Form**990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

		201 F			. 01 01 201E	\1 E			
		plicable	endar year, or tax year be C Name of organization	eginning	g 01-01-2015 , and ending 12-31-20)15	D Emplo	ver ic	dentification number
	ress cha		ROBERT F KENNEDY CENTE AND HUMAN RIGHTS	R FOR JU	STICE		13-2	-	
☐ Nar	ne chan	nge	Doing business as						
Initi	ıal returi	n					E Teleph	one nu	umber
Fina	al ırn/term	nınated	Number and street (or P O 1300 19TH STREET NW NO		all is not delivered to street address) Room/s	suite	(202)	463	-7575
	ended re		City or town, state or provin	ce. count	ry, and ZIP or foreign postal code			100	7373
		pending	WASHINGTON, DC 20036	cc, cour	ing and the or foleign poster code		G Gross i	eceipt	s \$ 14,381,184
I Tax	κ-exem _l	pt status	F Name and address KERRY KENNEDY 1300 19TH STREET WASHINGTON, DC 2	NW NO 0036	•	Н(ь)	Is this a group subordinates? Are all subord included? If "No," attach Group exempt	ınate: ı a lıs	Yes No Yes No t (see instructions)
J W	ebsite:	:► WW	W RFKCENTER ORG						
		anızatıon	Corporation Trust As	sociation	Other ►	L Ye	ar of formation 19	68	M State of legal domicile DC
Pa	rt I	Sum	mary						
Activities & Governance	3 N 4 N 5 T	umber o umber o otal nur	f voting members of the g if independent voting men nber of individuals employ	novernir nbers of ed in ca	continued its operations or disposeding body (Part VI, line 1a) fthe governing body (Part VI, line 1b alendar year 2015 (Part V, line 2a))		3 4 5	30 29 49
Act	6 T	otal nur	nber of volunteers (estima	ite if ne	cessary)			6	60
					rt VIII, column (C), line 12			7a	0
	b Ne	t unrela	ted business taxable inco	me fror	m Form 990-T, line 34			7b	
		C = m + m	hb	/TTT	- 1h)		Prior Year 7,575,	254	Current Year
활	8 9				e 1h)	<u> </u>	118,	-	12,978,316
Revenue	10	_	•	-	(A), lines 3, 4, and 7d)		354,	_	124,955
쟢	11				ines 5, 6d, 8c, 9c, 10c, and 11e)		-832,	876	-669,350
	12	Totalı 12)	revenue—add lines 8 throu	ıgh 11	(must equal Part VIII, column (A), lu	ne	7,215,	508	12,460,265
	13	Grants	and similar amounts paid	d (Part 1	[X, column (A), lines 1-3)		166,	873	493,010
	14				(, column (A), line 4)	<u> </u>		0	0
88	15	Saları 5–10)		mploye	e benefits (Part IX, column (A), lines		3,490,	596	3,422,735
Expenses	16a	•		art IX,	column (A), line 11e)		286,	569	0
ŝ	b	Total fu	ndraising expenses (Part IX, col	umn (D)	, line 25) ▶ 884,507				
_	17	Other	expenses (Part IX, colum	n (A), lı	nes 11a-11d, 11f-24e)		4,895,	001	4,437,125
	18				t equal Part IX, column (A), line 25)	—	8,839,	_	8,352,870
. 07	19	Reven	ue less expenses Subtra	ct line 1	.8 from line 12	-	-1,623,	531	4,107,395
Not Assets or Fund Balances						Begir	nning of Current	Year	End of Year
esse Bafa	20	Totala	assets (Part X, line 16)				8,011,	757	10,661,989
end and	21					•	2,050,	$\overline{}$	722,058
	22			btract I	ine 21 from line 20		5,961,	692	9,939,931
Under my kr	r penal nowled	lties of p			mined this return, including accompa plete Declaration of preparer (other				
		****	**				2016-07-19		
Sign		Signa	ture of officer				Date		
Here	•		AEL SCHREIBER COO or print name and title						
		P	rint/Type preparer's name			Date	Check If	PTIN	
			AVID TRIMNER		DAVID TRIMNER		self-employed	P004	144822

Preparer

Use Only

Firm's name FCLIFTONLARSONALLEN LLP

Firm's address ► 4250 N FAIRFAX DRIVE SUITE 1020

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's EIN 🟲 41-0746749

Phone no (571) 227-9500

. ▼Yes □No

Part III	Statement of	Program	Service	Accomplishme	nts

Briefly describe the organization's mission

ROBERT F KENNEDY BOLDLY FACED TOUGH PROBLEMS AND CHALLENGED THE COMFORTABLE AND COMPLACENT HE BELIEVED THAT INDIVIDUAL ACTION COULD OVERCOME INJUSTICE AND OPPRESSION HE AWAKENED UNKNOWN STRENGTHS AND INSPIRED A GENERATION TO CHANGE THE WORLD ESTABLISHED IN 1968 BY FRIENDS AND FAMILY OF ROBERT KENNEDY, THE ROBERT F KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS 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

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

4a (Code) (Expenses \$ 1,940,508 including grants of \$ 35,500) (Revenue \$)

PARTNERS FOR HUMAN RIGHTS (FORMERLY ROBERT F KENNEDY CENTER FOR HUMAN RIGHTS)- RFK PARTNERS FOR HUMAN RIGHTS IS THE ADVOCACY, LITIGATION AND TRAINING ARM OF ROBERT F KENNEDY HUMAN RIGHTS BY JOINING FORCES WITH RFK HUMAN RIGHTS LAUREATES AND OTHER HUMAN RIGHTS DEFENDERS ACROSS THE GLOBE, WE RAISE AWARENESS OF THE MOST IMPORTANT -AND SOMETIMES OVERLOOKED - HUMAN RIGHTS CHALLENGES, AMPLIFYING THE VOICES OF LOCAL DEFENDERS AND PUTTING PRESSURE ON THOSE IN POWER TO RESPECT HUMAN DIGNITY PHR'S INTERNATIONAL STRATEGIC LITIGATION UNIT, ARGUES CASES BEFORE REGIONAL AND INTERNATIONAL TRIBUNALS AND PROVIDES LEGAL SUPPORT FOR DOMESTIC ATTORNEYS, ESTABLISHING NEW AND FAR-REACHING PRECEDENTS THAT RAISE HUMAN RIGHTS STANDARDS AROUND THE WORLD AT THE RFK TRAINING INSTITUTE, HUMAN RIGHTS DEFENDERS AND GOVERNMENT OFFICIALS FROM DIFFERENT REGIONS OF THE WORLD GATHER TO PARTICIPATE IN WORKSHOPS LED BY WORLD-RENOWNED LEADERS IN THEIR FIELDS, SHARE THEIR EXPERIENCES, AND REFLECT ON THEIR WORK, MAKING THEM MORE EFFECTIVE CHAMPIONS OF JUSTICE WHEN THEY RETURN HOME RFK PARTNERS FOR HUMAN RIGHTS PRESENTS THE ANNUAL ROBERT F KENNEDY HUMAN RIGHTS AWARD, WHICH RECOGNIZES A COURAGEOUS INDIVIDUAL WHOSE ACTIVISM REFLECTS ROBERT KENNEDY'S BELIEF THAT EVERY INDIVIDUAL CAN MAKE A DIFFERENCE AND ANCHORS ALL OF PHR'S WORK BY COLLABORATING WITH THESE REMARKABLE INDIVIDUALS ON THE GROUND THE AWARD'S RECIPIENTS ENTER MULTI-YEAR PARTNERSHIPS WITH ROBERT F KENNEDY HUMAN RIGHTS, STRENGTHENING THEIR ABILITY TO MAKE GENTLER THE LIFE OF THE WORLD

