

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2007

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization ROBERT F. KENNEDY MEMORIAL	D Employer identification number 13-2522784	
		Number and street (or P.O. box if mail is not delivered to street address) 1367 CONNECTICUT AVE, NW	Room/suite 200	E Telephone number (202) 463-7575
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **N/A**

G Website: WWW.RFKMEMORIAL.ORG

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

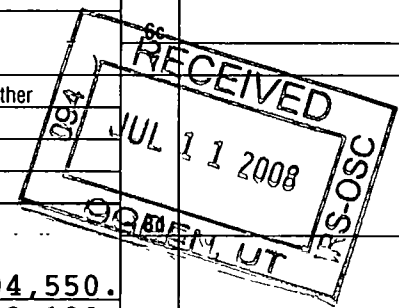
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,619,648.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue ANNED JUL 21 2008	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	2,271,229.	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ 1,807,849. noncash \$ 463,380.)	1e		2,271,229.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		17,350.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		24,403.
	5 Dividends and interest from securities	5		24,573.
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a				
7 Other investment income (describe)				
8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b Less: cost or other basis and sales expenses	8a			
c Gain or (loss) (attach schedule)	8b			
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ 420,050. of contributions reported on line 1b)	9a	204,550.		
b Less: direct expenses other than fundraising expenses	9b	323,120.		
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		-118,570.	
10 a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11		77,543.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		2,296,528.	
Expenses	13 Program services (from line 44, column (B))	13	1,447,323.	
	14 Management and general (from line 44, column (C))	14	267,353.	
	15 Fundraising (from line 44, column (D))	15	530,797.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17		2,245,473.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	51,055.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,330,726.	
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		1,374,425.



723001 12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

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Part II 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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>)	22a			
22b Other grants and allocations (attach schedule) (cash \$ <u>43,500</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input checked="" type="checkbox"/>)	22b	43,500.	43,500.	STATEMENT 3 STATEMENT 4
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	376,211.	289,895.	73,046. 13,270.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0. 0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	307,835.	155,636.	128,800. 23,399.
27 Pension plan contributions not included on lines 25a, b, and c	27	34,628.	17,507.	14,489. 2,632.
28 Employee benefits not included on lines 25a - 27	28	100,941.	50,531.	43,358. 7,052.
29 Payroll taxes	29	36,651.	18,530.	15,335. 2,786.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	54,990.	28,922.	15,475. 10,593.
34 Telephone	34	20,067.	8,550.	11,033. 484.
35 Postage and shipping	35	29,156.	18,151.	4,304. 6,701.
36 Occupancy	36	133,460.	1,508.	126,543. 5,409.
37 Equipment rental and maintenance	37	10,649.	120.	10,529.
38 Printing and publications	38	58,351.	21,982.	3,516. 32,853.
39 Travel	39	57,400.	35,348.	7,697. 14,355.
40 Conferences, conventions, and meetings	40	421,888.	185,880.	1,500. 234,508.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	1,274.		1,274.
43 Other expenses not covered above (itemize):				
a PROFESSIONAL &	43a			
b CONSULTANT	43b	435,395.	242,353.	72,086. 120,956.
c MEMBERSHIP FEES AND	43c			
d SUBSCRIPTIONS	43d	10,042.	5,520.	1,154. 3,368.
e INDIRECT COSTS	43e	0.	322,433.	-368,992. 46,559.
f MISC FEES	43f	19,557.	957.	12,728. 5,872.
g BAD DEBT	43g	93,478.		93,478.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,245,473.	1,447,323.	267,353. 530,797.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 6</u>	Program Service Expenses
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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <u>SPECIAL PROGRAMS - 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 \$ <u>13,500.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	165,077.
b <u>CENTER FOR HUMAN RIGHTS WORKS WITH THE RFK HUMAN RIGHTS AWARDS LAUREATES ON THE GROUND IN TWENTY-SEVEN COUNTRIES 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 \$ <u>30,000.</u>) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	659,256.
c <u>SPEAK TRUTH TO POWER IS A MULTI-FACETED PROJECT THAT INCREASES AWARENESS OF HUMAN RIGHTS THROUGH A BOOK, A WORLDWIDE PHOTO EXHIBIT, INTERNATIONAL DISTRIBUTION OF EDUCATIONAL PACKETS, AND PRESENTATION OF THE PLAY.</u>	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	490,968.
d <u>SEE STATEMENT 5</u>	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	132,022.
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	1,447,323.

