PTIN P00078514
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's address ▶ 901 N. GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203	Firm's EIN ▶ 41-0746749	Phone no. 571-227-9500	

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

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 \$ 2,530,404. including grants of \$ 167,500.) (Revenue \$ 0.)

PARTNERS FOR HUMAN RIGHTS (PHR):

THE ROBERT F. KENNEDY PARTNERS FOR HUMAN RIGHTS (RFK PHR) IS THE ORGANIZATION'S ADVOCACY AND LITIGATION ARM. RFK PHR LEVERAGES PROFESSIONAL HUMAN RIGHTS STAFF, THE ORGANIZATION BOARD, KENNEDY FAMILY, AND THEIR NETWORKS TO ADVOCATE FOR THE CHANGE THE ORGANIZATION'S PARTNER ACTIVISTS SEEK; THESE INCLUDE CHANGING POLICIES AND ACTIONS OF GOVERNMENTS, INTERGOVERNMENTAL ORGANIZATIONS, INTERNATIONAL FINANCIAL INSTITUTIONS (IFIS), UN ENTITIES, AND CORPORATIONS. RFK PHR USES CUTTING EDGE METHODS AND INNOVATIVE TOOLS INCLUDING LITIGATION, ADVOCACY, EDUCATION, DATA COLLECTION, AND DOCUMENTING AND REPORTING ABUSES, AND LAUNCHING AWARENESS AND EDUCATION CAMPAIGNS AIMED AT FOSTERING CORPORATE RESPONSIBILITY TO ACHIEVE SOCIAL

4b (Code:) (Expenses \$ 1,169,012. including grants of \$ 0.) (Revenue \$ 0.)

SPEAK TRUTH TO POWER (STTP):

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

4c (Code:) (Expenses \$ 937,272. including grants of \$ 0.) (Revenue \$ 0.)

RFK LEGACY:

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ 1,949,083. including grants of \$ 130,600.) (Revenue \$ 26,402.)

4e Total program service expenses 6,585,771.

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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		84
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?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		40
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?		X
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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
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	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
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.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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
7b	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:		
8a	a The governing body?	X	
8b	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
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AK, AL, AR, AZ, CA, CT, FL, GA, IL, KS, KY, MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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) 545-6671
1300 19TH STREET NW, SUITE 750, WASHINGTON, DC 20036

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) ETHEL KENNEDY FOUNDER	2.00	X		X				0.	0.	0.
(2) ROBERT F. SMITH BOARD CHAIR	2.00	X		X				0.	0.	0.
(3) TERRY MAZANY CO-VICE CHAIR	2.00	X		X				0.	0.	0.
(4) ANTHONY WILLIAMS TREASURER & SECRETARY	2.00	X		X				0.	0.	0.
(5) FRANK A. BAKER BOARD MEMBER	2.00	X						0.	0.	0.
(6) PETER BARBEY BOARD MEMBER	2.00	X						0.	0.	0.
(7) HARRY BELAFONTE BOARD MEMBER	2.00	X						0.	0.	0.
(8) TONIO BURGOS BOARD MEMBER	2.00	X						0.	0.	0.
(9) TIM COOK BOARD MEMBER	2.00	X						0.	0.	0.
(10) DR. STEPHEN DECHERNEY BOARD MEMBER	2.00	X						0.	0.	0.
(11) PETER B. EDELMAN BOARD MEMBER	2.00	X						0.	0.	0.
(12) MARK E. FREITAS BOARD MEMBER	2.00	X						0.	0.	0.
(13) MARK GEARAN BOARD MEMBER	2.00	X						0.	0.	0.
(14) KENNETH GOLDMAN BOARD MEMBER	2.00	X						0.	0.	0.
(15) CLAUDIO GROSSMAN BOARD MEMBER	2.00	X						0.	0.	0.
(16) PHILIP W. JOHNSTON BOARD MEMBER	2.00	X						0.	0.	0.
(17) JOSEPH KENNEDY, III BOARD MEMBER	2.00	X						0.	0.	0.