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

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

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

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

See Additional Data

4d Other program services (Describe in Schedule O)

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

e Total program service expenses ► 6,153,758

Form 990 (2015)		Page 3
Part IV Checklist of Required Schedules		
	Yes	No

			res	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	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? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		N o
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
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>	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		No
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	25b		No
	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	26		No
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	27		No
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	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
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	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	Olatera and Department of the TDC Filippe and Tage Consultance			Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_
	Check if Schedule o contains a response of flote to any line in this Part V	<u> </u>	Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	8	162	140
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	1c		
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	19		
L	by this return	2b	Yes	J
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2.5	103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		N.o.
	account)?	-10		No
b	If "Yes," enter the name of the foreign country 🛌 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
·	11 1 CS, to line Sa of SD, and the organization merorin 0000-11.	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gif were not tax deductible?	ts 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
_	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	file Form 8282?	7c		Νo
a	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	as 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	/9		
	Form 1098-C?	7h		
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?			
0-	- ,	8 9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
,	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)............. <mark>11b</mark>			
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			
4.0	year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions fo	r		
	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			
_	This which the organization is need to issue qualified fleath plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm oc	[0 (2015)
		1	UIIII 99	~ (∠∪⊥⊃)

Part VI	Governance.	Management,	and	Disclosure
	OUT CHILDREN			

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					<u></u> .ァ
Se	ection A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	29			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		Νo
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?		members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken during the			
а	The governing body?			8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule	who c		9		No
Sc	ection B. Policies (This Section B requests information about policies not	ragui				- \
50	ection b. Foncies (This Section b requests information about policies not	requi	ired by the Internal R	<u>even</u> u	<u>ie Coa</u>	<u>e.)</u>
30	Ection B. Poncies (This Section & requests information about poincies not	requi	ired by the Internal R	evenu	re Coa Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	•	•	10a		
L0a			s of such chapters,			No
LOa b	Did the organization have local chapters, branches, or affiliates?	 tivitie on's e	s of such chapters, exempt purposes?	10a		No
LOa b L1a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it	tivitie on's e	s of such chapters, exempt purposes? erning body before filing	10a 10b	Yes	No
LOa b L1a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e s gov	s of such chapters, exempt purposes? erning body before filing	10a 10b	Yes	No
LOa b L1a b L2a	Did the organization have local chapters, branches, or affiliates?	tivitie on's e s gov	s of such chapters, exempt purposes? erning body before filing	10a 10b	Yes	No
LOa b L1a b L2a b	Did the organization have local chapters, branches, or affiliates?	tivitie on's e s gov form 9	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with	tivitie on's e s gov form 9	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	tivitie on's e s gov form 9	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
LOa b L1a b L2a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy?	tivitie on's e s gov form 9 ly inte the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review.	tivitie on's e s gov form 9 ly inte the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	tivitie on's e s gov form 9 ly inte the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	tivitie on's e s gov form 9 ly inte the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e s gov form S ly inte the p	s of such chapters, exempt purposes? erning body before filing erests that could give olicy? If "Yes," describe olicy? If object the could by beration and decision?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	tivitie on's e s gov form 9 ly inte the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	tivitie on's e s gov form S ly inte the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization	tivitie on's e s gov form S ly inte the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ▶BRIGETTE WALLACE 1300 19TH STREET NW SUITE 750 WASHINGTON, DC 20036 (202) 463-7575

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	MISC)	organization and related organizations
See Additional Data Table										
										Form 990 (2015)

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

(A) Name and Title		(B) A verage hours per week (list any hours	more t	than o	one both	box, an	heck unless officer stee)	5	Repor comper from organiza	table isation the tion (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	organization and related organizations	
See	Additional Data Table						_						
1b c	Sub-Total	s to Dart VII S			•		* *						
d	Total (add lines 1b and 1c) .			<u></u>	<u>.</u>	<u>.</u>	▶		1,32	5,978	0	205,807	
2	Total number of individuals (in \$100,000 of reportable compo						d abov	e) w	ho receive	d more t	nan		
3	Did the organization list any f oon line 1a? <i>If "Yes," complete S</i>								, or highest	t comper	nsated employee	Yes No	
4	For any individual listed on line organization and related organ individual											4 Yes	
5	Did any person listed on line 1 services rendered to the organ			•					_	anızatıor • • •	or individual for	5 No	
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five compensation from the organization												
		(A) lame and business	-	401011	101		archae	11 y C	ur chang		(B) scription of services	(C) Compensation	
TAYLO	DRMADE LLC	lariic and business	add 1C33							EVENT CO	•	280,660	
	FLOWERS AVENUE R SPRING, MD 20901												
	ITY BUZZ									AUCTION I	MANAGEMENT	237,821	
	IFTH AVENUE 11TH FLOOR YORK, NY 10016												
_													
	Total number of independent co \$100,000 of compensation fron			not	lımıt	ed to	o those	e list	ted above)	who rece	eived more than		

Part V	/++1	Statement o						_
	1-		ule O contains a respor	ise or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats at	1a	Federated camp						
Giffs, Grants ilar Amounts	b		es 1b	4.255.520				
S, G Am	C		ents 1c	4,255,529				
ons, Giffe Similar	d	Related organiz						
	e	Government grants	s (contributions) 1e					
er S	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	8,722,787				
tributic Other	g	Noncash contribution	ons included in lines	440,755				
Contributions, and Other Sim	h	Total. Add lines	s 1a-1f		12,978,316			
				Business Code				
Program Serwoe Revenue	2a	AWARD ENTRY FEE	ES .	900099	25,934	25,934		
-Be %	ь	TUITION/REGISTRA	ATION FEE	900099	410	410		
[56]	С							
χ. Xe	d							
E	e							
₽ Log	f	All other progra	am service revenue					
	g		s 2a – 2f		26,344			
	3		ome (including dividend ar amounts)		127,489			127,489
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨				
	5	Royalties	() D == 1	(v) Para anal	171			171
	6a	Gross rents	(ı) Real	(II) Personal				
	ь	Less rental						
	-	expenses Rental income						
	C .	or (loss)						
	d	Net rental incor	me or (loss) (i) Securities	► (II) Other				
	7a	Gross amount from sales of assets other than inventory	718,743	(11) 0 01101				
	ь	Less cost or other basis and sales expenses	721,277					
	c d	Gain or (loss)	-2,534		-2,534			-2,534
ae		Gross income fi	rom fundraising luding		,			,
Other Revenue		Ψ	reported on line 1c)	556.050				
her	ь	Less direct ex	penses b	556,058 1,199,642				
ŏ	с		(loss) from fundraising		-643,584			-643,584
	9a	Gross income fi See Part IV, lin	rom gaming activities ie 19 a					
	ь	Less direct ex	penses b					
			loss) from gaming activ	vities ⊢				
	10a	Gross sales of inventory, less returns and allowances .						
	ь	_	oods sold b					
	С	Net income or ((loss) from sales of inve	entory p - Business Code				
	11a	MISCELLANEC		900099	15,703			15,703
			SS ON CURRENCY	900099	-41,640			-41,640
	С							
	d		ue					
	е	Total. Add lines	s 11a-11d		-25,937			
	12	Total revenue.	See Instructions	· · · · •	12,460,265	26,344	(-544,395

