

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 www.irs.gov/form990.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning , **2019**, and ending , **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ROBIN HOOD FOUNDATION			D Employer identification number 13-3441066	
	Doing Business As			E Telephone number (212) 227-6601	
	Number and street (or P.O. box if mail is not delivered to street address) 826 BROADWAY		Room/suite 9TH FL		
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10003			G Gross receipts \$ 212,686,835.	
F Name and address of principal officer: WES MOORE, CEO 826 BROADWAY, 9TH FLOOR, NEW YORK, NY 10003			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶		
J Website: ▶ WWW.ROBINHOOD.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1988 M State of legal domicile: NY		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ROBIN HOOD SUPPORTS THE MOST EFFECTIVE POVERTY-FIGHTING PROGRAMS IN NYC. RH'S BOARD PAYS ALL OVERHEAD COSTS, SO 100% OF NON-BOARD DONATIONS GO TO HELPING NEW YORKERS IN NEED.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		39.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		39.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5		128.
	6 Total number of volunteers (estimate if necessary)	6		575.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
b Net unrelated business taxable income from Form 990-T, line 34	7b		0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year 139,544,245.	Current Year 156,950,210.
	9 Program service revenue (Part VIII, line 2g)		0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,798,709.	8,335,829.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-12,340,516.	-12,938,691.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		133,002,438.	152,347,348.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		173,290,830.
14 Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			18,365,113.	20,519,905.
16a Professional fundraising fees (Part IX, column (A), line 11e)			75,000.	75,000.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,888,450.				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			7,035,423.	8,982,614.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		198,766,366.	140,010,455.	
19 Revenue less expenses. Subtract line 18 from line 12		-65,763,928.	12,336,893.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year 345,370,943.	End of Year 365,604,454.
	21 Total liabilities (Part X, line 26)		75,578,590.	68,418,149.
	22 Net assets or fund balances. Subtract line 21 from line 20.		269,792,353.	297,186,305.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date
	▶ Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature <i>Scott Thompson</i>	Date 11/12/2020	Check <input type="checkbox"/> if self-employed	PTIN P00741490
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-605558			
	Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013	Phone no. 212-599-0100			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ROBIN HOOD FOUNDATION	Taxpayer identification number (TIN) 13-3441066
	Number, street, and room or suite no. If a P.O. box, see instructions. 826 BROADWAY 9TH FL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10003	

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

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

DEREK FERGUSON

• The books are in the care of ► 826 BROADWAY, 9TH FLOOR NEW YORK NY 10003

Telephone No. ► 212 227-6601 Fax No. ►

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

1 I request an automatic 6-month extension of time until 11/16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2019 or
- tax year beginning _____, 20____, and ending _____, 20____.

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

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

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 123,190,530. including grants of \$ 108,703,043.) (Revenue \$ 0.)

SEE DESCRIPTION OF CORE GRANT MAKING IN SCHEDULE O.

4b (Code:) (Expenses \$ 837,862. including grants of \$ 739,328.) (Revenue \$ 0.)

SEE DESCRIPTION OF CAPITAL GRANTS IN SCHEDULE O.

4c (Code:) (Expenses \$ 657,940. including grants of \$ 580,565.) (Revenue \$ 0.)

SEE DESCRIPTION OF MANAGEMENT AND TECHNICAL ASSISTANCE IN SCHEDULE O.

4d Other program services (Describe on Schedule O.) ATTACHMENT 2

(Expenses \$ 464,643. including grants of \$ 410,000.) (Revenue \$ 0.)

4e Total program service expenses 125,150,975.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (39), 1b (39), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records DEREK FERGUSON 826 BROADWAY, 9TH FLOOR NEW YORK, NY 10003 212-227-6601

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WES MOORE CEO/NON-VOTING DIRECTOR	60.00 0.	X		X				875,068.	0.	98,527.
(2) BETH ZOLKIND CFO & ASSISTANT TREASURER	60.00 0.			X				341,335.	0.	427,453.
(3) DEREK FERGUSON CHIEF OPERATING OFFICER	60.00 0.			X				539,586.	0.	142,351.
(4) ROSE BROMKA CHIEF OF STAFF (THRU 04/2019)	60.00 0.					X		604,048.	0.	25,422.
(5) KRISTINE SUDANO CHIEF DEVELOPMENT OFFICER	60.00 0.				X			421,044.	0.	127,774.
(6) EMARY ARONSON CHIEF PROGRAM OFFICER	60.00 0.				X			386,557.	0.	100,003.
(7) SUSAN SACK MD, REAL ESTATE	60.00 0.					X		350,667.	0.	78,953.
(8) NISHA PATEL MD, NARR. CHNG. & NATL INIT.	60.00 0.					X		311,718.	0.	79,402.
(9) JOANNA PRESSMAN GENERAL COUNSEL/ASST SECRETARY	60.00 0.			X				275,916.	0.	105,689.
(10) DEBORAH MCCOY MD, EARLY CHILDHOOD & YOUTH	60.00 0.					X		281,861.	0.	92,037.
(11) SUSAN EPSTEIN MD, JOBS AND ECON. SEC.	60.00 0.					X		282,364.	0.	82,713.
(12) SAMANTHA TWEEDY CHIEF PSHIP. & IMPACT OFFICER	60.00 0.				X			256,462.	0.	105,178.
(13) JASON CONE CHIEF PUBLIC POLICY OFFICER	60.00 0.				X			235,796.	0.	99,701.
(14) LARRY ROBBINS CHAIR	3.00 0.	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANNE DINNING ----- VICE-CHAIR	1.50 ----- 0.	X		X				0.	0.	0.
(16) CECILY CARSON ----- VICE-CHAIR	1.50 ----- 0.	X		X				0.	0.	0.
(17) PETER F BORISH ----- SECRETARY AND TREASURER	1.50 ----- 0.	X		X				0.	0.	0.
(18) LEE AINSLIE III ----- DIRECTOR	1.50 ----- 0.	X						0.	0.	0.
(19) JACKLYN BEZOS ----- DIRECTOR	1.50 ----- 0.	X						0.	0.	0.
(20) VICTORIA BJORKLUND ----- DIRECTOR	1.50 ----- 0.	X						0.	0.	0.
(21) JEFF BLAU ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(22) EMMA BLOOMBERG ----- DIRECTOR (THRU 06/2019)	1.00 ----- 0.	X						0.	0.	0.
(23) SCOTT BOMMER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(24) GEOFFREY CANADA ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(25) KATIE COURIC ----- DIRECTOR (THRU 06/2019)	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								5,162,422.	0.	1,565,203.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,162,422.	0.	1,565,203.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 52

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 32

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) GLENN R DUBIN ----- DIRECTOR	1.50 ----- 0.	X						0.	0.	0.
(27) MARIAN WRIGHT EDELMAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(28) DAVID EINHORN ----- DIRECTOR	1.50 ----- 0.	X						0.	0.	0.
(29) MARY ERDOES ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(30) ROLAND FRYER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(31) JOHN GRIFFIN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(32) DOUG HAYNES ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(33) KAYA HENDERSON ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(34) JEFFREY R IMMELT ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(35) PAUL TUDOR JONES II ----- DIRECTOR	1.50 ----- 0.	X						0.	0.	0.
(36) PETER D KIERNAN III ----- DIRECTOR	1.50 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 52

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) JOHN KING ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(38) JOEL MARCUS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(39) DINA POWELL MCCORMICK ----- DIRECTOR (AS OF 06/2019)	1.00 ----- 0.	X					0.	0.	0.	
(40) DOUG MORRIS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(41) ALEX NAVAB ----- DIRECTOR (THRU 07/2019)	1.00 ----- 0.	X					0.	0.	0.	
(42) DANIEL S OCH ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(43) JOHN OVERDECK ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(44) ROBERT PITTMAN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(45) DAVID PUTH ----- DIRECTOR	1.50 ----- 0.	X					0.	0.	0.	
(46) DAVID SALTZMAN ----- FORMER EXEC. DIR. & BOARD DIR.	1.50 ----- 0.	X					0.	0.	0.	
(47) ALAN D SCHWARTZ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 52

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) DAVID SOLOMON ----- DIRECTOR	1.50 ----- 0.	X					0.	0.	0.	
(49) BARRY STERNLICHT ----- DIRECTOR	1.50 ----- 0.	X					0.	0.	0.	
(50) STEVE STOUTE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(51) JOHN SYKES ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(52) DAVID TEPPER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(53) MARTA TIENDA ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(54) KENNETH TROPIN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(55) BEATRICE WELTERS ----- DIRECTOR	1.50 ----- 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 52