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

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) NICLAS KJELLSTROM-MATSEKE BOARD MEMBER	2.00	X					0.	0.	0.	
(19) MARIALINA MARCUCCI BOARD MEMBER	2.00	X					0.	0.	0.	
(20) ELISA MASSIMINO BOARD MEMBER	2.00	X					0.	0.	0.	
(21) KAREN MEHIEL BOARD MEMBER	2.00	X					0.	0.	0.	
(22) B. SCOTT MINERD BOARD MEMBER	2.00	X					0.	0.	0.	
(23) JAMES J. PINTO BOARD MEMBER	2.00	X					0.	0.	0.	
(24) MICHAEL H. POSNER BOARD MEMBER	2.00	X					0.	0.	0.	
(25) JOHN W. ROGERS BOARD MEMBER	2.00	X					0.	0.	0.	
(26) MARVIN S. ROSEN BOARD MEMBER	2.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							2,015,171.	0.	340,724.	
d Total (add lines 1b and 1c)							2,015,171.	0.	340,724.	

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 **10**

	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 EXPERIENCE, LLC 9007 OAK PLACE, BETHESDA, MD 20817	EVENT CONSULTANT	443,600.
REVOLVE IMPACT, 10800 PEACH GROVE STREET, #3, NORTH HOLLYWOOD, CA 91601	CAMPAIGN MANAGEMENT/CONSULTAN	182,000.

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

**ROBERT F. KENNEDY CENTER FOR JUSTICE
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Form 990

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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 (check all that apply)						(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			
(27) TODD RUPPERT BOARD MEMBER	2.00	X						0.	0.	0.
(28) MALIKA SAADA SAAR BOARD MEMBER	2.00	X						0.	0.	0.
(29) JEFFREY A. SACHS BOARD MEMBER	2.00	X						0.	0.	0.
(30) HENRY S. SCHLEIFF BOARD MEMBER	2.00	X						0.	0.	0.
(31) MARTIN SHEEN BOARD MEMBER	2.00	X						0.	0.	0.
(32) PEDRO TORRES-MACKIE BOARD MEMBER	2.00	X						0.	0.	0.
(33) DONATO J. TRAMUTO BOARD MEMBER	2.00	X						0.	0.	0.
(34) BARRY VOLPERT BOARD MEMBER	2.00	X						0.	0.	0.
(35) JAMES WIATT BOARD MEMBER	2.00	X						0.	0.	0.
(36) KERRY KENNEDY PRESIDENT OF RFKHR	37.50	X	X					555,388.	0.	41,616.
(37) MICHAEL SCHREIBER CHIEF OPERATING OFFICER	37.50	X	X					458,245.	0.	56,624.
(38) LYNN DELANEY SENIOR ADVISER/EXECUTIVE DIRECTOR	37.50	X	X					265,577.	0.	50,320.
(39) ANGELITA BAEYENS PROGRAM DIRECTOR, ADVOCACY & LITIGAT	37.50				X			137,416.	0.	37,058.
(40) WADE MCMULLEN MANAGING ATTORNEY, ADVOCACY & LITIGA	37.50				X			147,835.	0.	24,939.
(41) SANCIA DALLEY SENIOR VP, STRATEGIC PARTNERSHIPS	37.50				X			171,409.	0.	20,180.
(42) KAREN ROBINSON-CLOETE SENIOR EDUCATION & TRAINING MANAGER	37.50				X			113,677.	0.	46,368.
(43) JOHN HEFFERNAN DIRECTOR, STTP PROGRAMS	37.50				X			165,624.	0.	63,619.
Total to Part VII, Section A, line 1c								2,015,171.		340,724.

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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	6,429,842.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	36,512,297.			
	g Noncash contributions included in lines 1a-1f: \$		1,360,501.			
	h Total. Add lines 1a-1f		42,942,139.			
Program Service Revenue	2 a AWARD ENTRY FEES	Business Code 900099	26,402.	26,402.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		26,402.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		324,465.		324,465.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	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		4,132,997.		
		c Gain or (loss)		25,030.		
	d Net gain or (loss)		25,030.		25,030.	
	8 a Gross income from fundraising events (not including \$ 6,429,842. of contributions reported on line 1c). See Part IV, line 18	a	969,579.			
		b Less: direct expenses	b	1,175,840.		
c Net income or (loss) from fundraising events			-206,261.		-206,261.	
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 INCOME	900099	5,137.		5,137.		
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d		5,137.				
12 Total revenue. See instructions		43,116,912.	26,402.	0.	148,371.	