Form 990 (2015) Part IX Statement of Functional Expenses

<u>Section</u>	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in th	nis Part IX			্ন
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	35,245	35,245		
2	Grants and other assistance to domestic individuals See Part IV, line 22	30,000	30,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	427,765	427,765		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	562,595	132,948	197,002	232,645
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,829,550	1,537,217	224,563	67,770
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	1,030,590	716,651	180,047	133,892
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	180,769		180,769	
b	Legal	201,921	80,083	121,838	
c	Accounting	79,290		79,290	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,568,224	1,170,728	217,228	180,268
12	Advertising and promotion				
13	Office expenses	262,850	79,022	138,462	45,366
14	Information technology				
15	Royalties				
16	Occupancy	480,309	3,874	470,839	5,596
17	Travel	370,475	221,777	124,509	24,189
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	577,034	526,314	21,234	29,486
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	ALL OTHER EXPENSES	312,943	263,794	27,664	21,485
b	MEMBERSHIP DUES/SUBSCR	66,228	42,248	18,289	5,691
c	BAD DEBT	45,230		45,230	
d	INDIRECT COST ALLOCATIO	0	754,931	-871,804	116,873
е	All other expenses	291,852	131,161	139,445	21,246
25	Total functional expenses. Add lines 1 through 24e	8,352,870	6,153,758	1,314,605	884,507
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				<u>, , , , , , , , , , , , , , , , , , , </u>
		27,000	0	0	0

art X	Balance Sheet
	Ch I C - L - J I - O

Part X					_
	Check if Schedule O contains a response or note to any li	ne in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing		800	1	800
2	Savings and temporary cash investments		892,014	2	4.732.865
3	Pledges and grants receivable, net		2,459,952	3	1,467,808
4	Accounts receivable, net		2,100,002	4	2,028
5	Loans and other receivables from current and former off			7	2,020
	key employees, and highest compensated employees C Schedule L	omplete Part II of			
6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins II of Schedule L	(c)(3)(B), and section 501(c)(9)		5	
} _	Natas and large was walle mak				
ı	Notes and loans receivable, net			7	
8	Inventories for sale or use		117,232	8	102,077
9	Prepaid expenses and deferred charges		117,232	9	102,077
10a	Complete Part VI of Schedule D	10a 1,174,340			
b	Less accumulated depreciation	10b 617,977	736,035	10c	556,363
11	Investments—publicly traded securities		3,681,293	11	3,675,617
12	Investments—other securities See Part IV, line 11 $$.			12	
13	Investments—program-related See Part IV, line 11 .			13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11	124,431	15	124,431	
16	Total assets.Add lines 1 through 15 (must equal line 34)	8,011,757	16	10,661,989
17	Accounts payable and accrued expenses		800,979	17	654,057
18	Grants payable			18	
19	Deferred revenue		375	19	1,425
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part IV			21	
22	Loans and other payables to current and former officers key employees, highest compensated employees, and d	directors, trustees,			
<u> </u>	persons Complete Part II of Schedule L	•		22	
23	Secured mortgages and notes payable to unrelated third	Iparties	1,168,563	23	0
24	Unsecured notes and loans payable to unrelated third pa	•		24	
25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D				
	· · · · · · · · · · · · · · · · · · ·		80,148	25	66,576
26	Total liabilities.Add lines 17 through 25		2,050,065	26	722,058
	Organizations that follow SFAS 117 (ASC 958), check helines 27 through 29, and lines 33 and 34.				
27 28	Unrestricted net assets		2,537,804	27	7,058,910
28	Temporarily restricted net assets		1,877,942	28	1,333,189
	Permanently restricted net assets		1,545,946	29	1,547,832
29	Organizations that do not follow SFAS 117 (ASC 958), o				
20	complete lines 30 through 34.			20	
30 31 32	Capital stock or trust principal, or current funds	fund		30	
31	Paid-in or capital surplus, or land, building or equipment			31	
	Retained earnings, endowment, accumulated income, or		F 22. 2	32	
33	Total net assets or fund balances		5,961,692	33	9,939,931
34	Total liabilities and net assets/fund balances		8,011,757	34	10,661,989

Dar	t XI Reconcilliation of Net Assets			'	age 11
Fal	Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12,4	160,265
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,3	352,870
3	Revenue less expenses Subtract line 2 from line 1	3		4,:	107,395
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,9	61,692
5	Net unrealized gains (losses) on investments	5		-:	128,456
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-700
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		9,9	939,931
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				. [
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
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?	e	За		No
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		3b		

Additional Data

Software ID:

Software Version:

EIN: 13-2522784

Name: ROBERT F KENNEDY CENTER FOR JUSTICE

AND HUMAN RIGHTS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

COMMUNICAT	IONS				
(Code) (Expenses \$	345,109	including grants of \$) (Revenue \$)
REPORTING A				ND JOURNALISTS FOR EXCELLEN AN RIGHTS, SOCIAL JUSTICE, CI	
(Code) (Expenses \$	•	including grants of \$	14,000) (Revenue \$	25,934)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	826,047	including grants of \$	417,765) (Revenue \$)
RFK EUROPE					
(Code) (Expenses \$	117,732	including grants of \$	20,000) (Revenue \$)
JUVENILE JUST	ICE COLLABORATIVE PARTNE	RING WITH	THE RFK CHILDREN'S	ACTION CORPS IN BOSTON, THE	
COLLABORATI	VE COMBINES THE ADVOCACY	POWEROF	THE RFK CENTER WIT	H THE DIRECT SERVICE EXPERIENCE	AND BEST
PRACTICES OF	THE ACTION CORPS TO INCRE	ASE NATIO	NALATTENTION ON .	JUVENILE JUSTICE ISSUES, SPECIFI	CALLY
FOCUSINGON	THE NEEDS OF YOUTH RE-ENTE	RING THEI	R COMMUNITIES AFT	ER PERIODS OF CONFINEMENT,	
INCARCERATION	ON, OR OUT-OF-HOME PLACEMI	ENT THE CO	OLLABORATIVE BRING	GS THE VOICE OF THE IMPACTED YO	UTHTO
ADVOCACY AN	ID EDUCATES DECISION MAKER	RS ABOUT T	HE IMPORTANCE OF E	EFFECTIVE POLICIES AND RESOURC	ESTO
			•	NING, AND HOUSING ALL PLAY KEY F	
THE SUCCESS	OF YOUTH TRYING TO TRANSIT	ION TO IND	DEPENDENCE AND SH	OULD BE PART OF ANY COMPREHENS	SIVE PLAN
ADDRESSING J	UVENILE JUSTICE ISSUES				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code) (Expenses \$ 235,314 including grants of \$) (Revenue \$) RFK LEGACY PROGRAM'S PURPOSE IS TO EDUCATE NEW AUDIENCES ABOUT ROBERT KENNEDY'S LIFE AND WORK, FOCUSING