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	54,969,489.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	101,980,721.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 16,197,336.				
	h	Total. Add lines 1a-1f			156,950,210.			
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			0.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts).			3,605,431.		3,605,431.
	4	Income from investment of tax-exempt bond proceeds .			0.			
	5	Royalties			0.			
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
					30,150.			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	30,150.				
	d	Net rental income or (loss)				30,150.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					51,041,095.			
	b	Less: cost or other basis and sales expenses . .	7b	46,310,697.				
	c	Gain or (loss)	7c	4,730,398.				
d	Net gain or (loss)				4,730,398.			
8a	Gross income from fundraising events (not including \$ 54,969,489. of contributions reported on line 1c). See Part IV, line 18	8a		1,059,682.				
			8b	14,028,790.				
			8c	Net income or (loss) from fundraising events.		-12,969,108.		-12,969,108.
9a	Gross income from gaming activities. See Part IV, line 19	9a		0.				
			9b	0.				
			9c	Net income or (loss) from gaming activities.		0.		
10a	Gross sales of inventory, less returns and allowances	10a		0.				
			10b	0.				
			10c	Net income or (loss) from sales of inventory.		0.		
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME						
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			267.			
12	Total revenue. See instructions			152,347,348.		-4,602,862.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	110,432,936.	110,432,936.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,249,821.	1,606,635.	1,248,597.	1,394,589.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	11,695,188.	6,262,746.	1,951,534.	3,480,908.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,433,602.	798,125.	201,978.	433,499.
9 Other employee benefits	2,326,069.	1,208,415.	479,737.	637,917.
10 Payroll taxes	815,225.	391,026.	190,598.	233,601.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	165,151.	85,673.	69,151.	10,327.
c Accounting	137,617.		137,617.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	75,000.			75,000.
f Investment management fees	239,900.		239,900.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,913,750.	1,450,817.	414,550.	48,383.
12 Advertising and promotion	0.			
13 Office expenses	382,275.	214,111.	72,592.	95,572.
14 Information technology	599,065.	213,941.	112,596.	272,528.
15 Royalties	0.			
16 Occupancy	2,378,587.	1,242,109.	503,791.	632,687.
17 Travel	90,386.	41,641.	23,241.	25,504.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	216,504.	162,079.	42,712.	11,713.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	522,193.	240,417.	124,909.	156,867.
23 Insurance	197,163.	57,537.	102,084.	37,542.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INDIRECT EVENT COSTS	804,883.			804,883.
b CONTRACTED MANAGEMENT ASST.	552,511.	552,511.		
c MARKETING AND COMMUNICATIONS	302,478.			302,478.
d ROBIN HOOD PRIZE EXPENSES	190,256.	190,256.		
e All other expenses _____	289,895.		55,443.	234,452.
25 Total functional expenses. Add lines 1 through 24e	140,010,455.	125,150,975.	5,971,030.	8,888,450.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	61,821,746.	2	44,741,917.
	3 Pledges and grants receivable, net	96,534,228.	3	119,193,523.
	4 Accounts receivable, net.	0.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	4,000,000.	7	4,000,000.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	474,037.	9	836,679.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,640,286.		
	b Less: accumulated depreciation	10b 8,220,160.	1,567,433.	10c 1,420,126.
	11 Investments - publicly traded securities	66,940,854.	11	59,378,763.
	12 Investments - other securities. See Part IV, line 11	112,855,182.	12	126,548,784.
	13 Investments - program-related. See Part IV, line 11.	0.	13	1,413,000.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	1,177,463.	15	8,071,662.
16 Total assets. Add lines 1 through 15 (must equal line 33)	345,370,943.	16	365,604,454.	
Liabilities	17 Accounts payable and accrued expenses	6,548,866.	17	8,286,406.
	18 Grants payable	68,813,256.	18	59,389,869.
	19 Deferred revenue	216,468.	19	741,874.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25.	75,578,590.	26	68,418,149.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	125,686,661.	27	135,690,462.
	28 Net assets with donor restrictions	144,105,692.	28	161,495,843.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	269,792,353.	32	297,186,305.	
33 Total liabilities and net assets/fund balances	345,370,943.	33	365,604,454.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	152,347,348.
2	Total expenses (must equal Part IX, column (A), line 25)	2	140,010,455.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,336,893.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	269,792,353.
5	Net unrealized gains (losses) on investments	5	13,504,299.
6	Donated services and use of facilities	6	-750,000.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,302,760.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	297,186,305.

Part 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: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

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

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

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

g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	195,718,658.	170,869,502.	129,301,900.	139,544,245.	156,950,210.	792,384,515.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	195,718,658.	170,869,502.	129,301,900.	139,544,245.	156,950,210.	792,384,515.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						167,094,195.
6 Public support. Subtract line 5 from line 4						625,290,320.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	195,718,658.	170,869,502.	129,301,900.	139,544,245.	156,950,210.	792,384,515.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,274,665.	824,504.	892,217.	2,160,814.	3,635,581.	8,787,781.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	1,677,469.	8,701,964.	1,341,829.	1,258,915.	1,059,949.	14,040,126.
11 Total support. Add lines 7 through 10						815,212,422.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	76.70%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	80.44%

16a 33 1/3% support test - 2019. 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.

b 33 1/3% support test - 2018. 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 - 2019. 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 - 2018. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2019, 2018. Row 15: Public support percentage for 2019; Row 16: Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2019, 2018. Row 17: Investment income percentage for 2019; Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2019. 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.

19b 33 1/3% support tests - 2018. 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.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? 11a: A person who directly or indirectly controls... 11b: A family member... 11c: A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)...

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test... Row 2: Activities Test. Answer (a) and (b) below. 2a: Did substantially all of the organization's activities during the tax year directly further the exempt purposes... 2b: Did the activities described in (a) constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer (a) and (b) below. 3a: Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... 3b: Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations...

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
FUNDRAISING EVENTS	1,551,179.	1,484,265.	1,298,670.	1,255,870.	1,059,682.	6,649,666.
INSURANCE SETTLEMENT		7,200,000.				7,200,000.
MISCELLANEOUS	126,290.	17,699.	43,159.	3,045.	267.	190,460.
TOTALS	<u>1,677,469.</u>	<u>8,701,964.</u>	<u>1,341,829.</u>	<u>1,258,915.</u>	<u>1,059,949.</u>	<u>14,040,126.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		49,859.	
c Total lobbying expenditures (add lines 1a and 1b)		49,859.	
d Other exempt purpose expenditures		139,960,596.	
e Total exempt purpose expenditures (add lines 1c and 1d)		140,010,455.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures				49,859.	49,859.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as requested in the instructions above.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes rows for art collections, revenue included, and assets included.

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

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes rows for Financial derivatives, Closely held equity interests, and Other (A-H). Total: 126,548,784.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Includes rows (1) through (9). Total: (b) must equal Form 990, Part X, col. (B) line 13.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Includes rows (1) through (9). Total: (b) must equal Form 990, Part X, col. (B) line 15.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Includes row 1: Federal income taxes and rows (1) through (9). Total: (b) must equal Form 990, Part X, col. (B) line 25.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII [X]

Part XIII Supplemental Information (continued)

FIN 48

PART X, LINE 2

ROBIN HOOD FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT.

THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLIDATED STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

ROBIN HOOD IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. ROBIN HOOD HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED BUSINESS INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT WAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. ROBIN HOOD HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. IN ADDITION, ROBIN HOOD HAS NOT RECORDED A PROVISION FOR INCOME TAXES AS IT HAS NO MATERIAL TAX LIABILITY FROM UNRELATED BUSINESS INCOME ACTIVITIES.

Part XIII Supplemental Information *(continued)*

SCHEDULE D RECONCILIATION

FORM 990, PART XII, LINE 4B RESCINDED GRANTS: \$2,302,760

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		106,573,267.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					106,573,267.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					106,573,267.

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

Schedule F (Form 990) 2019

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

PART IV, LINE 1, 3, 4 & 5

ROBIN HOOD OWNS A VARIETY OF ALTERNATIVE INVESTMENTS THAT MAY BE DOMICILED WITHIN THE UNITED STATES OR IN FOREIGN JURISDICTIONS. ROBIN HOOD'S INVESTMENTS IN FOREIGN JURISDICTIONS MAY BE DIRECT OR VIA AN INTERMEDIARY, SUCH AS A DOMESTIC LIMITED PARTNERSHIP. TO THE EXTENT ROBIN HOOD'S INVESTMENTS IN THESE VEHICLES REACHED THE THRESHOLDS REQUIRED FOR FILING THE FORMS 926, 5471, 8621 OR 8865, THEY HAVE BEEN ATTACHED TO A FORM 990-T FILING.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
---	--

Part I Fundraising Activities. Complete if the organization answered "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.
- | | |
|--|---|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 NGK GLOBAL, LLC	FUNDRAISING POLO EVENT	X		776,731.	75,000.	701,731.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				776,731.	75,000.	701,731.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BIG BENEFIT	INV. CONF.	13.	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	49,514,958.	4,334,529.	2,179,684.	56,029,171.
	2 Less: Contributions	48,929,708.	4,082,879.	1,956,902.	54,969,489.
	3 Gross income (line 1 minus line 2)	585,250.	251,650.	222,782.	1,059,682.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,538,015.	320,465.	246,904.	4,105,384.
	7 Food and beverages	880,138.	223,452.	242,401.	1,345,991.
	8 Entertainment	235,803.	68,658.	154,316.	458,777.
	9 Other direct expenses	6,386,002.	1,186,230.	546,406.	8,118,638.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				14,028,790.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-12,969,108.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, COLUMN B(III)

ROBIN HOOD ENTERED INTO A CUSTODY ARRANGEMENT WITH ONE FUNDRAISER: NGK GLOBAL, LLC ("NGK") TO HANDLE THE TICKETING FOR ROBIN HOOD'S POLO EVENT. ROBIN HOOD DEVELOPS THE GUEST LIST AND MAILES THE INVITATIONS. WHEN DONORS BUY TICKETS (EITHER CASH OR PLEDGES) NGK RELEASES THE TICKETS TO THE DONOR. EVERY WEEK (OR MORE FREQUENTLY AT THE BUSIEST TIMES) FUNDS ARE REMITTED TO ROBIN HOOD AND A SUMMARY REPORT IS PREPARED BY NGK AND GIVEN