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Part IV Balance Sheets (See the 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	300.	45	300.
	46 Savings and temporary cash investments	813,177.	46	363,340.
	47 a Accounts receivable	47a 78,271.		
	b Less: allowance for doubtful accounts	47b 51,137.	14,722.	47c 27,134.
	48 a Pledges receivable	48a 385,319.		
	b Less: allowance for doubtful accounts	48b	162,300.	48c 385,319.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		52,059.	53 34,359.
	54 a Investments - publicly-traded securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		597,680.	54a 614,951.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
55 a Investments - land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation	55b		55c	
56 Investments - other			56	
57 a Land, buildings, and equipment basis	57a 68,192.			
b Less: accumulated depreciation STMT 7	57b 66,706.	2,760.	57c 1,486.	
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 8)		53,572.	58 52,872.	
59 Total assets (must equal line 74). Add lines 45 through 58		1,696,570.	59 1,479,761.	
Liabilities	60 Accounts payable and accrued expenses		365,844.	60 100,131.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ DEFERRED RENT)		0.	65 5,205.
66 Total liabilities . Add lines 60 through 65		365,844.	66 105,336.	
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		269,194.	67 302,472.
	68 Temporarily restricted		25,027.	68 30,448.
	69 Permanently restricted		1,036,505.	69 1,041,505.
	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 and column (B) must equal line 21)		1,330,726.	73 1,374,425.
	74 Total liabilities and net assets/fund balances . Add lines 66 and 73		1,696,570.	74 1,479,761.

Part VI Other Information (continued)

Form 990 (2007) Part VI Other Information (continued)
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88 b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)?
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955
89 b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter: Amount of tax on line 89c, above, reimbursed by the organization
89 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
89 f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?
89 g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2007
91 a The books are in care of
91 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 | N/A

Part VII Analysis of Income-Producing Activities (See the 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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a AWARD ENTRY FEES					17,350.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	24,403.	
96 Dividends and interest from securities			14	24,573.	
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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	-118,570.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a LICENSING FEES			15	77,543.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		7,949.	17,350.
105 Total (add line 104, columns (B), (D), and (E))					25,299.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the 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 COST OF THE ROBERT F. KENNEDY BOOK AND JOURNALISM AWARDS. SUCH AWARDS ARE PART OF THE ORGANIZATION'S EXEMPT PURPOSE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(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
N/A	%			
	%			
	%			
	%			

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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

Please Sign Here: *Lynn M De la ney* Signature of officer, Date: 5/20/08
 Type or print name and title: Lynn M De la ney

Paid Preparer's Use Only: Preparer's signature: *Yung-Hue Gallie*, Date: 5/19/08, Check if self-employed: , Preparer's SSN or PTIN (See Gen Inst X):
 Firm's name (or yours if self-employed), address, and ZIP + 4: LARSON ALLEN LLP, 2900 SOUTH QUINCY ST., SUITE 150, ARLINGTON, VA 22206
 EIN: Phone no.: 703-998-5100

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization

ROBERT F. KENNEDY MEMORIAL

Employer identification number

13 2522784

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

(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
<u>BRIGETTE VANNALL WALLACE</u> <u>1367 CONNECTICUT AVE., NW, SUITE 200,</u>	<u>SENIOR ACCOUNTANT</u> <u>37.50</u>	<u>55,250.</u>	<u>11,588.</u>	<u>0.</u>
<u>JENNIFER JONES</u> <u>1367 CONNECTICUT AVE., NW, SUITE 200,</u>	<u>DEV. COORDINA</u> <u>37.50</u>	<u>51,300.</u>	<u>10,759.</u>	<u>0.</u>
<u>MONIKA KALRA VARMA</u> <u>1367 CONNECTICUT AVE., NW, SUITE 200,</u>	<u>DIRECTOR</u> <u>37.50</u>	<u>91,300.</u>	<u>19,148.</u>	<u>0.</u>
<u>SUSHETHA GOPALLAWA</u> <u>1367 CONNECTICUT AVE., NW, SUITE 200,</u>	<u>PROGRAM DIRECTOR</u> <u>37.50</u>	<u>50,300.</u>	<u>10,549.</u>	<u>0.</u>

Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the 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
<u>KERRY KENNEDY</u> <u>MT. KISCO, NY 10549</u>	<u>PROGRAM MGMT.</u>	<u>201,630.</u>
<u>TIRNAGOG</u> <u>NEW YORK, NY 10016</u>	<u>CONSULTANT</u>	<u>99,960.</u>
<u>UMBRAGE EDITIONS</u> <u>BROOKLYN, NY 11201</u>	<u>EXHIBITION ORG.</u>	<u>56,334.</u>

Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		

Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities? SEE STATEMENT 15	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 16		
a	Did the organization have a section 403(b) annuity plan for its employees?	X	
b	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
c	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
a	Did the organization make any taxable distributions under section 4966? N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
c	Enter the total number of donor advised funds owned at the end of the tax year		N/A
d	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
e	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
f	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(v). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,941,735.	1,450,865.	2,260,469.	1,673,981.	8,327,050.
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	200,744.	202,785.	214,800.	224,915.	843,244.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	28,978.	26,548.	38,420.	26,299.	120,245.
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					
23 Total of lines 15 through 22	3,171,457.	1,680,198.	2,513,689.	1,925,195.	9,290,539.
24 Line 23 minus line 17	2,970,713.	1,477,413.	2,298,889.	1,700,280.	8,447,295.
25 Enter 1% of line 23	31,715.	16,802.	25,137.	19,252.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 168,946.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 202,777.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 8,447,295.
d Add: Amounts from column (e) for lines: 18 <u>120,245.</u> 19 _____ 22 _____ 26b <u>202,777.</u>					26d 323,022.
e Public support (line 26c minus line 26d total)					26e 8,124,273.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 96.1760%
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: N/A	(2006)	(2005)	(2004)	(2003)	
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 11b, 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: N/A	(2006)	(2005)	(2004)	(2003)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
HYANNIS PORT GOLF TOURNAMENT	624,600.	420,050.	204,550.	323120.	-118,570.
TO FM 990, PART I, LINE 9	624,600.	420,050.	204,550.	323120.	-118,570.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-7,356.
TOTAL TO FORM 990, PART I, LINE 20	-7,356.

ROBERT F. KENNEDY MEMORIAL

13-2522784

HUMAN RIGHTS JOURNALISM RENATA SIMONE MARBLEHEAD, MA	NONE	1,000.
HUMAN RIGHTS JOURNALISM DANIEL ZWERDLING WASHINGTON, DC	NONE	1,000.
HUMAN RIGHTS JOURNALISM MATT BLACK LEMON COVE, CA	NONE	1,000.
HUMAN RIGHTS JOURNALISM MIKE STOCKER HOLLYWOOD, FL	NONE	500.
HUMAN RIGHTS JOURNALISM JOE AMON BOCA RATON, FL	NONE	500.
HUMAN RIGHTS JOURNALISM CLAY BENNETT MILTON, MA	NONE	1,000.
HUMAN RIGHTS JOURNALISM RUTH BRADLEY LUBBOCK, TX	NONE	500.
HUMAN RIGHTS JOURNALISM SCOTT DETROW WASHINGTON, DC	NONE	500.
HUMAN RIGHTS JOURNALISM DAVE DAVIS SPRINGFIELD, MO	NONE	1,000.
SUDAN HUMAN RIGHTS DR. MOHAMMAD AHMED ABDALLAH SUDAN	NONE	30,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B		<u>42,500.</u>

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND FIXTURES	57,842.	56,356.	1,486.
LEASEHOLD IMPROVEMENTS	10,350.	10,350.	0.
TOTAL TO FORM 990, PART IV, LN 57	68,192.	66,706.	1,486.

FORM 990 OTHER ASSETS STATEMENT 8

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEPOSITS	10,347.	9,647.
OTHER ASSETS	2,925.	2,925.
FINE ART	40,300.	40,300.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	53,572.	52,872.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			614,951.	614,951.
TO FORM 990, LINE 54A, COL B				614,951.	614,951.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 10
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PHILIP W. JOHNSTON 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	CHAIR 5.00	0.	0.	0.
DR. JOHN C. BALDWIN 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 2.00	0.	0.	0.
ANTHONY WILLIAMS 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	TREASURER 2.00	0.	0.	0.
HARRY BELAFONTE 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 2.00	0.	0.	0.
PROF. PETER B. EDELMAN 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 2.00	0.	0.	0.
MARK E. FREITAS 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 2.00	0.	0.	0.
MICHAEL FUCHS 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 2.00	0.	0.	0.
HON. DAN GLICKMAN 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 2.00	0.	0.	0.
DANNY GLOVER 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 2.00	0.	0.	0.
EDWIN O. GUTHMAN 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 2.00	0.	0.	0.
HON. EDWARD M. KENNEDY 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 2.00	0.	0.	0.