ON THE EFFECT OF HIS WORK AND HOW HIS EFFORTS AND BELIEFS RELATE TO TODAYS ISSUES, USING AN ONLINE CURRICULUM, THE NEW WEBSITE, A PHOTO ARCHIVE AND A TRAVELING EDUCATIONAL EXHIBIT IT IS PRIMARILY AN EDUCATIONAL INITIATIVE TO INSPIRE NEW GENERATIONS TO ACT AND TO MAKE A DIFFERENCE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde		ntracto	rs					I	1	ı ı	
(A) Name and Title	(B) A verage hours per week (list any hours	more the perso	(C) sition (do not check than one box, unless son is both an officer d a director/trustee)		non (do not check nan one box, unless n is both an officer director/trustee)			3	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
			ě			l ed					
ROBERT SMITH	10 00	х		х				0	0	0	
BOARD CHAIR	2 00										
TERRY MAZANYCO-VICE CHAIR		x		х				0	0	0	
ROBERT WOLF	2 00										
CO-VICE CHAIR		X		Х				0	0	0	
ETHEL KENNEDY FOUNDER	2 00	х		х				0	0	0	
KERRY KENNEDY	37 50	,		,				250 574		20 527	
MEMBER/PRESIDENT OF RFKHR		Х		Х				250,574	0	30,537	
PETER EDELMAN	2 00	l x						0	0	0	
MEMBER	2.00										
TREASURER & SECRETARY	2 00	х		х				0	0	0	
MARK FREITAS	2 00	x						0	0	0	
MEMBER	2 00										
PHILIP JOHNSTON MEMBER		х						0	0	0	
LUZ VEGA-MARQUIS MEMBER	2 00	x						0	0	0	
JAMES J PINTO	2 00	х						0	0	0	
MATT KENNEDY	2 00	X						0	0	0	
MEMBER MARVIN ROSEN	2 00	,									
MEMBER		Х						0	0	0	
JOE KENNEDY	2 00	x						0	0	0	
MEMBER HARRY BELAFONTE	2 00										
MEMBER		x						0	0	0	
CLAUDIO GROSSMAN 	2 00	х						0	0	0	
ELISA MASSIMINO	2 00	Х						0	0	0	
MEMBER JEFFREY SACHS	2 00										
MEMBER		x						0	0	0	
MALIKA SAADA SAAR MEMBER	2 00	х						0	0	0	
MARTIN SHEEN MEMBER	2 00	х						0	0	0	
PAUL VAN ZYL	2 00										
MEMBER	2 00	X						0	0	0	
LARRY COX MEMBER		х						0	0	0	
RICHARD IANNUZZI MEMBER	2 00	х						0	0	0	
NICLAS KJELLSTROM-MATSEKE MEMBER	2 00	х						0	0	0	
JOHN ROGERS	2 00	Х						0	0	0	
MEMBER											

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation of other compensation week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Former <u>₽</u> Highest compensat Individual trustee or director organizations Institutional Trustee related below employee organizations dotted line) 2 00 ALAN BURGER Х 0 0 MEMBER 2 00 JONAH GOODHART Х 0 0 **MEMBER** 2 00 MARIALINA MARCUCCI Х 0 0 0 MEMBER 2 00 MICHAEL POSNER 0 0 Χ 0 MEMBER 2 00 HENRY SCHLEIFF Χ 0 0 O MEMBER 37 50 IYNN DELANEY Χ 171,456 0 32,836 EX-OFICIO MEMBER/EXECUTIVE DIRECTOR 37 50 MICHAEL SCHREIBER Х 97,908 0 1,100 CHIEF OPERATING OFFICER 37 50 JOHN ZURICK Χ 71,360 0 5,832 EX-OFICIO MEMBER/CHIEF OPERATING OFFICER 37 50 FRANK LARUE Х 126,090 0 25,416 DIRECTOR, RFK EUROPE PROGRAM 37 50 RITA JOHNSON Х 149,080 0 19,662 DIRECTOR, COMPASS PROGRAM 37 50 JOHN HEFFERNAN Х 155,516 0 43,152 DIRECTOR, STTP PROGRAM 37 50 SANTIAGO CANTON Х 189,007 0 22,252 DIRECTOR, PHR PROGRAM 37 50 ANGELITA BAEYENS Χ 114,987 0 25,020 PROJECT DIRECTOR, PHR PROGRAM

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493214016586

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

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.

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

Open to Public Inspection

ROBERT F KENNEDY CENTER FOR JUST AND HUMAN RIGHTS			Œ				13-2522784	
Pa	rt I	Reason for Publi	c Charity S	tatus (All organiza	tions must co	mplete this p		ons.
The c	rganız	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)	
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	b)(1)(A)(i).	
2	Г	A school described in	section 170(b)(1)(A)(ii).(Attach Sc	hedule E (Form	n 990 or 990-E	Z))	
3	\sqcap	A hospital or a cooper	atıve hospıtal	service organization o	described in sec	tion 170(b)(1)	(A)(iii).	
4	Γ	A medical research or	ganızatıon ope	erated in conjunction v	vith a hospital d	lescribed in se c	ction 170(b)(1)(A)(iii). Enter the
5	Γ	hospital's name, city, An organization opera 170(b)(1)(A)(iv). (Co	ated for the be	nefit of a college or un I)	iversity owned	or operated by	a governmental unit c	lescribed in section
6	Γ	A federal, state, or loc	•	-	described in s e	ection 170(b)(1	L)(A)(v).	
7	고	An organization that n described in section 1	70(b)(1)(A)(v	/i). (Complete Part II)		ental unit or from the g	eneral public
8	<u> </u>	A community trust des						
9	_	receipts from activition from gross investmen organization after Jun	es related to it it income and e 30, 1975 S	ves (1) more than 33 is exempt functions—s unrelated business tax eesection 509(a)(2).	ubject to certa kable income (l (Complete Part	in exceptions, ess section 51 III)	and (2) no more than 1 1 tax) from businesse	3 3 1/3% of its support
10	<u> </u>	An organization organ	•	•	•	•		
11 a	 -	An organization organ one or more publicly s the box in lines 11a th Type I. A supporting o supported organization	upported organ nrough 11d that organization op n(s) the power	nizations described in at describes the type o erated, supervised, or to regularly appoint o	section 509(a) of supporting or controlled by i r elect a majori)(1) or section ganization and ts supported o	509(a)(2) See sectio complete lines 11e, 1 rganization(s), typical	n 509(a)(3). Check .1f, and 11g ly by giving the
b	Г _	organization You mus Type II. A supporting management of the su must complete Part IV	organization s pporting organ	upervised or controlle nization vested in the s	d in connection			
C	Г	Type III functionally i						grated with, its
d	Γ	supported organization Type III non-function not functionally integr	ally integrate ated The orga	d. A supporting organi: inization generally mus	zation operated st satisfy a dist	in connection ribution require	with its supported org	• •
_	_	(see instructions) You					T I T II T	
е	ļ	Check this box if the contegrated, or Type III					s a Type I, Type II, T	ype III functionally
f	Enter	r the number of support						
g		Provide the following i	nformation abo	out the supported orga	inization(s)			
Name of s		(i) upported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organ listed in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (a)2011 **(b)**2012 **(c)**2013 (d)2014 **(e)**2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 7,795,746 7,779,517 6,534,353 7,575,354 12,978,316 42,663,286 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 7,575,354 7,795,746 7,779,517 6,534,353 12,978,316 42,663,286 **Total.** Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 7,475,960 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 35,187,326 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 Amounts from line 4 7,795,746 7,779,517 6,534,353 7,575,354 12,978,316 42,663,286 Gross income from interest, dividends, payments received 57,525 44,345 83,540 79,326 127,660 392,396 on securities loans, rents, royalties and income from sımılar sources Net income from unrelated business activities, whether or 2,380,988 2,380,988 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 1,553 39,952 84,281 42,964 15,703 184,453 capital assets (Explain in Part VI) 11 Total support. Add lines 7 45,621,123 through 10 Gross receipts from related activities, etc (see instructions) 12 12 245,793 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, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 77 130 % 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 15 81 510 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test -2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported **▶**□ organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) 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 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ction	Δ ΔΙ	Sunna	rtina	Orgai	nizations
Je	CUUII	A. A.	Subbl	, unu	Oluai	IIIZativiis

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

Pai	Supporting Organizations (continued)			
Se	ection 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		
Se	ection 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		
Se	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	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

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	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)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·					
Section D - Distributions			Current Year					
1 Amounts paid to supported organizations to accom	plish exempt purposes							
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in						
3 Administrative expenses paid to accomplish exemp								
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval re	quired)							
6 Other distributions (describe in Part VI) See instru	uctions							
7 Total annual distributions. Add lines 1 through 6								
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide						
9 Distributable amount for 2015 from Section C, line	6							
10 Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
1 Distributable amount for 2015 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)								
3 Excess distributions carryover, if any, to 2015								
d From 2013								
e From 2014								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
h Applied to 2015 distributable amount								
 Carryover from 2010 not applied (see instructions) 								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2015 from Section D, line 7								
\$								
a Applied to underdistributions of prior years								
b Applied to 2015 distributable amount								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)								
7 Excess distributions carryover to 2016. Add lines 31 and 4c								
8 Breakdown of line 7								
c Excess from 2013								
d From 2014								
e From 2015								

Part VI Supplemental Information.