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

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

TO ROBIN HOOD, REPORTING PLEDGES AND PAYMENTS TO DATE. ROBIN HOOD RECORDS THIS ACTIVITY IN THE FINANCIAL RECORDS. ROBIN HOOD RECONCILES THIS REPORT WEEKLY TO THE FINANCIAL RECORDS AND ALSO UPDATES THE INVITATION LISTS FOR ALL CHANGES. A FULL ACCOUNTING IS PREPARED AT THE END OF THE EVENT AND RECONCILED WITH ROBIN HOOD RECORDS. NGK WORKS WITH ROBIN HOOD TO FOLLOW UP ON OUTSTANDING PLEDGES.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 1199 SEIU HOME INDUSTRY 310 WEST 43RD ST. NEW YORK, NY 10036	71-1028611	501(C)(3)	275,000.				GENERAL
(2) ACCION NEW YORK 115 EAST 23RD ST. NEW YORK, NY 10010	11-3317234	501(C)(3)	150,000.				GENERAL
(3) ACHIEVEMENT FIRST 403 JAMES ST. NEW HAVEN, CT 06513	65-1203744	501(C)(3)	2,300,000.				GENERAL
(4) ADAMS STREET FOUNDATION INC 283 ADAMS ST. BROOKLYN, NY 11201	90-0394877	501(C)(3)	200,000.				GENERAL
(5) ADVOCATES FOR CHILDREN OF NEW YORK INC 151 W. 30TH ST NEW YORK, NY 10001	11-2247307	501(C)(3)	500,000.				GENERAL
(6) ALL OUR KIN INC. 414A CHAPEL ST. NEW HAVEN, CT 06511	06-1539280	501(C)(3)	617,500.				GENERAL
(7) ASIAN AMERICANS FOR EQUALITY 35-34 UNION ST. FLUSHING, NY 11354	13-3187792	501(C)(3)	175,000.				GENERAL
(8) ASSOCIATION TO BENEFIT CHILDREN 419 E 86TH ST NEW YORK, NY 10028	13-3303089	501(C)(3)	550,400.				GENERAL
(9) ASTOR SERVICES FOR CHILDREN AND FAMILIES 6339 MILL ST RHINEBECK, NY 12572-5005	53-0196617	501(C)(3)	300,000.				GENERAL
(10) AVENUES FOR JUSTICE INC 100 CENTRE ST NEW YORK, NY 10013	13-3267496	501(C)(3)	450,000.				GENERAL
(11) BALTIMORE COMMUNITY FOUNDATION INC 2 E READ ST BALTIMORE, MD 21202	23-7180620	501(C)(3)	125,000.				GENERAL
(12) BEDFORD STUYVESANT RESTORATION CORPORATION 1368 FULTON ST BROOKLYN, NY 11216	11-6083182	501(C)(3)	227,500.				GENERAL

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BENEFITS DATA TRUST CENTRE SQUARE W PHILADELPHIA, PA 19102	20-3455598	501(C)(3)	2,120,000.				GENERAL
(2) BLOOMINGDALE FAMILY PROGRAM INC 125 W 109TH ST NEW YORK, NY 10025	13-2638566	501(C)(3)	341,000.				GENERAL
(3) BLUE ENGINE INC 75 BROAD ST NEW YORK, NY 10004	27-1182991	501(C)(3)	200,000.				GENERAL
(4) BOTTOM LINE INC 44 COURT ST, STE 300 BROOKLYN, NY 11201	04-3351427	501(C)(3)	300,000.				GENERAL
(5) BOWERY RESIDENTS COMMITTEE 131 W 25TH ST NEW YORK, NY 10001	13-2736659	501(C)(3)	400,000.				GENERAL
(6) BREAKING GROUND HOUSING DEVELOPMENT FUND CO 505 8TH AVE, 5TH FL NEW YORK, NY 10018	11-3048002	501(C)(3)	1,200,000.				GENERAL
(7) BRIDGE FUND OF NEW YORK INC 271 MADISON AVE NEW YORK, NY 10016	13-3824852	501(C)(3)	180,000.				GENERAL
(8) BRIGHTPOINT HEALTH 71 W 23RD ST, 8TH FL NEW YORK, NY 10010	13-4118387	501(C)(3)	370,000.				GENERAL
(9) BRONX DEFENDERS 360 E 161ST ST BRONX, NY 10451	13-3931074	501(C)(3)	455,000.				GENERAL
(10) BRONXCARE HEALTH SYSTEM 1650 SELWYN AVE BRONX, NY 10457	13-3479996	501(C)(3)	255,000.				GENERAL
(11) BRONXWORKS 60 E TREMONT AVE BRONX, NY 10453	13-3254484	501(C)(3)	375,000.				GENERAL
(12) BROOKDALE HOSPITAL MEDICAL CENTER ONE BROOKDALE PLAZA BROOKLYN, NY 11212	11-1631746	501(C)(3)	409,000.				GENERAL

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BROOKLYN COMMUNITY BAIL FUND INC 195 MONTAGUE ST BROOKLYN, NY 11201	90-1014588	501(C)(3)	500,000.				GENERAL
(2) BROOKLYN KINDERGARTEN SOCIETY 25 CHAPEL ST BROOKLYN, NY 11201	11-1631820	501(C)(3)	300,000.				GENERAL
(3) BROOKLYN LEGAL SERVICES 105 COURT ST BROOKLYN, NY 11201	13-2605605	501(C)(3)	320,000.				GENERAL
(4) BROOKLYN NAVY YARD DEVELOPMENT CORPORATION 63 FLUSHING AVE BROOKLYN, NY 11205	11-2137138	501(C)(3)	150,000.				GENERAL
(5) BROOKLYN PUBLIC LIBRARY 10 GRAND ARMY PLAZA BROOKLYN, NY 11238	11-1904261	501(C)(3)	260,000.				GENERAL
(6) BUILDING SKILLS NY 570 LEXINGTON AVE NEW YORK, NY 10022	45-5146915	501(C)(3)	169,000.				GENERAL
(7) CENTER FOR ALTERNATIVE SENTENCING AND EMPLO 151 LAWRENCE ST BROOKLYN, NY 11201	13-2668080	501(C)(3)	200,000.				GENERAL
(8) CENTER FOR EMPLOYMENT OPPORTUNITIES 50 BROADWAY, STE 1604 NEW YORK, NY 10004	13-3843322	501(C)(3)	300,000.				GENERAL
(9) CENTER FOR URBAN COMMUNITY SERVICES INC 198 E 121ST ST NEW YORK, NY 10032	13-3687891	501(C)(3)	2,420,000.				GENERAL
(10) CENTERPOINT EDUCATION SOLUTIONS 1030 15TH ST WASHINGTON, DC 20005	81-4363814	501(C)(3)	850,000.				GENERAL
(11) CHAPIN HALL CENTER FOR CHILDREN 1313 E 60TH ST CHICAGO, IL 60637	32-2167012	501(C)(3)	50,000.				GENERAL
(12) CHARLES B. WANG COMMUNITY HEALTH CENTER INC 268 CANAL ST NEW YORK, NY 10013	13-2739694	501(C)(3)	745,000.				GENERAL

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILD MIND INSTITUTE 445 PARK AVE NEW YORK, NY 10022	80-0478843	501(C)(3)	190,000.				GENERAL
(2) CHILDREN'S AID SOCIETY 711 THIRD AVE NEW YORK, NY 10017	13-5562191	501(C)(3)	2,380,400.				GENERAL
(3) CHILDREN'S DEFENSE FUND 15 MAIDEN LN NEW YORK, NY 10038	52-0895622	501(C)(3)	800,000.				GENERAL
(4) CHILDREN'S MUSEUM OF MANHATTAN GROWTH THROU 212 WEST 83RD ST NEW YORK, NY 10024	13-2761376	501(C)(3)	192,400.				GENERAL
(5) CHINESE AMERICAN PLANNING COUNCIL INC 150 ELIZABETH ST NEW YORK, NY 10012	13-6202692	501(C)(3)	430,000.				GENERAL
(6) CITY HARVEST INC 6 EAST 32ND ST NEW YORK, NY 10016	13-3170676	501(C)(3)	1,850,000.				GENERAL
(7) COALITION FOR THE HOMELESS INC 129 FULTON ST NEW YORK, NY 10038	13-3072967	501(C)(3)	530,000.				GENERAL
(8) COMMISSION ON ECONOMIC OPPORTUNITY OF LUZER 165 AMBER LN WILKES-BARRE, PA 18702-1127	23-1653093	501(C)(3)	125,000.				GENERAL
(9) COMMONLIT, INC. 660 PENNSYLVANIA AVE WASHINGTON, DC 20003	46-4255260	501(C)(3)	735,000.				GENERAL
(10) COMMUNITY AND ECONOMIC DEVELOPMENT ASSOCIAT 567 W LAKE ST CHICAGO, IL 60661	36-2597741	501(C)(3)	125,000.				GENERAL
(11) COMMUNITY HEALTH ACTION OF STATEN ISLAND IN 56 BAY ST STATEN ISLAND, NY 10301	13-3556132	501(C)(3)	185,000.				GENERAL
(12) COMPREHENSIVE DEVELOPMENT INC 240 SECOND AVE NEW YORK, NY 10003	13-3861648	501(C)(3)	300,000.				GENERAL