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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 X

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 ...	167,500.	167,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	13,000.	13,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	117,600.	117,600.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,427,770.	606,177.	328,827.	492,766.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,225,174.	1,395,487.	751,662.	78,025.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	107,989.	69,620.	31,696.	6,673.
9 Other employee benefits	644,759.	374,618.	176,431.	93,710.
10 Payroll taxes	218,699.	124,865.	59,449.	34,385.
11 Fees for services (non-employees):				
a Management				
b Legal	17,450.		17,450.	
c Accounting	31,253.		31,253.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	443,600.			443,600.
f Investment management fees	53,493.		53,493.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,376,822.	1,628,808.	359,614.	388,400.
12 Advertising and promotion				
13 Office expenses	257,415.	63,136.	126,376.	67,903.
14 Information technology	104,184.	37,413.	56,896.	9,875.
15 Royalties				
16 Occupancy	575,218.	3,606.	568,594.	3,018.
17 Travel	448,899.	237,352.	185,502.	26,045.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,049,478.	898,555.	83,008.	67,915.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	135,475.	70,353.	59,108.	6,014.
23 Insurance	41,021.		41,021.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	94,070.	31,810.	47,750.	14,510.
b OTHER GRANT RELATED EXP	50,014.	49,014.	1,000.	
c BAD DEBT EXPENSE	45,267.			45,267.
d INDIRECT COSTS	0.	637,750.	-812,375.	174,625.
e All other expenses	72,803.	59,107.	13,026.	670.
25 Total functional expenses. Add lines 1 through 24e	10,718,953.	6,585,771.	2,179,781.	1,953,401.
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 if following SOP 98-2 (ASC 958-720)

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

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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	7,638,993.	1	7,417,987.	
	2 Savings and temporary cash investments	232,842.	2	1,252,006.	
	3 Pledges and grants receivable, net	2,266,720.	3	3,648,732.	
	4 Accounts receivable, net	44,589.	4	1,529,750.	
	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	169,912.	9		143,147.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,788,650.			
	b Less: accumulated depreciation	10b 1,174,413.	296,028.	10c	614,237.
	11 Investments - publicly traded securities	5,144,490.	11		9,657,593.
	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	61,376.	15		30,876,822.
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,854,950.	16		55,140,274.	
Liabilities	17 Accounts payable and accrued expenses	668,148.	17	951,910.	
	18 Grants payable		18		
	19 Deferred revenue	750.	19	600.	
	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			23	
	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	180,485.	25		7,624,975.
	26 Total liabilities. Add lines 17 through 25	849,383.	26		8,577,485.
Net Assets or Fund Balances	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	9,850,041.	27	11,989,369.	
	28 Temporarily restricted net assets	3,473,203.	28	32,187,275.	
	29 Permanently restricted net assets	1,682,323.	29	2,386,145.	
	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	15,005,567.	33		46,562,789.	
34 Total liabilities and net assets/fund balances	15,854,950.	34		55,140,274.	

Form 990 (2018)

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	43,116,912.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,718,953.
3	Revenue less expenses. Subtract line 2 from line 1	3	32,397,959.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,005,567.
5	Net unrealized gains (losses) on investments	5	-840,737.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	46,562,789.

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? 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		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,575,354.	12,978,316.	10,496,055.	9,690,229.	42,717,364.	83,457,318.
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	7,575,354.	12,978,316.	10,496,055.	9,690,229.	42,717,364.	83,457,318.
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)						10,329,546.
6 Public support. Subtract line 5 from line 4.						73,127,772.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	7,575,354.	12,978,316.	10,496,055.	9,690,229.	42,717,364.	83,457,318.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	79,326.	127,660.	96,321.	158,271.	324,465.	786,043.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	42,964.	15,703.	1,742.	94.	5,137.	65,640.
11 Total support. Add lines 7 through 10						84,309,001.
12 Gross receipts from related activities, etc. (see instructions)					12	219,592.

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 2018 (line 6, column (f) divided by line 11, column (f))	14	86.74 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	74.01 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18%.

- 19a 33 1/3% support tests - 2018. 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.
19b 33 1/3% support tests - 2017. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?	11a	
b A family member of a person described in (a) above?	11b	
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.	11c	

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.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

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).	1	

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?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
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.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
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.		
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.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
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.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:	\$		
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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.)