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

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493214016586

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number** ROBERT F KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS 13-2522784 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during 80,425 Aggregate value of grants from (during year) 34.258 58,815 Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education)
Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🛌 Number of states where property subject to conservation easement is located -__ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)($_{\rm I}$) and section 170(h)(4)(B)($_{\rm II}$)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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 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

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

3		(continued)							er Similar			
		the organization's acquisition, acc	ession, and other re	ecords, chec						ise of	its	
а	ΓP	ublic exhibition		d 「	Loa	anore	xchange pro	gran	ıs			
b	Γs	cholarly research		еГ	Ot!	her						
С	_	reservation for future generations										
4		de a description of the organization	s collections and ex	xplaın how th	ney fur	ther th	e organızatı	on's	exempt purpos	se in		
5	Durin	g the year, did the organization soli	cit or receive donat	ions of art. h	nistorio	al trea	asures or otl	ner si	ımılar			
		s to be sold to raise funds rather th								es	✓ No	
Pari	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form 99	0, Par	t IV,	lıne 9, or r	epor	ted an amo	unt o	n Forn	n 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other inte	ermediary fo	rcontr	ıbutıor	ns or other a	ssets	s not	es	□ No	
ь	If"	Yes," explain the arrangement in P	art XIII and comple	ete the follov	ving tal	ble			Α	moun	t	
c		ginning balance					1	lc				
d		ditions during the year					1	.d				
e		tributions during the year					1	le l				
f		ding balance					<u> </u>	Lf				
2a		ne organization include an amount o	n Form 990, Part X,	, line 21, for	escro	worcu	ıstodıal acco	ount	liability? / Y	es	No	
b Par		es," explain the arrangement in Part Endowment Funds. Comple										Γ
Fai	L V	Lindowine it i dinds. Comple	(a)Current year	(b)Prior y			wo years back		Three years back		Four ve	ars back
1a	Beain	ining of year balance	1,637,717		513,249		1,439,034	+	1,398,95	_		1,098,778
b	_	ributions	1,886		958		203,483	3				300,000
c	Net ır losse	nvestment earnings, gains, and s	-19,085		79,370		25,39	2	93,74	0		53,836
d	Grant •	s or scholarships · · · ·										
e		r expenditures for facilities rograms 	57,060		55,860		54,660		53,66	o		53,660
f	A dmı	nistrative expenses	65,468									
g	End o	f year balance	1,497,990	1,6	537,717		1,613,249	9	1,439,03	4	;	1,398,954
2	Provid	de the estimated percentage of the	current year end ba	lance (line 1	Lg, col	umn (a)) held as					
а	Board	l designated or quasi-endowment ►										
ь	Perma	anent endowment - 98 960 %										
		orarily restricted endowment >	1 040 %									
		ercentages on lines 2a, 2b, and 2c	should equal 100%	0								
		nere endowment funds not in the po			it are h	ield an	d administe	red fo	or the			
		ization by	or and organ				a aannin 500				Yes	No
	(i) un	related organizations								3a(i)		No
	• •	lated organizations					•		<u>L:</u>	Ba(ii)		No
		s" on 3a(II), are the related organiz						•		3b		
4		ribe in Part XIII the intended uses		s endowmen	t funds							
Par	t VI	Land, Buildings, and Equip Complete if the organization a		Form 990	Part	TV III	ne 11a See	∍ F∩ı	m 990 Part	Х lı	ne 10	
		Description of property	mowered res to		(a)		(b)		Accumulate	ed		k value
4- 1					or other		Cost or other (other)	basıs	(c)depreciation	on		
										+		
	Buildin							260		676		
		nold improvements		·				3,368		,679		11,689
		nent		.				774		,727		105,047
		ines 1a through 1e (Column (d) mus			(B). Iır	ne 10(c		,198		,571		439,627 556,363

	n 990, Part X, line 12. Description of security or category (including name of security)		(b)Book value	(c)Method of valuation
(1)Financial derivative	<u> </u>			Cost or end-of-year market value
(2)Closely-held equity				
(3) 0 ther				
	qual Form 990, Part X, col (B) line 12)	+		
Part VIIII Investi Comple	ments—Program Related. te if the organization answered '\	Yes' on Form 9	90 Part IV line 11cc	
Сотпріс	(a) Description of investment	163 011 101111 3	(b) Book value	(c) Method of valuation
				Cost or end-of-year market value
				_
Total (Column (h) must e	qual Form 990, Part X, col (B) line 13)	*		+
	ssets. Complete if the organization	answered 'Yes' o	n Form 990, Part IV, line	11d See Form 990, Part X, line 15
	(a) Descrip	tion		(b) Book value
	t equal Form 990, Part X, col.(B) line 15.			
Part X Other Li	abilities. Complete if the organ			
Part X Other Li See Forn			ed 'Yes' on Form 990,	· ·
Part X Other Li See Form 1. (a	abilities. Complete if the organ n 990, Part X, line 25.	iization answer	ed 'Yes' on Form 990,	· ·
Part X Other Li See Form 1. (a	abilities. Complete if the organ n 990, Part X, line 25.	iization answer	ed 'Yes' on Form 990,	· ·
Part X Other Li See Forn 1. (a	abilities. Complete if the organ n 990, Part X, line 25.	(b) Book vali	ed 'Yes' on Form 990,	· ·
Part X Other Li See Forn 1. (a	abilities. Complete if the organ n 990, Part X, line 25.	(b) Book vali	ed 'Yes' on Form 990,	· ·
Part X Other Li See Forn 1. (a	abilities. Complete if the organ n 990, Part X, line 25.	(b) Book vali	ed 'Yes' on Form 990,	
Part X Other Li See Forn 1. (a Federal Income taxes	abilities. Complete if the organ n 990, Part X, line 25.	(b) Book vali	ed 'Yes' on Form 990,	
Part X Other Li See Forn 1. (a Federal Income taxes	abilities. Complete if the organ n 990, Part X, line 25.	(b) Book vali	ed 'Yes' on Form 990,	
Part X Other Li See Form 1. (a Federal Income taxes	abilities. Complete if the organ n 990, Part X, line 25.	(b) Book vali	ed 'Yes' on Form 990,	
Part X Other Li See Form 1. (a Federal Income taxes	abilities. Complete if the organ n 990, Part X, line 25.	(b) Book vali	ed 'Yes' on Form 990,	
Part X Other Li See Form 1. (a Federal Income taxes	abilities. Complete if the organ n 990, Part X, line 25.	(b) Book vali	ed 'Yes' on Form 990,	
Part X Other Li See Form 1. (a Federal Income taxes	abilities. Complete if the organ n 990, Part X, line 25.	(b) Book vali	ed 'Yes' on Form 990,	
Part X Other Li See Forn	abilities. Complete if the organ n 990, Part X, line 25.	(b) Book vali	ed 'Yes' on Form 990,	· ·
Part X Other Li See Form 1. (a Federal Income taxes	abilities. Complete if the organ n 990, Part X, line 25.	(b) Book vali	ed 'Yes' on Form 990,	
Part X Other Li See Forn 1. (a Federal Income taxes	abilities. Complete if the organ n 990, Part X, line 25.	(b) Book vali	ed 'Yes' on Form 990,	
Part X Other Li See Form 1. (a) Federal Income taxes DEFERRED RENT Total. (Column (b) must e)	qual Form 990, Part X, col (B) line 25)	(b) Book valu	,576	· ·