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COOPER UNION FOR THE ADVANCEMENT OF SCIENCE 30 COOPER SQ. NEW YORK, NY 10003	13-5562985	501(C)(3)	225,000.				GENERAL
(2) COOPERATE INC 140 ST. JAMES PL. #1 BROOKLYN, NY 11238	47-1662773	501(C)(3)	150,000.				GENERAL
(3) CYPRESS HILLS LOCAL DEVELOPMENT CORPORATION 625 JAMAICA AVE BROOKLYN, NY 11208	11-2683663	501(C)(3)	420,000.				GENERAL
(4) DREAM CHARTER SCHOOL 333 E 100TH GROUND FL NEW YORK, NY 10029	26-1841386	501(C)(3)	200,000.				GENERAL
(5) EAST RIVER DEVELOPMENT ALLIANCE 12-11 40TH AVE LONG ISLAND, NY 11101	86-1096987	501(C)(3)	25,000.				GENERAL
(6) EAST SIDE HOUSE INC 337 ALEXANDER AVE BRONX, NY 10454	13-1623989	501(C)(3)	385,000.				GENERAL
(7) EDUCATORS FOR EXCELLENCE, INC. 80 PINE ST, 28TH FL NEW YORK, NY 10005	27-3382030	501(C)(3)	100,000.				GENERAL
(8) EMPIRICAL RESOLUTION INC 41 EAST 11TH ST NEW YORK, NY 10003	46-2736440	501(C)(3)	100,000.				GENERAL
(9) FAIR HOUSING JUSTICE CENTER INC 30-30 NORTHERN BLVD LONG ISLAND, NY 11101	20-8681674	501(C)(3)	210,000.				GENERAL
(10) FAMILY CENTER INC 493 NOSTRAND AVE BROOKLYN, NY 11216	13-3910716	501(C)(3)	250,000.				GENERAL
(11) FDNY FOUNDATION 9 METROTECH CTR BROOKLYN, NY 11201	11-2632404	501(C)(3)	125,000.				GENERAL
(12) FEDCAP REHABILITATION SERVICES INC 633 3RD AVE NEW YORK, NY 10017	13-5645879	501(C)(3)	50,000.				GENERAL

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FEEDING CHILDREN EVERYWHERE INC 830 RONALD REAGON BLVD LONGWOOD, FL 32750	27-3274349	501(C)(3)	75,000.				GENERAL
(2) FIFTH AVENUE COMMITTEE 621 DEGRAW ST BROOKLYN, NY 11217	11-2475743	501(C)(3)	120,000.				GENERAL
(3) FORSYTH STREET ADVISORS LLC 588 BROADWAY, STE 1208 NEW YORK, NY 10012	41-2100158	501(C)(3)	50,000.				GENERAL
(4) FUND FOR THE CITY OF NEW YORK 121 6TH AVE NEW YORK, NY 10013	13-2612524	501(C)(3)	1,659,825.				GENERAL
(5) GATEWAY DEMONSTRATION ASSISTANCE CORPORATIO 588 BROADWAY NEW YORK, NY 10012	47-4298646	501(C)(3)	290,000.				GENERAL
(6) GODDARD RIVERSIDE COMMUNITY CENTER 593 COLUMBUS AVE NEW YORK, NY 10024	13-1893908	501(C)(3)	470,000.				GENERAL
(7) GOOD SHEPHERD SERVICES 305 SEVENTH AVE, 9TH FL NEW YORK, NY 10001	52-0196617	501(C)(3)	1,350,000.				GENERAL
(8) GRACE INSTITUTE 1233 SECOND AVE NEW YORK, NY 10065	13-1641069	501(C)(3)	100,000.				GENERAL
(9) GRAMEEN AMERICA INC 150 W 30TH, 8TH FL NEW YORK, NY 10001	20-8497991	501(C)(3)	100,000.				GENERAL
(10) GRAND STREET SETTLEMENT 80 PITT STREET NEW YORK, NY 10002	13-5562230	501(C)(3)	255,400.				GENERAL
(11) GROW BROOKLYN, INC. 315 GROVE ST BROOKLYN, NY 11237	26-1410513	501(C)(3)	50,000.				GENERAL
(12) H.E.L.P. SOCIAL SERVICE CORPORATION 115 E 13TH ST NEW YORK, NY 10003	13-3678724	501(C)(3)	575,000.				GENERAL

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HARLEM CHILDREN'S ZONE INC 35 EAST 125TH ST NEW YORK, NY 10035	23-7112974	501(C)(3)	2,000,000.				GENERAL
(2) HARLEM RBI 333 EAST 100TH ST NEW YORK, NY 10029	13-4025290	501(C)(3)	400,000.				GENERAL
(3) HEALTH LEADS INC 24 SCHOOL ST BOSTON, MA 02108	45-0484533	501(C)(3)	100,000.				GENERAL
(4) HEBREW FREE LOAN SOCIETY INC 675 THIRD AVE NEW YORK, NY 10017	13-5562239	501(C)(3)	72,000.				GENERAL
(5) HENRY STREET SETTLEMENT 265 HENRY ST NEW YORK, NY 10002	13-1562242	501(C)(3)	1,100,000.				GENERAL
(6) HERE TO HERE FOUNDATION INC 452 EAST 149TH ST BRONX, NY 10455	82-2557863	501(C)(3)	200,000.				GENERAL
(7) HETRICK-MARTIN INSTITUTE INC 2 ASTOR PLACE NEW YORK, NY 10003	13-3104537	501(C)(3)	375,000.				GENERAL
(8) HIGHLANDER INSTITUTE 166 VALLEY ST PROVIDENCE, IL 02909	22-3115046	501(C)(3)	700,000.				GENERAL
(9) HOPE PROGRAM, INC 1 SMITH ST BROOKLYN, NY 11201	13-3268539	501(C)(3)	570,000.				GENERAL
(10) HOT BREAD KITCHEN LTD 630 FLUSHING AVE NEW YORK, NY 11206	26-3332972	501(C)(3)	100,000.				GENERAL
(11) HOUSING RIGHTS INITIATIVE 305 BROADWAY NEW YORK, NY 10007	81-2013546	501(C)(3)	180,000.				GENERAL
(12) HOUSING WORKS INC 57 WILLOUGHBY ST BROOKLYN, NY 11201	13-3584089	501(C)(3)	308,000.				GENERAL

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 17 E 102ND ST NEW YORK, NY 10029	19-1624096	501(C)(3)	321,000.				GENERAL
(2) IMENTOR 30 BROAD ST NEW YORK, NY 10004	30-0105507	501(C)(3)	425,000.				GENERAL
(3) IMMIGRANT JUSTICE CORPS, INC 17 BATTERY PL, STE 1234 NEW YORK, NY 10004	46-4879076	501(C)(3)	1,400,000.				GENERAL
(4) JERICHO PROJECT 245 WEST 29TH ST NEW YORK, NY 10001	13-3213525	501(C)(3)	325,000.				GENERAL
(5) JEWISH COMMUNITY HOUSE OF BENSONHURST INC. 7802 BAY PARKWAY BENSONHURST, NY 11214	11-1633484	501(C)(3)	225,000.				GENERAL
(6) JOBSFIRSTNYC 11 PARK PL, STE 1106 NEW YORK, NY 10007	41-2242653	501(C)(3)	125,000.				GENERAL
(7) JUSTFIX INC 150 COURT ST BROOKLYN, NY 11201	81-3080695	501(C)(3)	153,000.				GENERAL
(8) KENNEDY CHILD STUDY CENTER 2212 THIRD AVE NEW YORK, NY 10035	13-5671639	501(C)(3)	100,000.				GENERAL
(9) KIND INC 1300 L ST WASHINGTON, DC 20005	26-2763038	501(C)(3)	25,000.				GENERAL
(10) KIPP NEW YORK 470 SEVENTH AVE NEW YORK, NY 10018	20-3971209	501(C)(3)	3,025,000.				GENERAL
(11) LAWYERS FOR CHILDREN INC 110 LAFAYETTE ST NEW YORK, NY 10013	13-3202043	501(C)(3)	425,000.				GENERAL
(12) LEAP INC 621 DEGRAW ST BROOKLYN, NY 11217	11-2475743	501(C)(3)	1,992,402.				GENERAL

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LEGAL SERVICES FOR NEW YORK CITY 40 WORTH ST NEW YORK, NY 10013	13-2600199	501(C)(3)	350,000.				GENERAL
(2) LEMONTREE FOODS INCORPORATED 221 CANAL ST NEW YORK, NY 11217	82-4540319	501(C)(3)	100,000.				GENERAL
(3) MAKE THE ROAD NEW YORK 301 GROVE ST BROOKLYN, NY 11237	11-3344389	501(C)(3)	675,000.				GENERAL
(4) MAYFAIR IMPROVEMENT INITIATIVE INC 370-B.S. KING RD SAN JOSE, CA 95116	77-0499813	501(C)(3)	125,000.				GENERAL
(5) MAYOR'S FUND TO ADVANCE NEW YORK CITY 253 BROADWAY NEW YORK, NY 10007	11-3783906	501(C)(3)	1,990,815.				GENERAL
(6) MDRC 200 VESEY ST NEW YORK, NY 10281	23-7379473	501(C)(3)	1,966,000.				GENERAL
(7) METHOD DESIGN ARCHITECTURE & URBANISM, LLC 76 BEAVER ST NEW YORK, NY 10005	45-4225719	501(C)(3)	9,150.				GENERAL
(8) METROPOLITAN NEW YORK COORDINATING COUNCIL 77 WATER ST, 7TH FL NEW YORK, NY 10271-0015	13-2738818	501(C)(3)	175,000.				GENERAL
(9) MINKWON CENTER FOR COMMUNITY ACTION INC 133-29 41ST AVE FLUSHING, NY 11355	11-2710506	501(C)(3)	250,000.				GENERAL
(10) MONTEFIORE MEDICAL CENTER_ROSE F KENNEDY 111 E 210TH ST NEW YORK, NY 10467	13-1740114	501(C)(3)	475,000.				GENERAL
(11) NATIONAL ACADEMY OF SCIENCES 2101 CONSTIT. AVE WASHINGTON, DC 20418-0007	53-0196932	501(C)(3)	100,000.				GENERAL
(12) NATIONAL COLLEGE ADVISING CORPS INC 301 W. BARBEE CHAPEL CHAPEL HILL, NC 27517	46-1192687	501(C)(3)	100,000.				GENERAL