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

OMB No. 1545-0047

2018

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

[X] 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

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

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

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

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

Name of organization ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS	Employer identification number 13-2522784
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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	_____ _____ _____	\$ <u>3,704,995.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,117,024.</u>	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 ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS	Employer identification number 13-2522784
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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	Employer identification number 13-2522784
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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)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (X) Yes, 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? (X) Yes.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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. 1b 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 (Amount: 41,950).

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

Schedule D (Form 990) 2018

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	1,733,452.	1,564,752.	1,497,990.	1,637,717.	1,613,249.
b Contributions	703,822.	121,126.	78,833.	1,886.	958.
c Net investment earnings, gains, and losses	-87,159.	126,148.	67,428.	-19,085.	79,370.
d Grants or scholarships					
e Other expenditures for facilities and programs	68,861.	78,574.	79,499.	57,060.	55,860.
f Administrative expenses				65,468.	
g End of year balance	2,281,254.	1,733,452.	1,564,752.	1,497,990.	1,637,717.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment .00 %

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?	3b	

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		458,059.	65,405.	392,654.
d Equipment		312,123.	147,071.	165,052.
e Other		1,018,468.	961,937.	56,531.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				614,237.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEPOSITS	19,426.
(2) OTHER ASSETS	1,650.
(3) FINE ART	40,300.
(4) BENEFICIAL INTEREST IN REMAINDER TRUST	23,715,176.
(5) RECEIVABLE FROM INSURANCE TRUST	7,100,270.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	30,876,822.

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	524,705.
(3) GUARANTOR DEBT TO INS TRUSTS	7,100,270.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,624,975.

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

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	42,822,635.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-840,737.
b	Donated services and use of facilities	2b	599,953.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-240,784.
3	Subtract line 2e from line 1	3	43,063,419.
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	53,493.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	53,493.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	43,116,912.

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

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

1	Total expenses and losses per audited financial statements	1	11,265,413.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	599,953.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	599,953.
3	Subtract line 2e from line 1	3	10,665,460.
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	53,493.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	53,493.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,718,953.

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 X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)
OF THE INTERNAL REVENUE CODE AS A SECTION 501(A) ORGANIZATION. THE

Part XIII Supplemental Information *(continued)*

INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE ORGANIZATION IS A PUBLICLY SUPPORTED ORGANIZATION. HOWEVER, SHOULD THE ORGANIZATION HAVE INCOME FROM ACTIVITIES NOT DIRECTLY RELATED TO ITS TAX-EXEMPT PURPOSE, SUCH INCOME WOULD BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017.

THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW BY FEDERAL, STATE AND LOCAL AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS.

**SCHEDULE 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.

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

OMB No. 1545-0047

2018

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 the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE	1	1	PROGRAM SERVICES	THE ORGANIZATION WORKS WITH RFK EUROPE, LOCATED IN ITALY, ADVISING ON ITS HUMAN RIGHTS	220,494.
3 a Subtotal	1	1			220,494.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	1			220,494.

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	PROGRAM SUPPORT	117,600	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 0

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

THROUGH CONTINUED CLOSE PARTNERSHIP WITH THE ORGANIZATIONS AND CONDUCTED SITE VISITS TO MONITOR THE USE OF THE GRANTS.

PART I, LINE 3, COLUMN (E):

REGION: EUROPE

(E) SPECIFIC TYPES OF SERVICES IN REGION: THE ORGANIZATION WORKS WITH RFK EUROPE, LOCATED IN ITALY, ADVISING ON ITS HUMAN RIGHTS INITIATIVE TO BRING STTP TO ITALIAN AND OTHER EUROPEAN CLASSROOMS AND COLLABORATING ON ADVOCACY AND CURRICULUM PROJECTS.