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	12,913,374
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments 2a -128,456		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	453,109
3	Subtract line 2e from line 1	3	12,460,265
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	C
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	12,460,265
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	8,935,135
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	582,265
3	Subtract line 2e from line 1	3	8,352,870
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	

Part XIII Supplemental Information

5

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Return Reference	Explanation
PART III, LINE 4	THE COLLECTION CONSISTS OF COINS OF THE LATE ROBERT F KENNEDY AND SCULPTURES THAT WERE DONATED FROM THE ESTATE OF ERNA STENZLER TO THE ORGANIZATION FOR PRESERVATION FOR FUTURE GENERATIONS
PART V, LINE 4	FUNDS TO BE HELD IN PERPETUITY AND INCOME TO BE USED TO SUPPORT ORGANIZATION'S PROGRAM EXPENSES
PART XI, LINE 2D - OTHER ADJUSTMENTS	DIRECT SPECIAL EVENTS 125,552 UNREALIZED LOSS ON CURRENCY EXCHANGE -700
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT SPECIAL EVENTS 125,552

8,352,870

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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ROBERT F KENNEDY CENTER FOR JUSTICE

As Filed Data -

DLN: 93493214016586

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

AND HUMAN RIGHTS

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

Open to Public Inspection

Employer identification number

13-2522784

Part I General Informatio Complete if the organ				14b.				
For grantmakers. Does the and other assistance, the gr used to award the grants or	antees' eligibi	lity for the gra	nts or assistance, and	the selection criteria	✓ Yes			
For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants a assistance outside the United States.								
3 Activites per Region (The follow	ving Part I, line	3 table can be o	duplicated if additional sp	ace is needed)				
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region			
(1) EUROPE	1	2	PROGRAM SERVICES	HUMAN RIGHTS EDUCATION	71,159			
(2) EUROPE	1	2	GRANTMAKING		425,897			
(3) SOUTH AMERICA	0	0	GRANTMAKING		10,000			
(4)								
(5)								
3a Sub-total	2	4			507,056			
b Total from continuation sheets to Part I	0	C			0			
c Totals (add lines 3a and 3b)	2	4			507,056			
For Paperwork Reduction Act Notice, see	the Instructions	s for Form 990.	Cat	No 50082W Schedu	ile F (Form 990) 2015			

2

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method o valuation (book, FMV, appraisal, othe
(1)		SOUTH AMERICA	PRO GRAM SUPPORT	10,000	WIRE TRANSFER			
(2)		EUROPE	PRO GRAM SUPPORT	417,765	WIRE TRANSFER			
(3)								
(4)								

Schedule F (Form 990) 2015

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

- Tartill carrie	Taupheacea ii aaaiti	onar opace is in	ccacai	T.	ı		1
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) GRANT ASSISTANCE FOR FEES	EUROPE	3	8,132	WIRE TRANSFERS			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	ı				l		l

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)	Γ	Yes	<u> ~</u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	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)	Γ	Yes	<u> </u>	Νo
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)	Γ	Yes	ᅜ	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)	Γ	Yes	굣	Νo
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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	<u>~</u>	No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Page **5**

Part V

Supplemental Information

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

990 Schedule F, Supplemental Information

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

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DLN: 93493214016586

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of the organization ROBERT F KENNEDY CENTER FOR JUSTICE							Employer identification number			
	HUMAN RIGHTS	FOR JUSTICE						13-2522784	 	
Pa	rt I Fundraising Ac	ctivities.Comple	te if the	organiza	ation a	nswered "Yes"	on Form	990, Part IV	', line 17.	
Form 990-EZ filers are not required to complete this part.										
1	Indicate whether the organization raised funds through any of the following activities Check all that apply									
а	Mail solicitations					e ✓ Solicitation of non-government grants				
b	✓ Internet and email solicitations				${f f}$ $lacksquare$ Solicitation of government grants					
c	Phone solicitations			g 🔽 Special fundraising events						
d	✓ In-person solicitation	ns								
2a	or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising Yes No services?									
b	If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization									
(Name and address of (ii) Activity individual or entity (fundraiser)		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity		(v) A mount paid to (or retained by) fundraiser listed in col (i) (vi) A mount paid t (or retained by) organization			
4			Yes	No						
1										
3										
4										
5										
6										
7										
8										
9										
10										
Total				•						
r	registration or licensing									
FL, C	GA, IL, KS, KY, ME, MD, MA AL 	A, MI, MN, MS, NH, 	, MM, NM, ראי	ιΥ, ΝC, Ν 	ט, OH, 	ок, ок, РА, RI,	, SC, TN, l	, V A , WA , W	v, wi, AR, CT, CA, AZ, 	

Part II	Fundraising	Events
	i dilalabiliq	

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)O ther events	(d)
		NEW YORK GALA (event type)	AUCTION (event type)	(total number)	Total events (add col (a) through col (c))
Expenses Reveilue	1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus line 2)	2,980,533 2,755,533 225,000 232,865	1,004,953	712,643 495,043 217,600 397,256	4,255,529 556,058 397,256
	8 Entertainment	154,529		41,647	196,176
Direct	9 Other direct expenses	22,429	•	4,984	284,350
	10 Direct expense summary Add lines11 Net income summary Subtract line :				1,199,642 -643,584
Par	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on I	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on
Revenue	1 Gross revenue	(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	2 Cash prizes				
	6 Volunteer labor7 Direct expense summary Add lines8 Net gaming income summary Subtra			厂 Yes <u>%</u>	
9 a b	Enter the state(s) in which the organization licensed to conduct If "No," explain	tion conducts gaming a	ctivities ch of these states?		
	Were any of the organization's gaming If "Yes," explain	icenses revoked, suspe	nded or terminated during		「Yes 「No