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

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Department of the Treasury
Internal Revenue Service

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Name of the organization

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Employer identification number

13-3441066

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1) NEIGHBORHOOD TRUST FINANCIAL PARTNERS INC 112 ST. NICHOLAS AVE NEW YORK, NY 10032	13-3849263	501(C)(3)	200,000.				GENERAL
(2) NEW CLASSROOMS INNOVATION PARTNERS INC 1250 BROADWAY NEW YORK, NY 10001	45-2736163	501(C)(3)	225,000.				GENERAL
(3) NEW ECONOMY PROJECT 121 WEST 27TH ST NEW YORK, NY 10001	13-3842270	501(C)(3)	200,000.				GENERAL
(4) NEW SETTLEMENT APARTMENTS 1512 TOWNSEND AVE BRONX, NY 10452	14-1719016	501(C)(3)	525,000.				GENERAL
(5) NEW VISIONS FOR PUBLIC SCHOOL 205 E 42ND ST NEW YORK, NY 10017	13-3538961	501(C)(3)	275,000.				GENERAL
(6) NEW YORK CITY CENTER FOR CHARTER SCHOOL EXC 111 BROADWAY NEW YORK, NY 10006	20-0759687	501(C)(3)	850,000.				GENERAL
(7) NEW YORK CITY HEALTH AND HOSPITALS CORPORAT 160 WATER ST NEW YORK, NY 10038	13-2655001	501(C)(3)	1,694,000.				GENERAL
(8) NEW YORK COMMON PANTRY 8 E 109TH ST NEW YORK, NY 10029	13-3127972	501(C)(3)	502,598.				GENERAL
(9) NEW YORK COUNTY DISTRICT ATTORNEY'S OFFICE ONE HOGAN PL NEW YORK, NY 10013	11-3155699	501(C)(3)	50,000.				GENERAL
(10) NEW YORK FOUNDLING HOSPITAL 590 AVE OF THE AMERICAS NEW YORK, NY 10011	13-1624123	501(C)(3)	363,000.				GENERAL
(11) NEW YORK HOUSING CONFERENCE INC. 247 W. 37TH ST NEW YORK, NY 10018	26-3846042	501(C)(3)	100,000.				GENERAL
(12) NEW YORK LEGAL ASSISTANCE GROUP, INC 7 HANOVER SQ. NEW YORK, NY 10004	13-3505428	501(C)(3)	820,000.				GENERAL

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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Name of the organization

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Employer identification number

13-3441066

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(1) NEW YORK PRESBYTERIAN FUND INC 850 3RD AVE NEW YORK, NY 10022	13-3160356	501(C)(3)	600,000.				GENERAL
(2) NEW YORK UNIVERSITY_CHILDREN'S TRAUMA INSTI 1 WASHINGTON SQ. NEW YORK, NY 10016	13-5562308	501(C)(3)	465,000.				GENERAL
(3) NEW YORK UNIVERSITY_MCSILVER INSTITUTE FOR 1 WASHINGTON SQ. NEW YORK, NY 10003	13-5562308	501(C)(3)	250,000.				GENERAL
(4) NEW YORK UNIVERSITY_NYU FURMAN CENTER ONE PARK AVE NEW YORK, NY 10016	13-5562308	501(C)(3)	40,000.				GENERAL
(5) NEW YORK UNIVERSITY_SCHOOL OF MEDICINE ONE PARK AVE NEW YORK, NY 10016	13-5562308	501(C)(3)	415,000.				GENERAL
(6) NONTRADITIONAL EMPLOYMENT FOR WOMEN 243 W 20TH ST NEW YORK, NY 10011	13-3272001	501(C)(3)	475,000.				GENERAL
(7) NORTHERN MANHATTAN IMPROVEMENT CORPORATION 45 WADSWORTH AVE NEW YORK, NY 10033	13-2972415	501(C)(3)	345,000.				GENERAL
(8) NORTHSIDE CENTER FOR CHILD DEVELOPMENT 1301 5TH AVE NEW YORK, NY 10029	13-1656679	501(C)(3)	350,000.				GENERAL
(9) NPOWERNY INC 3 METROTECH CENTER BROOKLYN, NY 11201	13-4145441	501(C)(3)	158,000.				GENERAL
(10) ONEGOAL 215 W. SUPERIOR ST CHICAGO, IL 60654	56-2369898	501(C)(3)	150,000.				GENERAL
(11) OPPORTUNITIES FOR A BETTER TOMORROW INC 882 3RD AVE BROOKLYN, NY 11232	11-2934620	501(C)(3)	650,000.				GENERAL
(12) PARAPROFESSIONAL HEALTHCARE INSTITUTE INC 400 E FORDHAM RD BRONX, NY 10458	13-3575492	501(C)(3)	835,000.				GENERAL

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2019

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Department of the Treasury
Internal Revenue Service

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Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

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(1) PART OF THE SOLUTION INC 2759 WEBSTER AVE BRONX, NY 10458	13-3425071	501(C)(3)	820,000.				GENERAL
(2) PARTNERSHIP WITH CHILDREN INC 299 BROADWAY, STE 1300 NEW YORK, NY 10007	13-5596751	501(C)(3)	700,000.				GENERAL
(3) PER SCHOLAS INC. 804 E 138TH ST BRONX, NY 10454	04-3252955	501(C)(3)	580,000.				GENERAL
(4) PROJECT BASTA 315 W 36TH ST NEW YORK, NY 10018	81-5268868	501(C)(3)	100,000.				GENERAL
(5) PROJECT HOSPITALITY INC 100 PARK AVE STATEN ISLAND, NY 10302	13-3234441	501(C)(3)	527,500.				GENERAL
(6) PROJECT RENEWAL INC 200 VARICK ST NEW YORK, NY 10014	13-2602882	501(C)(3)	365,000.				GENERAL
(7) PROJECT TOMORROW 3943 IRVINE BLVD IRVINE, CA 92602	95-4581958	501(C)(3)	500,000.				GENERAL
(8) PUBLIC POLICY LAB 20 JAY ST BROOKLYN, NY 11201	27-4631171	501(C)(3)	200,000.				GENERAL
(9) PURSUIT TRANSFORMATION COMPANY INC. 31-00 47TH AVE LONG ISLAND, NY 11101	61-1652332	501(C)(3)	300,000.				GENERAL
(10) QUEENS BOROUGH PUBLIC LIBRARY 9-11 MERRICK BLVD QUEENS, NY 11432	11-1904262	501(C)(3)	18,000.				GENERAL
(11) QUEENS COMMUNITY HOUSE INC 08-25 62ND DR FOREST HILLS, NY 11375	11-2375583	501(C)(3)	310,000.				GENERAL
(12) REBUILDING TOGETHER NYC 126 10TH ST BROOKLYN, NY 11215	13-3997769	501(C)(3)	100,000.				GENERAL

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) REDSTONE STRATEGY GROUP, LLC 3223 ARAPAHOE AVE BOULDER, CO 80303	81-4730252	501(C)(3)	49,910.				GENERAL
(2) RELAY SCHOOL OF EDUCATION 40 W 20TH ST NEW YORK, NY 10011	27-5316628	501(C)(3)	1,000,000.				GENERAL
(3) RESEARCH FOUNDATION OF CITY UNIVERSITY_ACE 205 E 42ND ST NEW YORK, NY 10017	13-1988190	501(C)(3)	1,343,000.				GENERAL
(4) RESEARCH FOUNDATION OF CITY UNIVERSITY_CUNY 535 E 80TH ST NEW YORK, NY 10075	13-1988190	501(C)(3)	1,000,000.				GENERAL
(5) RESEARCH FOUNDATION OF CITY UNIVERSITY_FUTU W 181ST ST GRH #417 BRONX, NY 10453	13-1988190	501(C)(3)	465,000.				GENERAL
(6) RESEARCH FOUNDATION OF CITY UNIVERSITY_HUNT 695 PARK AVE NEW YORK, NY 10065	13-1988190	501(C)(3)	850,000.				GENERAL
(7) RESEARCH FOUNDATION OF CITY UNIVERSITY_KING 2001 ORIENTAL BLVD BROOKLYN, NY 11235	13-1988190	501(C)(3)	300,000.				GENERAL
(8) RESEARCH FOUNDATION OF CITY UNIVERSITY_LAGU 29-10 THOMSON AVE LONG ISLAND, NY 11101	13-1988190	501(C)(3)	520,000.				GENERAL
(9) RESEARCH FOUNDATION OF CITY UNIVERSITY_NYC 25 CHAPEL ST BROOKLYN, NY 11201	13-1988190	501(C)(3)	150,000.				GENERAL
(10) RESEARCH FOUNDATION OF CITY UNIVERSITY_STEL 50 W 40TH ST NEW YORK, NY 10018	47-1291998	501(C)(3)	385,000.				GENERAL
(11) RICHMOND COMMUNITY FOUNDATION 1014 FLORIDA AVE RICHMOND, CA 94804	94-3337754	501(C)(3)	125,000.				GENERAL
(12) RIVER FUND NEW YORK INC 89-11 LEFFERTS BLVD RICHMOND HILL, NY 11418	11-3450363	501(C)(3)	250,000.				GENERAL