ROBERT F. KENNEDY CENTER FOR JUSTICE

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
	RIPPLE OF HOPE GALA (event type)	GOLF TOURNAMENT (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue				
1 Gross receipts	6,483,716.	915,705.		7,399,421.
2 Less: Contributions	5,889,362.	540,480.		6,429,842.
3 Gross income (line 1 minus line 2)	594,354.	375,225.		969,579.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes		283,499.		283,499.
6 Rent/facility costs				
7 Food and beverages	529,415.	103,123.		632,538.
8 Entertainment	88,596.	117,811.		206,407.
9 Other direct expenses	45,090.	8,306.		53,396.
10 Direct expense summary. Add lines 4 through 9 in column (d)				1,175,840.
11 Net income summary. Subtract line 10 from line 3, column (d)				-206,261.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law 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 G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: TAYLORMADE EXPERIENCE, LLC
 (I) ADDRESS OF FUNDRAISER: 9007 OAK PLACE, BETHESDA, MD 20817
 (II) ACTIVITY: GOLF TOURNAMENT, ROH GALA, HUMAN RIGHTS AWARDS, BOOK & JOURN

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

2018

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
YOUTH REPRESENT 11 PARK PLACE, SUITE 1512 NEW YORK, NY 10007	20-8034010	501(C)(3)	15,000.	0.			GRANT TO SUPPORT BAIL REFORM
STEALTH FUND 400 POYDRAS ST, SUITE 130 NEW ORLEANS, LA 70112	82-1432209	501(C)(3)	30,000.	0.			GRANT TO SUPPORT BAIL REFORM
ST. MARK'S EPISCOPAL CATHEDRAL 1245 10TH AVE, EAST SEATTLE, WA 98102	91-0579230	501(C)(3)	30,000.	0.			GRANT TO SUPPORT BAIL REFORM
COMMUNITY BAIL FUND OF NORTH TEXAS 4841 TREMONT ST, #6 DALLAS, TX 75246	75-2945359	501(C)(3)	30,000.	0.			GRANT TO SUPPORT BAIL REFORM
FREEDOM FOR IMMIGRANTS 1322 WEBSTER ST, SUITE 300 OAKLAND, CA 94612	80-0875881	501(C)(3)	22,500.	0.			GRANT TO SUPPORT BAIL REFORM
TEOCALLI SACRED HEART OF THE MOUNTAIN - 8202 DAHLIA ST. - HENDERSON, CO 80640	47-3120615	501(C)(3)	10,000.	0.			HUMAN RIGHTS AWARDS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **9.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2018)

ROBERT F. KENNEDY CENTER FOR JUSTICE
AND HUMAN RIGHTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WE DREAM NETWORK, INC. 1900 L ST, NW, #900 WASHINGTON, DC 20036	46-2216565	501(C)(3)	10,000.	0.			HUMAN RIGHTS AWARDS
COLOR OF CHANGE 1714 FRANKLIN ST, #100-136 OAKLAND, CA 94612	20-4496889	501(C)(3)	10,000.	0.			HUMAN RIGHTS AWARDS
MARCH FOR OUR LIVES ACTION FUND 16130 VENTURA BLVD, #320 ENCINO, CA 91436	82-4535615	501(C)(3)	10,000.	0.			HUMAN RIGHTS AWARDS

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

13-2522784

Schedule I (Form 990) (2018)

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BOOK & JOURNALISM AWARDS WINNERS	12	13,000.	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

Part IV Supplemental Information

FOR HUMAN RIGHTS AND REALIZE POSITIVE CHANGE.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>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:</p> <p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	X								
<p>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:</p> <p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>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</p>	8	X								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2018

Part III Supplemental Information

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

PART I, LINE 7:

- BONUSES WERE DETERMINED BY ALLOCATION OF A POOL OF \$325,000 WHICH WAS
THEN APPLIED TO THE PERFORMANCE RANKS TO ALLOW FOR BONUS AWARDS OF EITHER
3%, 15% OR 20%. BONUS COMPENSATION FOR LYNN, KERRY AND MICHAEL WERE
DETERMINED BY THE BOARD & FINANCE COMMITTEE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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

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

Part I	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	6	1,077,002.	AVERAGE SALE PRICE
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 (EVENT PRIZES)	X	1,512	283,499.	COMPARABLE SALES
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** **0**

	Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE M, LINE 32B:

FOR THE AUCTION, RFK USES A PROFESSIONAL FUNDRAISING SERVICE TO LIST
NON-CASH CONTRIBUTIONS ON THEIR AUCTION WEBSITE FOR DONATIONS. IN 2018,
RFK RECEIVED NON-CASH CONTRIBUTION FROM 1,512 CONTRIBUTORS

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.