Schedule	G (Form	990	or 990-EZ)	201

Page	3
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L1	Does the organization conduct gaming	activities with nonmember	ers?	Yes N	0
12	Is the organization a grantor, beneficia	ry or trustee of a trust or	a member of a partnership or other entit	ty	
	formed to administer charitable gaming	g?		┌Yes ┌N	0
13	Indicate the percentage of gaming acti	ıvıty conducted ın			
а	The organization's facility			13a	%
b	An outside facility			13b	%
L4	Enter the name and address of the pers	son who prepares the orga	anızatıon's gamıng/specıal events books	s and records	
	Name 🟲				
	Address ►				
.5a	Does the organization have a contract				
	revenue?			┌Yes ┌N	0
b	If "Yes," enter the amount of gaming re	evenue received by the or	ganızatıon 🟲 \$ a	and the	
	amount of gaming revenue retained by	the third party 🟲 \$			
c	If "Yes," enter name and address of th	e thırd party			
	Name 🟲				
	Address ►				
L 6	Gaming manager information				
	Name 🕨				
	Gaming manager compensation * \$				
	Description of services provided				
	Director/officer	Employee	☐ Independent contractor		
.7	Mandatory distributions				
а	Is the organization required under stat	e law to make charitable o	distributions from the gaming proceeds t	to	
	retain the state gaming license?			ΓYes ΓΝ	0
b	Enter the amount of distributions requi	red under state law distril	buted to other exempt organizations or s	spent	
	in the organization's own exempt activ				
Pai	rt IV Supplemental Information	on. Provide the explar 5b, 15c, 16, and 17b, a	nations required by Part I, line 2b, one applicable. Also complete this pa); and
	Return Reference		Explanation		
		•			

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(Form 990)

Department of the

DLN: 93493214016586

OMB No 1545-0047

Open to Public **Inspection**

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

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

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

Treasury Internal Revenue Service Name of the organization Employer identification number ROBERT F KENNEDY CENTER FOR JUSTICE 13-2522784 AND HUMAN RIGHTS **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (f) Method of valuation (g) Description of **(b)** EIN (d) A mount of cash (e) A mount of non-(h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance (1) 04-2457298 501(C)(3) 20,000 OTHER ANNUAL EVENT SPONSORSHIP RFK CHILDREN'S ACTION CORPS 11 BEACON STREET 820 BOSTON, MA 02108 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) HUMAN RIGHTS AWARD	1	30,000		OTHER	
Dort IV Supplemental Informs	tion Droude the infe	rmation required in D	art I ling 2 Dart III	column (b) and any other	additional information

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

Return Reference	Explanation
	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 LAUREATESWHO MAKE GREAT PERSONAL SACRIFICES, OFTEN RISKING THEIR LIVES, TO PROMOTE RESPCET FOR HUMAN RIGHTS AND REALIZE POSITIVE CHANGE

Schedule I (Form 990) 2015

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DLN: 93493214016586

Schedule J (Form 990)

Department of the Treasury

AND HUMAN RIGHTS

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.

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

OMB No 1545-0047

2015

Open to Public Inspection

Internal Revenue Service Name of the organization ROBERT F KENNEDY CENTER FOR JUSTICE

Employer identification number

13-2522784

Pai	rt I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	\sqcap	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organism reimbursement or provision of all of the expenses des			1b		
2	Did the organization require substantiation prior to rei		- · · · · · · · · · · · · · · · · · · ·			
	directors, trustees, officers, including the CEO/Execu	itive D	Orrector, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensation	t appl	y Do not check any boxes for methods			
	Compensation committee	- I	Written employment contract			
	Independent compensation consultant	, 	• •			
	Form 990 of other organizations	ر اح	• •			
	, Torm 550 or other organizations	,	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Por a related organization	art V I	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	aymer	nt?	4a	Yes	
b	Participate in, or receive payment from, a supplement	al non	nqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ons m	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, I compensation contingent on the revenues of	line 1a	a, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section A, I compensation contingent on the net earnings of	line 1a	a, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported on Form 990, Part VII, pa	aid or	accured pursuant to a contract that was			
	subject to the initial contract exception described in F					
	ın Part III			8		Νo
9	If "Yes" on line 8, did the organization also follow the section $534958-6(c)$?	rebutt	table presumption procedure described in Regulations	9		

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

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

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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation in
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 KERRY KENNEDY MEMBER/PRESIDENT OF	(i)	250,274	0	300	17,500	13,037	281,111	0
RFKHR	(ii)	0	0	0	0	0	0	0
2 LYNN DELANEY EX-OFICIO	(i)	171,156	0	300	12,250	20,586	204,292	0
MEMBER/EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
3 FRANK LARUE DIRECTOR, RFK EUROPE	(i)	125,790	0	300	0	25,416	151,506	0
PROGRAM	(ii)	0	0	0	0	0	0	0
4 RITA JOHNSON DIRECTOR, COMPASS	(i)	148,780	0	300	10,500	9,162	168,742	0
PROGRAM	(ii)	0	0	0	0	0	0	0
5 JOHN HEFFERNAN DIRECTOR, STTP PROGRAM	(i)	155,216	0	300	11,375	31,777	198,668	0
	(ii)	0	0	0	0	0	0	0
6 SANTIAGO CANTON DIRECTOR, PHR PROGRAM	(i)	188,707	0	300	13,090	9,162	211,259	0
	(ii)	0	0	0	0	0	0	0
7 ANGELITA BAEYENS PROJECT DIRECTOR, PHR	(i)	114,687	0	300	8,400	16,620	140,007	0
PROGRAM	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015

Part III	Supplemental	Information
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Provide the information, explanation, or descriptions required for Part 1, lines 1a, 1b, 3, 4b, 4b, 4b, 5a, 5b, 6a, 6b, 7, and 8, and for Part 11. Also complete this part for any additional information						
Return Reference	Explanation					
PART I, LINE 4A	JOHN ZURICK RECIEVED SEVERANCE PAY OF \$8,815					

Schedule J (Form 990) 2015

DLN: 93493214016586

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization ROBERT F KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS 13-2522784 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified person and (c) Description of (d) Corrected? organization transaction Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (i)Written (a) Name of (c) (d) Loan to (e)Original (f)Balance (g) In (h) Purpose of interested with or from the principal due default? Approved agreement? organization loan organization? amount by board or person committee? From Yes Yes No Total **>** \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between (a) Name of interested (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance person interested person and the organization

Part IV Business Transactions			aa 20a 20b ay 20a		
(a) Name of interested person	rganization answered "Yes" on Form 990, Part IV, li rson (b) Relationship between interested person and the organization		(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOHN ZURICK	CHIEF OPERATION OFFICER	19,905	JOHN ZURICK IS A GREATER THAN 35% OWNER IN ZQI, INC ZQI IS A COMPASS PROGRAM CONSULTANT		No
(2) MARK FREITAS	BOARD MEMBER	34,383	INSURANCE BROKERAGE FIRM (MARK EDWARD PARTNERS)		No
(3) MARVIN S ROSEN	BOARD MEMBER	27,271	TELECOMMUNICATIONS COMPASS FOR NY OFFICE (NBS/FUSION TELECOMMUNICATIONS INTL)		No

Part V Supplemental Information

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

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2015

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DLN: 93493214016586

Inspection

OMB No 1545-0047

Open to Public

SCHEDULE M (Form 990)

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

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

NIND I	TOMAN RIGHTS				13-2522784			
Pa	rt I Types of Property			·				
		(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contrib	etermır	_	ts
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						-	
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	4	43,499				
	Securities—Closely held stock .		·					
	Securities—Partnership, LLC,							
	or trust interests							
	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 .							
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other►(NATED GIFT ITEMS	Х	3,620	397,256	FAIR VALUE			
	NATED GIFT ITEMS							
	Other►()							
	Other ► ()							
	Other ► ()							
	Number of Forms 8283 received	bv the orga	inization during the tax vea	r for contributions				
	for which the organization comple		- .		29			
							Yes	No
30a	During the year, did the organiza							
	it must hold for at least three ye	ars from the	e date of the initial contribu	tion, and which is not requi	red to be used			
	for exempt purposes for the enti	re holding p	period ⁹			30a		Νo
b	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif					31		Νo
32a	Does the organization hire or us contributions?	e third parti	=	to solicit, process, or sell	noncash • • •	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	an amount	in column (c) for a type of	property for which column (a) is checked,			

ciicaaic	 01111.330) (2020)
Part	Supplement

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.