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

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SAFE HORIZON INC 2 LAFAYETTE ST NEW YORK, NY 10007	13-2946970	501(C)(3)	650,000.				GENERAL
(2) SAFE PASSAGE PROJECT CORPORATION 185 W BROADWAY NEW YORK, NY 10013	46-2946211	501(C)(3)	25,000.				GENERAL
(3) SAMASOURCE INC 2017 MISSION ST SAN FRANCISCO, CA 94110	26-2547062	501(C)(3)	125,000.				GENERAL
(4) SANCTUARY FOR FAMILIES PO BOX 1406 NEW YORK, NY 10268	13-3193119	501(C)(3)	325,000.				GENERAL
(5) SCO FAMILY OF SERVICES 1 ALEXANDER PL GLEN COVE, NY 11542	11-2777066	501(C)(3)	2,075,000.				GENERAL
(6) SCO FAMILY OF SERVICES_CENTER FOR FAMILY LI 443 39TH ST BROOKLYN, NY 11232	11-2777066	501(C)(3)	710,000.				GENERAL
(7) SELFHELP COMMUNITY SERVICES INC 520 EIGHTH AVE NEW YORK, NY 10018	13-1624178	501(C)(3)	200,000.				GENERAL
(8) SERVICES FOR THE UNDERSERVED INC 305 SEVENTH AVE NEW YORK, NY 10001	91-1918247	501(C)(3)	200,000.				GENERAL
(9) SHELTERING ARMS CHILDREN AND FAMILY SERVICE 25 BROADWAY NEW YORK, NY 10004	13-3709095	501(C)(3)	265,400.				GENERAL
(10) SINGLE STOP USA INC. 123 WILLIAM ST NEW YORK, NY 10038	20-8837690	501(C)(3)	4,085,000.				GENERAL
(11) SPONSORS FOR EDUCATIONAL OPPORTUNITY 55 EXCHANGE PLACE NEW YORK, NY 10005	13-2578670	501(C)(3)	120,000.				GENERAL
(12) ST. JOHN'S BREAD AND LIFE PROGRAM INC 795 LEXINGTON AVE BROOKLYN, NY 11221	11-3174514	501(C)(3)	375,000.				GENERAL

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ST. NICHOLAS NEIGHBORHOOD PRESERVATION CORP 2 KINGSLAND AVE BROOKLYN, NY 11211	51-0192170	501(C)(3)	150,000.				GENERAL
(2) STATEN ISLAND MENTAL HEALTH SOCIETY INC 669 CASTLETON AVE STATEN ISLAND, NY 10301	13-5623279	501(C)(3)	350,000.				GENERAL
(3) STRIVE INTERNATIONAL INC 240 E 123RD ST NEW YORK, NY 10035	13-3255679	501(C)(3)	200,000.				GENERAL
(4) SUCCESS ACADEMY CHARTER NETWORK INC 95 PINE ST, 6TH FL NEW YORK, NY 10005	20-5298861	501(C)(3)	2,150,000.				GENERAL
(5) SUNNYSIDE COMMUNITY SERVICES INC 43-31 39TH ST SUNNYSIDE, NY 11104	51-0189327	501(C)(3)	225,000.				GENERAL
(6) SUPPORTIVE HOUSING NETWORK OF NEW YORK INC 247 W. 37TH ST NEW YORK, NY 10018	13-3755149	501(C)(3)	100,000.				GENERAL
(7) TEACH FOR AMERICA INC 519 8TH AVE NEW YORK, NY 10018	13-3541913	501(C)(3)	450,000.				GENERAL
(8) TEACHERS COLLEGE COLUMBIA UNIVERSITY 525 W. 120TH ST. NEW YORK, NY 10027	13-1624202	501(C)(3)	600,000.				GENERAL
(9) TEACHING LAB P.O. BOX 73008 WASHINGTON, DC 20056	81-3546317	501(C)(3)	725,000.				GENERAL
(10) TEACHING MATTERS INC 475 RIVERSIDE DR NEW YORK, NY 10115	13-3770472	501(C)(3)	700,000.				GENERAL
(11) THE CENTER FOR ATTENTION AND LEARNING DISOR 210 EAST 64TH ST NEW YORK, NY 10065	13-1624070	501(C)(3)	150,000.				GENERAL
(12) THE CHILD CENTER OF NEW YORK 61-02 QUEENS BLVD WOODSIDE, NY 11377	11-1733454	501(C)(3)	175,000.				GENERAL

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

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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▶ Attach to Form 990.

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Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE CHILDREN'S HEALTH FUND 215 W 125TH ST NEW YORK, NY 10027	13-3468427	501(C)(3)	620,000.				GENERAL
(2) THE DOOR - A CENTER OF ALTERNATIVES INC 121 AVE OF THE AMERICAS NEW YORK, NY 10013	13-6127348	501(C)(3)	1,085,000.				GENERAL
(3) THE EAGLE ACADEMY FOUNDATION 12 WALL ST NEW YORK, NY 10005	20-1532382	501(C)(3)	125,000.				GENERAL
(4) THE FORTUNE SOCIETY 29-76 NORTHERN BLVD LONG ISLAND, NY 11101	13-2645436	501(C)(3)	400,000.				GENERAL
(5) THE FUND FOR PUBLIC SCHOOLS INC 52 CHAMBERS ST NEW YORK, NY 10007	11-2656137	501(C)(3)	1,160,000.				GENERAL
(6) THE GO PROJECT 50 COOPER SQ. NEW YORK, NY 10003	27-1411019	501(C)(3)	300,000.				GENERAL
(7) THE INSTITUTE FOR FAMILY HEALTH 2006 MADISON AVE NEW YORK, NY 10035	13-3273402	501(C)(3)	1,322,500.				GENERAL
(8) THE LEGAL AID SOCIETY 199 WATER ST NEW YORK, NY 10038	13-5562265	501(C)(3)	1,050,000.				GENERAL
(9) THE MELTING POT FOUNDATION USA INC 7 TIMES SQ. NEW YORK, NY 10036	47-3901620	501(C)(3)	100,000.				GENERAL
(10) THE NEW YORK AND PRESBYTERIAN HOSPITAL 654 W 170TH ST. NEW YORK, NY 10032	13-3957095	501(C)(3)	525,000.				GENERAL
(11) THE NEW YORK IMMIGRATION COALITION INC 131 W. 33RD ST NEW YORK, NY 10001	13-3573409	501(C)(3)	100,000.				GENERAL
(12) THE PARTNERSHIP FOR INNER CITY EDUCATION 1011 FIRST AVE NEW YORK, NY 10022	13-3976873	501(C)(3)	175,000.				GENERAL

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE WORKERS LAB 1111 BROADWAY OAKLAND, CA 94607	82-4788124	501(C)(3)	100,000.				GENERAL
(2) TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY 1255 AMSTERDAM AVE NEW YORK, NY 10027	13-5598093	501(C)(3)	2,600,080.				GENERAL
(3) TUESDAY'S CHILDREN 390 PLANDOME RD MANHASSET, NY 11030	52-2347446	501(C)(3)	30,000.				GENERAL
(4) UKA FACILITIES FOUNDATION INC C/O ROBIN HOOD FDN NEW YORK, NY 10003	26-3952842	501(C)(3)	564,155.				GENERAL
(5) UNCOMMON SCHOOLS INC C/O ROBIN HOOD FDN NEW YORK, NY 10003	31-1488698	501(C)(3)	2,000,000.				GENERAL
(6) UNION SETTLEMENT ASSOCIATION 237 E 104TH ST NEW YORK, NY 10029	13-1632530	501(C)(3)	200,000.				GENERAL
(7) UNITED STATES CONFERENCE OF CATHOLIC BISHOP 1011 FIRST AVE NEW YORK, NY 10022	53-0196617	501(C)(3)	25,000.				GENERAL
(8) UNITED STATES CONFERENCE OF CATHOLIC BISHOP 333 E 115TH ST NEW YORK, NY 10029	13-2867881	501(C)(3)	300,000.				GENERAL
(9) UNITED WAY OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	11-6042392	501(C)(3)	350,000.				GENERAL
(10) UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK 184 ELDRIDGE ST NEW YORK, NY 10002	13-5562374	501(C)(3)	375,000.				GENERAL
(11) UPSOLVE INC 150 COURT ST BROOKLYN, NY 11201	82-1736267	501(C)(3)	50,000.				GENERAL
(12) UPWARDLY GLOBAL 505 8TH AVE NEW YORK, NY 10018	94-3346127	501(C)(3)	200,000.				GENERAL

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Name of the organization

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Employer identification number

