

Return of Organization Exempt from Income Tax

2004

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Form 990 header section including: A For the 2004 calendar year, or tax year beginning 2004, and ending; B Check if applicable; C Name of organization Robert F. Kennedy Memorial; D Employer Identification Number 13-2522784; E Telephone number (202) 463-7575; F Accounting method; G Web site: www.rfkmemorial.org; J Organization type 501(c); K Check here; L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 3,266,069.

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 4 columns (a, b, c, d) for Revenue, Expenses, and Changes in Net Assets or Fund Balances. Includes a 'RECEIVED' stamp dated SEP 26 2005.

SCANNED OCT 19 2005

REVENUE

EXPENSES

ASSETS

25

Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ 52,670. non-cash \$)	52,670.	52,670.		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	210,211.	127,308.	69,615.	13,288.
26	Other salaries and wages	471,822.	285,745.	156,251.	29,826.
27	Pension plan contributions	44,788.	0.	44,788.	0.
28	Other employee benefits	241,148.	0.	241,148.	0.
29	Payroll taxes	65,178.	0.	65,178.	0.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	49,793.	18,316.	17,839.	13,638.
34	Telephone	53,836.	24,185.	27,728.	1,923.
35	Postage and shipping	29,162.	8,287.	8,127.	12,748.
36	Occupancy	105,971.	0.	101,037.	4,934.
37	Equipment rental and maintenance	8,578.	375.	5,073.	3,130.
38	Printing and publications	74,932.	32,044.	2,975.	39,913.
39	Travel	86,608.	60,501.	4,891.	21,216.
40	Conferences, conventions, and meetings	394,607.	87,641.	1,492.	305,474.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	5,002.	0.	5,002.	0.
43	Other expenses not covered above (itemize)				
a	Professional & consulting	529,700.	193,821.	57,477.	278,402.
b	Membership & subscriptions	2,821.	1,781.	902.	138.
c	Insurance	10,885.	0.	10,885.	0.
d	Bad debt	-12,925.	0.	-12,925.	0.
e	See Other Expenses Stmt	25,362.	589,440.	-632,951.	68,873.
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	2,450,149.	1,482,114.	174,532.	793,503.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? Honor and support those in pursuit of justice.
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)

a	<u>Special Programs - Human Rights Award honors individuals for their efforts in defending human rights. Book and Journalism Awards support coverage of the poor and powerless, disadvantaged and neglected, and promote RFK's conviction that a decent society must assure all an equal opportunity.</u> (Grants and allocations \$ 12,500.)	124,723.
b	<u>Center for Human Rights works with the RFK Human Rights Award laureates to advocate for the respect for human rights, and initiates programs to ensure that international laws protecting human rights are enforced.</u> (Grants and allocations \$ 38,470.)	1,251,695.
c	<u>RFK Fellows Program operates and supports community based programs for at-risk youth in Los Angeles and San Francisco.</u> (Grants and allocations \$ 1,700.)	46,795.
d	<u>The Communications Department promotes the programs of the Memorial, including the Robert F. Kennedy Memorial Center for Human Rights and the RFK Fellows Programs, and its events to the national print and broadcast media and the Memorial's nationwide donors. Outreach is accomplished through press releases, a newsletter and the Memorial's website.</u> (Grants and allocations \$ 0.)	58,901.
e	Other program services (Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,482,114.

Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing ..		45	600.
	46 Savings and temporary cash investments	102,255.	46	114,228.
	47a Accounts receivable ..	47a 2,842.		
	b Less: allowance for doubtful accounts ..	47b	8,755.	47c 2,842.
	48a Pledges receivable ..	48a 241,301.		
	b Less: allowance for doubtful accounts ..	48b 21,131.	354,815.	48c 220,170.
	49 Grants receivable ..		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		174,090.	53 92,770.
	54 Investments – securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,466,144.	54 1,441,824.
	55a Investments – land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments – other (attach schedule)			56
	57a Land, buildings, and equipment: basis	57a 67,648.		
	b Less: accumulated depreciation (attach schedule) L-57 Stmt	57b 66,019.	6,631.	57c 1,629.
	58 Other assets (describe ▶ See Line 58 Stmt)		56,371.	58 56,371.
59 Total assets (add lines 45 through 58) (must equal line 74)		2,169,061.	59 1,930,434.	
LIABILITIES	60 Accounts payable and accrued expenses		244,816.	60 254,998.
	61 Grants payable ..		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶)		65	
66 Total liabilities (add lines 60 through 65)		244,816.	66 254,998.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted ..		934,275.	67 713,503.
	68 Temporarily restricted		153,465.	68 125,428.
	69 Permanently restricted		836,505.	69 836,505.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds ..		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund ..		71	
	72 Retained earnings, endowment, accumulated income, or other funds ..		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)		1,924,245.	73 1,675,436.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		2,169,061.	74 1,930,434.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)			Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		
a	Total revenue, gains, and other support per audited financial statements	a 2,201,340.	a	Total expenses and losses per audited financial statements	a 2,450,149.
b	Amounts included on line a but not on line 12, Form 990:		b	Amounts included on line a but not on line 17, Form 990:	
(1)	Net unrealized gains on investments \$ -4,579.		(1)	Donated services and use of facilities \$	
(2)	Donated services and use of facilities \$		(2)	Prior year adjustments reported on line 20, Form 990 \$	
(3)	Recoveries of prior year grants \$		(3)	Losses reported on line 20, Form 990 \$	
(4)	Other (specify):		(4)	Other (specify):	
	----- \$			----- \$	
	Add amounts on lines (1) through (4)	b -4,579.		Add amounts on lines (1) through (4)	b
c	Line a minus line b	c 2,205,919.	c	Line a minus line b	c 2,450,149.
d	Amounts included on line 12, Form 990 but not on line a:		d	Amounts included on line 17, Form 990 but not on line a:	
(1)	Investment expenses not included on line 6b, Form 990 \$		(1)	Investment expenses not included on line 6b, Form 990 \$	
(2)	Other (specify):		(2)	Other (specify):	
	----- \$			----- \$	
	Add amounts on lines (1) and (2)	d		Add amounts on lines (1) and (2)	d
e	Total revenue per line 12, Form 990 (line c plus line d)	e 2,205,919.	e	Total expenses per line 17, Form 990 (line c plus line d)	e 2,450,149.

List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
W. Dean Smith Washington, DC	Chair 5	0.	0.	0.
Dr. John C. Baldwin Washington, DC	Board Member 2	0.	0.	0.
Gregory Craig Washington, DC	Treasurer 2	0.	0.	0.
Dan Glickman Washington, DC	Board Member 2	0.	0.	0.
Edwin O. Guthman Washington, DC	Board Member 2	0.	0.	0.
See List of Officers, Etc. Statement		210,211.	47,537.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
 If 'Yes,' attach schedule -- see instructions

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Award entry fees					16,080.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	765.	
96 Dividends & interest from securities			14	37,655.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	139,703.	
101 Net income or (loss) from special events					-114,108.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				178,123.	-98,028.
105 Total (add line 104, columns (B), (D), and (E))					80,095.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Entry fees are used to defray the costs of the Robert F. Kennedy Book and Journalism Awards. Such awards are part of the Organization's exempt purpose.

See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign: M. Kennedy Date: 9/13/05

of Robert F. Kennedy Memorial Administration

Date: 9/13/05 Check if self-prepared: Preparer's SSN or PTIN (See General Instruction W)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization

Robert F. Kennedy Memorial

Employer identification number

13-2522784

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Todd Howland ----- Washington, DC	Dir., Center for Human Rights 37 5	111,550.	25,226.	0.
Abdelilah Kadili ----- Washington, DC	Sr. Program Officer 37 5	52,250.	11,816.	0.

Total number of other employees paid over \$50,000	None			

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
The Catered Affair ----- Accord, MA 02018	Catering	75,905.
Orr Associates, Inc. ----- Washington, DC 20007	Event Organization	220,723.

Total number of others receiving over \$50,000 for professional services	None	

Statements About Activities (See instructions.)

Table with columns for question number, description, Yes, and No. Includes questions 1 through 4b regarding lobbying, property sales, lending, and grants.

Reason for Non-Private Foundation Status (See instructions.)

- List of reasons for non-private foundation status, including: A church, A school, A hospital, A Federal/state/local government unit, A medical research organization, etc.

Table for supported organizations with columns for (a) Name(s) of supported organization(s) and (b) Line number from above.