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

Schedule M (Form 990) (2015)

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

DLN: 93493214016586

2015

Open to Public Inspection

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

Employer identification number

13-2522784

Return Reference FORMISSIO, PARTI V. ETHEL KENNEDY, KERRY KENNEDY, JOEKENBEDY III, AND MATERIANEDY ALL SERVED ON THE SOARD OF DRESSTONAL LINE2 FORMISSIO, PARTI V. SECTION BLINE 11 AN ADCOLUTINA FRAMERY THE TRAY PER AND HAVE A PAMALY RELATIONSHIP AN ADCOLUTINA ADD THER PARESTS THE FORMISSION AND THE DRAFT IS REVIEWED BY THE CURSULOGID OF A COULTINA ADD THER PARESTS THE FORMISSION AND THE DRAFT IS THE AUDITED HANDAL. STATL SHOW THE COURT AND THE PAREST TO THE AUDITED HANDAL. STATL SHOW THE COURT AND THE PAREST TO THE AUDITED HANDAL. STATL SHOW THE PAREST THE PARESTS THE FORMISSION AND THE CHEFT CHEAT TIME OFFICER AUDITED HANDAL. STATL SHOW THE PAREST THE CHEFT CHEAT TIME OFFICER AUDITED HANDAL. STATL SHOW THE PAREST THE CHEFT CHEAT TIME OFFICER AUDITED HANDAL. STATL SHOW THE PAREST THE CHEFT CHEAT TIME OFFICER AUDITED HANDAL. SHOW THE PAREST THE CHEFT CHEAT TIME OFFICER AUDITED HANDAL. SHOW THE PAREST THE CHEFT CHEAT TIME OFFICER AUDITED HANDAL. SHOW THE PAREST THE CHEFT CHEFT AND THE SOAR AND THE PAREST THE CHEFT CHEFT AND THE SOAR AND T	990 Schedule O, Suppl	emental Information
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SECTIONS, LINE 12C AL, CERPOSSIBLE CONFLICTS WITH STAFF OR BOARD WEBBERS. THERE IS A TRANSPARRAIT PROCESS INVITABLE HOR PROSSIBLE CONFLICT ESUES BY BOELOSED WITH THE RESISON AND THE HOR POPULLY AMOND THE BOARD THE DECOMPTION THE PROSINCE OF THE PROPERTY AND THE BOARD THE PROSINCE OF THE PROPERTY AND THE BOARD THE POPULLY COMMITTEE WILL TYPOCHLY FOR YOUR STUDION FOR THE POPULLY AND DECISIONS THE DECOMPTION THE POST ON AS WELL FORMSO, PART VI, SECTION B, LINE 15 THE PRESIDENC CHEF OFFER TOOLD FORCE, B. EXPECTITE DECOMPTIONS COMPRISATION ARE REVIEWED A NO APPROVED BY THE CHARMAN OF THE BOARD THE CHARMAN USES FORMSOOS OF OTHER COMPRISA AND APPROVED BY THE CHARMAN OF THE BOARD THE CHARMAN USES FORMSOOS OF OTHER COMPRISA A TION THE BOARD APPROVES AND DOCUMENTS THE COMPRISATION OF THE CINLY BOARD MEMBER WHO IS A A PROVIDE THE PRESIDENCY. THE COMPRISATION STREET PROPERTY OF THE COMPRISATION OF THE CINLY BOARD MEMBER WHO IS A A PROVIDE AND THE COMPRISATION STREET PROPERTY OF THE COMPRISATION STREET PROPERTY ON THE COMPRISATIO		· · · · · · · · · · · · · · · · · · ·
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FORM 990, PART VI, SECTION C, LINE 19 FORM 990, PART VI, SECTION C, LINE 19 SERVICES FOR COMMUNICATIONS PROGRAM SERVICE EXPENSES 29, 124 MANAGEMENT AND GENERAL EVEN SERVICES FOR COMMUNICATIONS PROGRAM SERVICE SERVICES FOR BOOK & JOURNALISM PROG RAM SERVICE SERVICES FOR COMMUNICATIONS PROGRAM SERVICE SERVICES FOR BOOK & JOURNALISM PROG RAM SERVICE SERVICES FOR COMMUNICATIONS PROGRAM SERVICE SERVICES FOR BOOK & JOURNALISM PROG RAM SERVICE SERVICES TO REDICATION AND GENERAL EXPENSES 21, 124 SERVICES FOR BOOK & JOURNALISM PROG RAM SERVICE SERVICES FOR COMMUNICATIONS PROGRAM SERVICE EXPENSES 01 TO TALE EXPENSES 01		ND APPROVED BY THE CHAIRMAN OF THE BOARD THE CHAIRMAN USES FORM 990S OF OTHER ORGANIZATIO NS, COMPENSATION SURVEYS, AND OTHER MEANS TO DETERMINE THE REASONABLENESS OF THEIR COMPENS ATION THE BOARD APPROVES AND DOCUMENTS THE COMPENSATION OF THE ONLY BOARD MEMBER WHO IS A KEY EMPLOYEE. THE PRESIDENT, CHIEF OPERATION OFFICER, & EXECUTIVE DIRECTOR DETERMINES THE
FERTINICAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST FORM 990, PART IX, LINE SERVICES FOR COMMUNICATIONS PROGRAM SERVICE EXPENSES 23, 124 MANAGEMENT AND GENERAL SERVICES FOR COMMUNICATIONS PROGRAM SERVICE EXPENSES 23, 124 SERVICES FOR BOOK & JOURNALISM PROG RAM SERVICE EXPENSES 71, 451 MANAGEMENT AND GENERAL EXPENSES 0 FINDRAISING EXPENSES 0 TO TALE EXPENSES 11, 451 SERVICES FOR LEGACY PROGRAM SERVICE EXPENSES 97, 765 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISINS EXPENSES 0 TOTAL EXPENSES 97, 765 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISINS EXPENSES 0 TOTAL EXPENSES 97, 765 MANAGEMENT AND GENERAL EXPENSES 0 TOTAL EXPENSES 39, 3072 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 18, 345 SERVICES FOR YOUNG LEADERS PROGRAM SERVICE EXPENSES 16, 100 MANAGEMENT AND GENERAL LEXTENSES 0 TOTAL EXPENSES 39, 202 SERVICES FOR PARTINER FOR HUMAN RIGHTS PROGRAM SERVICE EXPENSES 183, 345 SERVICES FOR YOUNG LEADERS PROGRAM SERVICE EXPENSES 1, 610 MANAGEMENT AND GENERAL LEXTENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1, 610 MANAGEMENT AND GENERAL LEXTENSES 0 TOTAL EXPENSES 59, 952 SERVICES FOR RRY EUROPE PROGRAM SERVICE EXPENSES 7, 642 M ANAGEMENT AND GENERAL EXPENSES 99, 747 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 TOTAL EXPENSES 99, 747 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 TOTAL EXPENSES 99, 747 MANAGEMENT AND GENERAL EXPENSES 0 TOTAL EXPENSES 0 TOTAL EXPENSES 99, 747 MANAGEMENT AND GENERAL EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 TOTAL EXPENSES 99, 747 MANAGEMENT AND GENERAL EXPENSES 0 TOTAL EXPENSES 0 TOTAL EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 TOTAL EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 TOTAL EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 TOTAL EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 TOTAL EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 TOTAL EXPENSES 0 MANAGEMENT		THE
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