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

OMB No. 1545-0047

2018

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

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

**IN 2018, THE ORGANIZATION UNDERTOOK A NEW PROGRAM: RFK UNITED KINGDOM -
RFK SUPPORTS THE DEVELOPMENT OF HUMAN RIGHTS EDUCATIONAL PROGRAMS BOTH
IN SCHOOLS AND WITHIN THE GENERAL PUBLIC SPACE.**

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

**JUSTICE GOALS. THE UNIQUE PARTNERSHIP MODEL REPRESENTS AN EFFECTIVE,
SUSTAINABLE METHOD FOR SUPPORTING HUMAN RIGHTS. OUR PROGRAM WORKS BOTH
DOMESTICALLY AND ABROAD. OUR DOMESTIC WORK AIMS AT USING PUBLIC POLICY
CHANGE, ADVOCACY, AND INNOVATIVE TECHNIQUES TO PUT LASTING LEGAL CHANGE
IN PLACE FOR COMPLEX SOCIETAL ISSUES. OUR DOMESTIC WORK HAS BEEN AIMED
AT REDUCING THE POPULATION OF INDIVIDUALS' INCARCERATED PRE-TRIAL.
THROUGH CAMPAIGNS, ADVOCACY AND STRATEGIC LITIGATION WE HELP DECREASE
THE SYSTEMIC RELIANCE ON MONEY BAIL AND POSITIVELY IMPACT THE
CRIMINALIZATION OF POVERTY IN THE UNITED STATES. OUR JUVENILE JUSTICE
COLLABORATIVE WORK HAS BEEN ABSORBED INTO THE DOMESTIC PHR PORTFOLIO.**

Name of the organization	ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS	Employer identification number	13-2522784
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

EDUCATION CURRICULUM, WHICH HAS BEEN TAUGHT TO WELL OVER ONE MILLION 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 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 4D, OTHER PROGRAM SERVICES:

COMMUNICATIONS:

THE COMMUNICATION DEPARTMENT PRODUCES ORGANIZATIONAL LITERATURE SUCH AS BROCHURES, REPORTS, INFORMATION KITS, ETC. FOR THE ORGANIZATION IN GENERAL, AND FOR SPECIFIC PROGRAMS IN PARTICULAR THAT CAN BE USED FOR OUTREACH TO NEW AND EXISTING CONSTITUENCIES, DEVELOPMENT PURPOSES, AND MEDIA OUTREACH AND EDUCATION.

EXPENSES \$ 563,006. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RFK COMPASS PROGRAM:

RFK COMPASS PROGRAM HOSTS ANNUAL CONFERENCES DESIGNED TO HELP INVESTMENT OFFICERS AND TRUSTEES OF PUBLIC AND CORPORATE PENSION FUNDS, ENDOWMENTS, SOVEREIGN WEALTH FUNDS AND NOTABLE FAMILY OFFICES TO FULFILL THEIR FIDUCIARY DUTIES AND MEET THE CHALLENGES OF INVESTING TODAY. THE PROGRAM WAS LAUNCHED IN 2010 TO BRING TOGETHER THESE

Name of the organization	ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS	Employer identification number	13-2522784
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INVESTMENT PROFESSIONALS TO DISCUSS THE EVOLVING ROLE OF LONG-TERM ASSET OWNERSHIP AND WAYS TO DELIVER SUPERIOR RISK-ADJUSTED RETURNS WITH CONSIDERATIONS FOR HUMAN AND LABOR RIGHTS, CORPORATE GOVERNANCE, AND ENVIRONMENTAL AND SOCIETAL RESPONSIBILITY AS CRUCIAL ELEMENTS OF INVESTMENT MANAGEMENT. RFK COMPASS DISTINGUISHES ITSELF FROM OTHER INVESTMENT CONFERENCES BY HOSTING INVITATION-ONLY, MEDIA FREE GATHERINGS THAT ALLOW FOR DIRECT ENGAGEMENT WITH PEERS, TOP MANAGERS, POLICY MAKERS AND THOUGHT LEADERS.