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- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) URBAN JUSTICE CENTER 40 RECTOR ST NEW YORK, NY 10006	13-3442022	501(C)(3)	250,000.				GENERAL
(2) URBAN PATHWAYS 575 EIGHTH AVE NEW YORK, NY 10018	13-2933675	501(C)(3)	150,000.				GENERAL
(3) VISITING NURSE SERVICE OF NEW YORK 107 E 70TH ST NEW YORK, NY 10021	22-2500031	501(C)(3)	950,000.				GENERAL
(4) VOICES OF SEPTEMBER 11TH 161 CHERRY ST NEW CANAAN, CT 06840	16-1639299	501(C)(3)	30,000.				GENERAL
(5) WEST SIDE CAMPAIGN AGAINST HUNGER 263 W 86TH ST NEW YORK, NY 10024	71-0908184	501(C)(3)	385,000.				GENERAL
(6) WIGGLE ROOM NOW, PUBLIC BENEFIT CORPORATION 150 COURT ST, 2ND FL BROOKLYN, NY 11201	84-2064575	501(C)(3)	50,000.				GENERAL
(7) WILLIAM F RYAN COMMUNITY HEALTH CENTER INC 110 W 97TH ST. NEW YORK, NY 10025	13-2884976	501(C)(3)	370,000.				GENERAL
(8) WILLIAM J BRENNAN JR CENTER FOR JUSTICE INC 263 W 86TH ST NEW YORK, NY 10024	13-3839293	501(C)(3)	360,000.				GENERAL
(9) WOMEN IN NEED INC 115 W 31ST ST NEW YORK, NY 10001	13-3164477	501(C)(3)	680,000.				GENERAL
(10) WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CO 50 E 168TH ST BRONX, NY 10452	11-3099604	501(C)(3)	130,000.				GENERAL
(11) YALE UNIVERSITY 25 SCIENCE PARK NEW HAVEN, CT 06511	06-0646973	501(C)(3)	1,050,000.				GENERAL
(12) YEAR UP 85 BROAD ST NEW YORK, NY 10004	04-3534407	501(C)(3)	265,000.				GENERAL

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2019

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Department of the Treasury
Internal Revenue Service

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Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YOUNG COMMUNITY DEVELOPERS 1715 YOSEMITE AVE SAN FRAN, CA 94124	94-2187776	501(C)(3)	125,000.				GENERAL
(2) YOUNG WOMENS LEADERSHIP FOUNDATION 322 8TH AVE NEW YORK, NY 10001	06-1517218	501(C)(3)	525,000.				GENERAL
(3) ZEARN INC 261 W. 35TH ST NEW YORK, NY 10001	37-1665745	501(C)(3)	200,000.				GENERAL
(4) ZERO TO THREE - NATIONAL CETNER FOR INFANTS 2000 M. ST. WASHINGTON, DC 20036	52-1105189	501(C)(3)	400,000.				GENERAL
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 220.

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

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I - MONITORING GRANTS TO ORGANIZATIONS WITHIN THE UNITED STATES

ROBIN HOOD ENTERS INTO A CONTRACTUAL AGREEMENT WITH EACH GRANT RECIPIENT.

THE CONTRACT SPECIFIES THE PURPOSE OF THE GRANT AND PROHIBITS THE GRANTEE

FROM USING ANY OF ROBIN HOOD'S FUNDS FOR A NON-EXEMPT PURPOSE. ROBIN HOOD

RELEASES GRANT FUNDS IN INSTALLMENTS AND REQUIRES A GRANTEE TO

DEMONSTRATE THAT IT HAS MET CERTAIN BENCHMARKS SPECIFIED IN THE GRANT

CONTRACT BEFORE AN INSTALLMENT IS RELEASED. DURING THE TERM OF THE

GRANT, A ROBIN HOOD PROGRAM STAFF MEMBER WILL TYPICALLY SCHEDULE AT LEAST

TWO VISITS WITH A GRANTEE TO DISCUSS THE PROGRESS OF THE GRANT. IN

ADDITION, PROGRAM OFFICERS MAY MAKE UNSCHEDULED VISITS TO OBSERVE THE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

GRANTEE'S OPERATIONS. AT THE END OF THE CONTRACT PERIOD, THE GRANTEE IS
 REQUIRED TO SUBMIT A DETAILED FINAL REPORT ON THE GRANTEE'S USE OF ROBIN
 HOOD'S FUNDS. IN ADDITION, ROBIN HOOD CONTRACTS FOR THIRD-PARTY
 EVALUATION OF GRANTEE OUTCOMES SEPARATE FROM ITS GRANT FUNDING.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

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 aren't 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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WES MOORE CEO/NON-VOTING DIRECTOR	(i)	826,887.	0.	48,181.	55,600.	42,927.	973,595.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 KRISTINE SUDANO CHIEF DEVELOPMENT OFFICER	(i)	383,607.	36,445.	992.	89,457.	38,317.	548,818.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 BETH ZOLKIND CFO & ASSISTANT TREASURER	(i)	308,848.	31,527.	960.	400,852.	26,601.	768,788.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 DEBORAH MCCOY MD, EARLY CHILDHOOD & YOUTH	(i)	260,989.	20,000.	872.	53,720.	38,317.	373,898.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 SUSAN EPSTEIN MD, JOBS AND ECON. SEC.	(i)	263,482.	18,000.	882.	52,876.	29,837.	365,077.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 SUSAN SACK MD, REAL ESTATE	(i)	325,782.	23,893.	992.	63,797.	15,156.	429,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JOANNA PRESSMAN GENERAL COUNSEL/ASST SECRETARY	(i)	251,906.	23,160.	850.	62,763.	42,926.	381,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 DEREK FERGUSON CHIEF OPERATING OFFICER	(i)	474,684.	47,500.	17,402.	99,425.	42,926.	681,937.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 EMARY ARONSON CHIEF PROGRAM OFFICER	(i)	356,481.	28,000.	2,076.	84,847.	15,156.	486,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 SAMANTHA TWEEDY CHIEF PSHIP. & IMPACT OFFICER	(i)	256,037.	0.	425.	60,800.	44,378.	361,640.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 JASON CONE CHIEF PUBLIC POLICY OFFICER	(i)	235,604.	0.	192.	57,058.	42,643.	335,497.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 ROSE BROMKA CHIEF OF STAFF (THRU 04/2019)	(i)	51,627.	17,398.	535,023.	12,512.	12,910.	629,470.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 NISHA PATEL MD, NARR. CHNG. & NATL INIT.	(i)	294,200.	12,760.	4,758.	65,970.	13,432.	391,120.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4A

THE ROBIN HOOD FOUNDATION ACCRUED A SEVERANCE PAYMENT FOR CHIEF FINANCIAL OFFICER, BETH ZOLKIND, IN CALENDAR YEAR 2019. THIS SEVERANCE PAYMENT IN THE AMOUNT OF \$324,732, IS REPORTED AS DEFERRED COMPENSATION IN SCHEDULE J, PART II, COLUMN (C).

CHIEF OF STAFF, ROSE BROMKA, RECEIVED A PAYMENT IN THE AMOUNT OF \$475,000 IN CALENDAR YEAR 2019 IN CONNECTION WITH HER SEPARATION FROM EMPLOYMENT. THIS AMOUNT HAS BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III).

SCHEDULE J, PART I, LINE 7

ROBIN HOOD'S COMPENSATION PROGRAM INCLUDES, FOR ALL EMPLOYEES, A VARIABLE BONUS IN ADDITION TO SALARY. THE BONUS MAY OR MAY NOT BE PAID, DEPENDING UPON THE OVERALL FINANCIAL CONDITION OF THE ORGANIZATION AND THE INDIVIDUAL PERFORMANCE OF EACH STAFF MEMBER. IN 2019, THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWED AND APPROVED BONUS AWARDS, FOR STAFF OFFICERS AND KEY EMPLOYEES, WHICH WERE JUDGED REASONABLE. ALL APPROVED BONUSES ARE REPORTED IN FORM 990, SCHEDULE J, PART II, COLUMN (B)(II).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	48 .	15,692,604 .	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ATCH 1</u>)		21 .	504,732 .	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

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

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

Schedule M (Form 990) 2019

JSA

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
DONATED GOODS FOR EVENTS	X	21.	504,732.	FAIR MARKET VALUE
TOTALS		<u>21.</u>	<u>504,732.</u>	

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ROBIN HOOD FOUNDATION

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

2019

**Open to Public
Inspection**

Employer identification number

13-3441066

PART III, LINE 4A: CORE GRANT MAKING

ROBIN HOOD MADE CASH GRANTS TO ORGANIZATIONS IN THE FOLLOWING AREAS:

EARLY CHILDHOOD; EDUCATION; YOUTH; JOB TRAINING; INCOME SECURITY; AND,

SURVIVAL, WHICH PRIMARILY ADDRESSES HEALTH, HUNGER, HOUSING, AND

IMMIGRATION. ROBIN HOOD PROVIDES MORE THAN 250 ORGANIZATIONS WITH PROGRAM

GRANTS, GENERAL OPERATING SUPPORT, CAPITAL GRANTS, AND FUNDS TO BUILD

CAPACITY AND DEEPEN SERVICES AND MANAGEMENT STRENGTH.