14 An organization organized and operated to test for public safety Section 509(a)(4). (See instructions.)

Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,673,981.	1,835,610.	2,760,767.	4,197,339.	10,467,697.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	224,915.	198,735.	219,390.	282,000.	925,040.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	26,299.	52,339.	109,478.	174,200.	362,316.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			100.	367.	467.
23 Total of lines 15 through 22	1,925,195.	2,086,684.	3,089,735.	4,653,906.	11,755,520.
24 Line 23 minus line 17	1,700,280.	1,887,949.	2,870,345.	4,371,906.	10,830,480.
25 Enter 1% of line 23	19,252.	20,867.	30,897.	46,539.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 216,610.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 821,393.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 10,830,480.
d Add: Amounts from column (e) for lines:	18 362,316.	19	22 467.	26b 821,393.	26d 1,184,176.
e Public support (line 26c minus line 26d total)					26e 9,646,304.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 89.07 %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines:	15 _____	16 _____	17 _____	20 _____	21 _____
d Add: Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____ %
					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with columns: Question Number, Question Text, N/A, Yes, No. Rows include questions 29-35 regarding nondiscrimination policies, financial aid, and organizational requirements.

Part III Lobbying Expenditures by Electing Public Charities (See instructions)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table –		
	If the amount on line 40 is –		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is –		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000	41	
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part IV Lobbying Activity by Nonelecting Public Charities (See instructions)
(For reporting only by organizations that did not complete Part VI-A)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Name Robert F. Kennedy Memorial	Employer Identification Number 13-2522784
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Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
Publicly Traded Securities	887,025.	Cost	747,322.
		Selling Expenses	
		Basis	747,322.

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
Total Securities			887,025.	747,322.
Gain or (Loss) from Sale of Securities				139,703.

Part I, Line 8, Column (B) Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
Total Other Assets					
Gain or (Loss) from Sale of Other Assets					

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
HP Golf	427,450.	306,450.	121,000.	220,669.	-99,669.
SF Golf	51,100.	40,100.	11,000.	15,521.	-4,521.
Hickory Hill Dinner	922,955.	868,235.	54,720.	47,020.	7,700.
Boston DNC Convention	157,200.	145,200.	12,000.	29,618.	-17,618.
Total	<u>1,558,705.</u>	<u>1,359,985.</u>	<u>198,720.</u>	<u>312,828.</u>	<u>-114,108.</u>

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Indirect allocations	0.	383,586.	-425,438.	41,852.
Stipends	7,405.	5,105.	0.	2,300.
Benefit allocation	0.	198,505.	-220,008.	21,503.
Miscellaneous	2,880.	2,244.	636.	0.
Bank fees	15,077.	0.	11,859.	3,218.
Total	<u>25,362.</u>	<u>589,440.</u>	<u>-632,951.</u>	<u>68,873.</u>

Form 990, Page 3, Part IV, Line 54

Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
Commons stocks	2,139.	1,665.
Mutual funds	1,464,005.	1,440,159.
Total	<u>1,466,144.</u>	<u>1,441,824.</u>

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Furniture & Equipment	57,298.	55,669.	1,629.
Leasehold Improvement	10,350.	10,350.	0.
Total	<u>67,648.</u>	<u>66,019.</u>	<u>1,629.</u>

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
Deposits	6,646.	6,646.
Other Assets	2,925.	2,925.
Fine Art	46,800.	46,800.
Total	<u>56,371.</u>	<u>56,371.</u>

Form 990, Page 4, Part V

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Sen. Edward M. Kennedy Washington, DC	Board Member 2	0.	0.	0.
Kerry Kennedy Washington, DC	Board Member 4	0.	0.	0.
Mrs. Robert F. Kennedy Washington, DC	Board Member 10	0.	0.	0.
Hon. John R. Lewis Washington, DC	Board Member 2	0.	0.	0.
Michael Posner Washington, DC	Board Member 2	0.	0.	0.
Jack Quinn Washington, DC	Board Member 2	0.	0.	0.
Marvin S. Rosen Washington, DC	Board Member 2	0.	0.	0.
Dr. Jeffrey Sachs Washington, DC	Board Member 2	0.	0.	0.
David F. Stein Washington, DC	President 2	0.	0.	0.
Elizabeth Stevens Washington, DC	Board Member 2	0.	0.	0.
Wm. J. vanden Heuvel Washington, DC	Board Member 2	0.	0.	0.
Anthony Williams Washington, DC	Secretary 2	0.	0.	0.