ROBERT F. KENNEDY MEMORIAL

13-2522784

KERRY KENNEDY 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 30.00	201,630.	0.	0.
MRS. ROBERT F. KENNEDY 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
HON. JOHN R. LEWIS 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 2.00	0.	0.	0.
DENNIS M. MATHISEN 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 2.00	0.	0.	0.
FREDERIC H. MAYERSON 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 2.00	0.	0.	0.
MICHAEL POSNER 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 2.00	0.	0.	0.
MARVIN S. ROSEN 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 2.00	0.	0.	0.
DR. DEAN W. RUDOY 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 2.00	0.	0.	0.
DR. JEFFREY SACHS 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 2.00	0.	0.	0.
DAVID F. STEIN 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	PRESIDENT 2.00	0.	0.	0.
HON. KATHLEEN KENNEDY TOWNSEND 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 2.00	0.	0.	0.
HON. WILLIAM J. VANDEN HEUVEL 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 2.00	0.	0.	0.
DAVID I. J. WANG 1367 CONNECTICUT AVE., NW, STE 200 WASHINGTON, DC 20036	BOARD MEMBER 2.00	0.	0.	0.

LYNN DELANEY	EXECUTIVE DIRECTOR		
1367 CONNECTICUT AVE., NW, STE 200	37.50	144,314.	30,267.0.
WASHINGTON, DC 20036			

TOTALS INCLUDED ON FORM 990, PART V-A

345,944.	30,267.0.
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FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 11

INDIVIDUAL'S NAME

TITLE OR ROLE

KERRY KENNEDY

BOARD MEMBER

INDIVIDUAL'S NAME

TITLE OR ROLE

MRS. ROBERT F. KENNEDY

BOARD MEMBER

EXPLANATION OF RELATIONSHIP

KERRY KENNEDY IS THE DAUGHTER OF MRS. ROBERT F. KENNEDY

INDIVIDUAL'S NAME

TITLE OR ROLE

HONORABLE KATHLEEN KENNEDY TOWNSEND

BOARD MEMBER

INDIVIDUAL'S NAME

TITLE OR ROLE

MRS. ROBERT F. KENNEDY

BOARD MEMBER

EXPLANATION OF RELATIONSHIP

HONORABLE KATHLEEN KENNEDY TOWNSEND IS THE DAUGHTER OF MRS. ROBERT F. KENNEDY.

GENERAL EXPLANATION STATEMENT
FORM AND LINE REFERENCES

13

FORM/LINE IDENTIFIER DESCRIPTION/RETURN REFERENCE

FORM 990, PART II, LINE 42

EXPLANATION OF METHOD OF DEPRECIATION

GENERAL EXPLANATION STATEMENT

14

FURNITURE AND EQUIPMENT ARE RECORDED AT COST AND DEPRECIATED OVER ESTIMATED USEFUL LIVES OF THREE TO TEN YEARS USING THE STRAIGHT-LINE DEPRECIATION METHOD. LEASEHOLD IMPROVEMENTS ARE AMORTIZED OVER THE LESSER OF THE REMAINING LIFE OF THE LEASE OR THE ESTIMATED USEFUL LIVES OF THE IMPROVEMENTS. ALL ACQUISITIONS GREATER THAN OR EQUAL TO \$3,000 WITH AN EXPECTED LIFE GREATER THAN ONE YEAR ARE CAPITALIZED.

SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2C	STATEMENT 15
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THE ORGANIZATION CONTRACTS BOARD MEMBER KERRY KENNEDY FOR CONSULTING SERVICES RELATED TO THE "SPEAK TRUTH TO POWER" PROGRAM OF THE MEMORIAL.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 16
PART III, LINE 3A

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, OCCASSIONAL
GRANTS ARE PROVIDED TO INDIVIDUALS AND ORGANIZATIONS TO FURTHUR THEIR
CRITICAL EFFORTS IN THE FIELD OF HUMAN RIGHTS AND SOCIAL JUSTICE.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	ROBERT F. KENNEDY MEMORIAL	13 : 2522784
	Number, street, and room or suite no. If a P.O. box, see instructions	
	1367 CONNECTICUT AVE, NW, SUITE 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
WASHINGTON, DC 20036		

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 (sec 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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 2007 or
- ▶ tax year beginning _____, 20____, and ending _____, 20_____.

2 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	3a	\$
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.	3b	\$
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	3c	\$

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