EXPENSES \$ 648,983. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RFK YOUNG LEADERS:

RFK YOUNG LEADERS (RFKYL) IS DEDICATED TO EMPOWERING YOUNG HUMAN RIGHTS DEFENDERS AND MOBILIZING A DIVERSE COMMUNITY OF YOUNG PEOPLE TO TAKE ACTION FOR SOCIAL JUSTICE AND HUMAN RIGHTS. THE RFKYL NETWORK OF VOLUNTEERS INCLUDES YOUNG PROFESSIONALS FROM A WIDE RANGE OF FIELDS WHO SHARE A COMMITMENT TO EFFECTING CHANGE IN CREATIVE AND MEANINGFUL WAYS. RFKYL HAS CREATED AN APP TO IMPROVE HEALTHCARE IN THE UNITED STATES GULF COAST, ADVOCATED FOR FARMWORKERS RIGHTS IN NEW YORK, AND HOSTED DISCUSSIONS WITH SOME OF THE WORLD'S LEADING HUMAN RIGHTS ACTIVISTS. RFKYL CURRENTLY HAS CHAPTERS IN NEW YORK CITY AND WASHINGTON, DC, WHICH SUPPORT LOCAL HUMAN RIGHTS INITIATIVES, ORGANIZE VOLUNTEER ACTIVITIES AND HOLD EVENTS.

EXPENSES \$ 341,072. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

EXPENSES \$ 151,576. INCLUDING GRANTS OF \$ 13,000. REVENUE \$ 26,402.

RFK UNITED KINGDOM

THE ORGANIZATION SUPPORTS THE DEVELOPMENT OF HUMAN RIGHTS EDUCATIONAL
PROGRAMS BOTH IN SCHOOLS AND WITHIN THE GENERAL PUBLIC SPACE. THE
PRIMARY EFFORTS ARE ALIGNED AROUND THE DEVELOPMENT OF A MAJOR HUMAN
RIGHTS FESTIVAL WHICH WILL BE DELIVERED IN PARTNERSHIP WITH A LOCAL
MUNICIPAL GOVERNMENT AND SET OF WELL-ESTABLISHED LOCAL ADVOCACY
ORGANIZATIONS.

EXPENSES \$ 125,472. INCLUDING GRANTS OF \$ 117,600. REVENUE \$ 0.

RFK EUROPE:

RFK EUROPE, LOCATED IN ITALY, WORKS WITH THE ORGANIZATION ADVISING ON
ITS HUMAN RIGHTS INITIATIVE. BRINGING STTP TO ITALIAN AND OTHER
EUROPEAN CLASSROOMS AND COLLABORATING ON ADVOCACY AND CURRICULUM
PROJECTS.

EXPENSES \$ 118,974. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

COMPOSITION: THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE FOUNDER, CHAIR,
VICE CHAIR(S), PRESIDENT, SECRETARY, TREASURER, CHAIRS OF THE FOUR STANDING
COMMITTEES OF THE BOARD, AND SUCH OTHER DIRECTORS AS THE BOARD SHALL ELECT
BY MAJORITY VOTE OF THE DIRECTORS IN OFFICE AT A DULY CONSTITUTED MEETING
OF THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR AND CHIEF OPERATING
OFFICER SHALL SERVE AS A NON-VOTING, EX OFFICIO MEMBERS OF THE EXECUTIVE
COMMITTEE. EXECUTIVE COMMITTEE MEMBERS MAY SERVE MORE THAN ONE TERM. THE
ABOVE OFFICERS OF THE CENTER SHALL SERVE IN THE SAME TITLE AND CAPACITY ON

Name of the organization	ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS	Employer identification number	13-2522784
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THE EXECUTIVE COMMITTEE AS THEY DO WITH REGARD TO THE CENTER.

POWERS AND AUTHORITY:

THE EXECUTIVE COMMITTEE SHALL HAVE ALL OF THE AUTHORITY OF THE BOARD OF DIRECTORS DURING THE PERIODS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS,

EXCEPT:

- (A) WHERE SUCH ACTION IS PROHIBITED BY LAW OR THESE BYLAWS;
- (B) WHERE SUCH ACTION IS PROHIBITED BY THE ARTICLES OF INCORPORATION;
- (C) THE POWER TO AMEND OR REPEAL THESE BYLAWS;
- (D) THE POWER TO AMEND OR REPEAL AN ACTION TAKEN BY THE BOARD;
- (E) THE POWER TO SET COMPENSATION FOR THE EXECUTIVE STAFF;
- (F) THE POWER TO ELECT OR REMOVE DIRECTORS, OFFICERS, TRUSTEES, THE EXECUTIVE DIRECTOR OR THE CHIEF OPERATING OFFICER;
- (G) THE POWER TO ADOPT A PLAN OF MERGER; AND
- (H) THE POWER TO AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE CORPORATION.