Form 990, Page 4, Part V

Continued

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Lynn Delaney Washington, DC	Executive Dir. 37.5	137,406.	31,073.	0.
Maribeth Iler Washington, DC	Dir of Finance & Admin 37.5	72,805.	16,464.	0.
Harry Belafonte Washington, DC	Board Member 2	0.	0.	0.
Kevin O'Sullivan Washington, DC	Board Member 2	0.	0.	0.
Dr. Dean W. Rudoy Washington, DC	Board Member 2	0.	0.	0.
Total		<u>210,211.</u>	<u>47,537.</u>	<u>0.</u>

Form 990, Page 6, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
101	<u>Special events which support the Organization's exempt purpose.</u>

Explanation Statement

Form/Line: Schedule A, Page 2, Part III Line 3a
 Explanation of: How We Determine Which Recipients Qualify to Receive Payments

The Memorial determines the recipients of grants as follows:

After an extensive and competitive process of review and selection, the Memorial presents awards to individuals and organizations to recognize their outstanding and courageous work in the field of human rights and social justice.

As an extension of the programmatic mission of the Memorial, occasional grants are provided to individuals and organizations to further their critical efforts in the field of human rights and social justice.

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
Unrealized loss on investments	-4,579.
Total	<u>-4,579.</u>

Supporting Statement of:

Form 990 p 2/Line 22-Cash

Description	Amount
Cameron Lawrence, Louisville, KY	1,000.
Scott Turow, New York, NY	2,000.
John Sherffius, Ballwin, MO	1,000.
Sarah Schaffer, Greenbelt, MD	500.
Brant Ward, Petaluma, CA	1,000.
The Palm Beach Post, West Palm Beach, FL	1,000.
Rachel Dretzin, Brooklyn, NY	2,000.
Washington High School, Washington, MO	1,000.
Joseph Kahn, New York, NY	1,000.
Century High School, Bismark, ND	1,000.
Torture Abolition & Survivors Support Coalition, DC	200.
Delphine Djiraibe, Chad	30,000.
Public Advocate, Sacramento, CA	6,000.
John Rumbiak, New York, NY	2,090.
Farmworker Justice/CIW, Immokalee, FL	180.
Maisha Robinson, Carson, CA	1,700.
Bradley Clift. Hartford, CT	1,000.
Total	<u>52,670.</u>

Ln 55 & 57 Stmt: Line 57, Description-1

Furniture and equipment are recorded at cost and depreciated over estimated useful lives of five to ten years using the straight-line depreciation method. Leashold improvements are amortized over the remaining life of the lease. All acquisitions greater than or equal to \$3,000 with an expected life greater than one year are capitalized.

Form 990 p 5: Line 90a

Alabama
Alaska
Arizona
Arkansas
California
Connecticut
District of Columbia
Florida
Georgia
Illinois
Kansas
Kentucky
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
Tennessee
Utah
Virginia
Washington
West Virginia
Wisconsin

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print	Name of Exempt Organization Robert F. Kennedy Memorial	Employer identification number 13-2522784
	Number, street, and room or suite number. If a P.O. box, see instructions. 1367 Connecticut Ave., NW, #200	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington DC 20036-1859	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of The Memorial Society
Telephone No. (202) 463-7575 FAX No. (202) 463-6606
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until Nov 15, 2005.

5 For calendar year 2004, or other tax year beginning , 20 , and ending , 20 .

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension ... The information necessary to ensure the filing of a proper return has not yet been obtained. Once this information is made available th return will be filed.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ 0.

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.

Signature and Verification

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

Signature Amy Fox Title CPA Date 08/04/05

Notice to Applicant – To be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other:

Director _____ By: _____ **EXTENSION APPROVED**

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name Langan Associates, P.C.	AUG 25 2005 FIELD DIRECTOR SUBMISSION PROCESSING, COLLECT
	Number and street (include suite, room, or apartment number) or a P.O. box number 2900 South Quincy Street, Suite 150	
	City or town, province or state, and country (including postal or ZIP code) Arlington VA 22206	

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Automatic 3-Month Extension of Time – Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number	
	Robert F. Kennedy Memorial		13-2522784	
	Number, street, and room or suite number. If a P.O. box, see instructions.			
	1367 Connecticut Ave., NW, #200		state	ZIP code
City, town or post office For a foreign address, see instructions				
Washington			DC	20036-1859

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ The Memorial

Telephone No. ▶ (202) 463-7575 FAX No. ▶ (202) 463-6606

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

- I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until Aug 15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year 2004 or
 - ▶ tax year beginning _____, 20____, and ending _____, 20_____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____ 0.
- b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____ 0.
- c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev 12-2004)