THE EXECUTIVE COMMITTEE SHALL:

- (A) MONITOR THE CENTER'S COMPLIANCE WITH ITS LEGAL OBLIGATIONS;
- (B) ACT AS THE LEGAL REPRESENTATIVE OF THE BOARD DURING EMERGENCIES;
- (C) SERVE AS THE PRIMARY SUPPORT MECHANISM FOR THE EXECUTIVE STAFF DURING NORMAL BUSINESS AND TIMES OF CRISIS;
- (D) IN COLLABORATION WITH THE GOVERNANCE AND NOMINATING COMMITTEE, REVIEW EACH DIRECTOR'S ACTIVITY, PARTICIPATION, AND FULFILLMENT OF RESPONSIBILITIES;
- (E) RECOMMEND NEW DIRECTORS TO THE GOVERNANCE AND NOMINATING COMMITTEE; AND
- (F) CREATE NON-STANDING COMMITTEES AND TASK FORCES AS NECESSARY.

ANY ACTION BY THE EXECUTIVE COMMITTEE SHALL BE REPORTED IN WRITING TO THE BOARD WITHIN SEVEN (7) DAYS OF SAID ACTION AND SHALL BE SUBJECT TO APPROVAL, REVISION, OR DISAPPROVAL BY THE BOARD, PROVIDED THAT NO SUCH RECONSIDERATION SHALL ADVERSELY AFFECT THE RIGHTS OF THIRD PARTIES WHO HAVE

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

Employer identification number
13-2522784

ACTED IN RELIANCE ON THE ACTION OF THE EXECUTIVE COMMITTEE TAKEN IN
ACCORDANCE WITH THE AUTHORITY OF THESE BYLAWS.

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

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

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

AN ACCOUNTING FIRM PREPARES THE FORM 990 AND THE DRAFT IS REVIEWED BY THE
OUTSOURCED CPA ACCOUNTANT, WHO COMPARES THE DRAFT TO THE AUDITED FINANCIAL
STATEMENTS. THE OUTSOURCED ACCOUNTANT AND THE CHIEF OPERATING OFFICE
ADDRESS ANY AREAS OF CONCERN, AND THE FINAL FORM 990 IS FORWARDED TO THE
MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING.

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, AND EXECUTIVE DIRECTOR'S
COMPENSATION ARE REVIEWED AND APPROVED BY THE CHAIRMAN OF THE BOARD. THE
CHAIRMAN USES FORM 990S OF OTHER ORGANIZATIONS, COMPENSATION SURVEYS, AND

Name of the organization	ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS	Employer identification number	13-2522784
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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, AND 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 2018.

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

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

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

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

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

PARTNERS FOR HUMAN RIGHTS:

PROGRAM SERVICE EXPENSES	639,492.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	639,492.

SPEAK TRUTH TO POWER:

PROGRAM SERVICE EXPENSES	532,400.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	532,400.

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

PROGRAM SERVICE EXPENSES	36,150.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	36,150.

COMPASS:

PROGRAM SERVICE EXPENSES	127,613.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	127,613.

COMMUNICATIONS:

PROGRAM SERVICE EXPENSES	45,775.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	45,775.

RFK EUROPE:

PROGRAM SERVICE EXPENSES	60,233.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	60,233.

RFK LEGACY:

PROGRAM SERVICE EXPENSES	113,644.
MANAGEMENT AND GENERAL EXPENSES	0.

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 113,644.

TEMP SERVICES:

PROGRAM SERVICE EXPENSES 6,309.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 6,309.

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 67,192.

MANAGEMENT AND GENERAL EXPENSES 359,614.

FUNDRAISING EXPENSES 388,400.

TOTAL EXPENSES 815,206.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,376,822.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS	Employer identification number (EIN) or 13-2522784
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1300 19TH STREET, NW, NO. 750	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BRIGETTE WALLACE

- The books are in the care of ▶ **1300 19TH STREET NW, SUITE 750 - WASHINGTON, DC 20036**
Telephone No. ▶ **(202) 545-6671** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.