ROBIN HOOD'S GRANTMAKING STAFF EVALUATED PROGRAMS APPLYING FOR FUNDS TO

DETERMINE GRANT RECOMMENDATIONS AND DEVELOP INITIATIVES IN RESPONSE TO

UNMET NEEDS. THESE ASSESSMENTS INCLUDED VISITS TO THE ORGANIZATION,

INTERVIEWS WITH PROGRAM ADMINISTRATORS, STAFF AND PARTICIPANTS,

EVALUATION OF HISTORICAL RESULTS, AND FINANCIAL REVIEW.

ROBIN HOOD'S GRANTMAKING IN 2019 FOCUSED ON IMPROVING MATH AND LITERACY

AMONG K-12 STUDENTS, IMPROVING COLLEGE RETENTION RATES, PROVIDING

EMERGENCY MEALS TO FAMILIES THAT WERE FOOD INSECURE, EQUIPPING NEW

YORKERS WITH JOB TRAINING THAT IMPROVED THEIR ECONOMIC PROSPECTS, FUNDING

HEALTH INITIATIVES THAT SUPPORTED LOW-INCOME COMMUNITIES ADDRESSING

ISSUES LIKE DIABETES, CREATING STABLE HOUSING UNITS FOR FAMILIES FACING

HOMELESSNESS, ENROLLING NEW YORKERS IN FOOD AND OTHER BENEFITS, AND

MORE.

ROBIN HOOD INVESTS IN PROJECTS THAT ADVANCE PHILANTHROPIC PURPOSES. THESE

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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PROGRAM RELATED INVESTMENTS MAY INCLUDE LOANS TO BE EXPENDED BY RECIPIENTS IN FURTHERANCE OF ROBIN HOOD'S CHARITABLE PURPOSE AND ARE RECORDED WHEN DISBURSED. THESE PROGRAM RELATED INVESTMENTS ARE MONITORED TO DETERMINE NET REALIZABLE VALUE BASED ON AN EVALUATION OF RECOVERABILITY THAT UTILIZES EXPERIENCE AND MAY REFLECT PERIODIC ADJUSTMENTS TO TERMS AS DEEMED APPROPRIATE.

PART III, LINE 4B: CAPITAL GRANTS

ROBIN HOOD'S CAPITAL GRANT INITIATIVE WORKS CLOSELY WITH OUR COMMUNITY PARTNERS TO HELP THESE ORGANIZATIONS MANAGE THEIR SPACE NEEDS. THE INITIATIVE OFFERS TECHNICAL ASSISTANCE AND, IN SELECT CASES, GRANTS FOR CAPITAL PROJECTS. THE INITIATIVE PLACES A PREMIUM ON FUNDING EARLY-STAGE PLANNING. IN 2019, ROBIN HOOD AWARDED CAPITAL GRANTS TO FOUR COMMUNITY PARTNERS. ONE OF THE FOUR GRANTS INCLUDES A MISSION INVESTING GRANT.

PART III, LINE 4C: MANAGEMENT ASSISTANCE

ROBIN HOOD PROTECTS AND LEVERAGES ITS CHARITABLE INVESTMENTS WITH EXPERT MANAGEMENT AND TECHNICAL ASSISTANCE. THE GOAL IS TO BRING BEST-IN-CLASS RESOURCES TO SOLVE OUR PARTNERS' MOST PRESSING STRATEGIC AND OPERATIONAL CHALLENGES. WE WORK IN NINE MAIN AREAS: GOVERNANCE, STRATEGY, HUMAN CAPITAL, MARKETING, FUNDRAISING, FINANCE, LEGAL, TECHNOLOGY AND REAL ESTATE.

CONSULTING IS DELIVERED BY ROBIN HOOD'S INTERNAL CONSULTING TEAM, CORPORATE PRO BONO PARTNERS AND TECHNICAL ASSISTANCE GRANTS. ROBIN HOOD

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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ALSO PROVIDES TRAINING FOR THE STAFF AND BOARD MEMBERS OF ITS COMMUNITY PARTNERS. EXAMPLES INCLUDE DEVELOPING A STRATEGIC PLAN TO ENSURE EFFECTIVE RESOURCE ALLOCATION, STREAMLINING A FINANCIAL REPORTING SYSTEM TO MANAGE COSTS OR DESIGNING AN EFFECTIVE WEBSITE TO ENHANCE FUNDRAISING.

IN 2019, WE MADE MANAGEMENT ASSISTANCE GRANTS TOTALING ROUGHLY \$580K FOR OVER 26 DIFFERENT COMMUNITY PARTNER PROJECTS ACROSS ALL PORTFOLIOS. WE WERE ALSO SUCCESSFUL IN PLACING 13 PROFESSIONALS ON COMMUNITY PARTNER BOARDS. BY PARTNERING WITH SEVEN FIRMS, WE WERE ABLE TO DELIVER OVER \$3 MILLION IN PRO BONO SERVICES ACROSS THE SPECTRUM OF ISSUE AREAS TO OUR PARTNERS. THE MANAGEMENT ASSISTANCE TEAM DELIVERED 11 CUSTOMIZED INITIATIVES AND WORKSHOPS TO OUR COMMUNITY PARTNERS, ALMOST DOUBLE THE NUMBER OF WORKSHOPS WE PROVIDED THE PREVIOUS YEAR AND REACHING 104 COMMUNITY PARTNER ATTENDEES.

PART III, LINE 4D: RELIEF GRANT MAKING

THE RELIEF FUND WAS ORIGINALLY FORMED FOLLOWING THE 9/11 TERRORIST ATTACKS AND WAS THEN REACTIVATED IN 2012 TO PROVIDE FINANCIAL SUPPORT TO FAMILIES WHO WERE AFFECTED BY HURRICANE SANDY. DURING 2019, ROBIN HOOD MADE THREE GRANTS TOTALING \$410,000 TO ORGANIZATIONS ACCROSS THE TRI-STATE PROVIDING DESPERATELY NEEDED SEVICES TO INDIVIDUALS AND FAMILIES WORKING TO RECOVER FROM THESE DEVASTATING EVENTS.

FORM 990, PART VI, SECTION A, LINE 2

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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BOARD OF DIRECTORS MEMBERS PAUL TUDOR JONES AND GLENN DUBIN HAVE A BUSINESS RELATIONSHIP.

BOARD OF DIRECTORS MEMBERS JOHN OVERDECK AND PAUL TUDOR JONES HAVE A BUSINESS RELATIONSHIP.

BOARD OF DIRECTORS MEMBERS BOB PITTMAN AND JOHN SYKES HAVE A BUSINESS RELATIONSHIP.

BOARD OF DIRECTORS MEMBERS JOHN OVERDECK AND DAVID SALTZMAN HAVE A BUSINESS RELATIONSHIP.

CEO, WES MOORE AND CHAIR, LARRY ROBBINS HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11

ROBIN HOOD'S BOARD OF DIRECTORS HAS DELEGATED TO THE AUDIT, FINANCE AND COMPLIANCE COMMITTEE THE AUTHORITY TO REVIEW ROBIN HOOD'S FORM 990 PRIOR TO FILING. PURSUANT TO THAT AUTHORITY, AFTER REVIEW BY ROBIN HOOD'S TAX AND LEGAL ADVISORS, A DRAFT OF THE FORM 990 WAS SENT TO THE FULL AFC COMMITTEE FOR THE COMMITTEE'S REVIEW AND COMMENT. A COPY OF ROBIN HOOD'S FORM 990 WAS PROVIDED TO EACH MEMBER OF THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12

ROBIN HOOD'S CONFLICT OF INTEREST POLICY PLACES AN AFFIRMATIVE OBLIGATION ON EACH OFFICER, DIRECTOR AND KEY EMPLOYEE TO DISCLOSE ANY CONTRACT OR TRANSACTION IN WHICH HE OR SHE HAS AN INTEREST AT THE TIME THAT THE

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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CONTRACT OR TRANSACTION IS CONSIDERED BY THE BOARD OR COMMITTEE AUTHORIZING THE CONTRACT OR TRANSACTION. THE POLICY ALSO REQUIRES EACH OFFICER, DIRECTOR AND KEY EMPLOYEE TO FURNISH AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT.

THE DISCLOSURE STATEMENT INCLUDES AN AFFIRMATION BY THE INDIVIDUAL SIGNING THE STATEMENT THAT HE OR SHE HAS READ ROBIN HOOD'S CONFLICT OF INTEREST POLICY AND AGREES TO ABIDE BY IT. THE DISCLOSURE DATA IS REVIEWED BY ROBIN HOOD'S GENERAL COUNSEL, WHO MAINTAINS A LIST OF RELATIONSHIPS THAT COULD GIVE RISE TO A CONFLICT OF INTEREST. PRIOR TO BOARD OR COMMITTEE MEETINGS WHERE CONTRACTS ARE TO BE VOTED ON, THE GENERAL COUNSEL REVIEWS THE AGENDA AND IDENTIFIES ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST IS IDENTIFIED, IT IS DISCLOSED TO THE BOARD OR COMMITTEE. IF THE INDIVIDUAL WITH THE POTENTIAL OR ACTUAL CONFLICT OF INTEREST IS PRESENT AT THE MEETING, HE OR SHE MAY PARTICIPATE IN THE INFORMATION-GATHERING STAGE OF THE BOARD'S OR COMMITTEE'S DISCUSSION BUT MUST LEAVE THE ROOM FOR THE FINAL DELIBERATION AND VOTE.

FORM 990, PART VI, SECTION B, LINE 15

ROBIN HOOD'S EXECUTIVE COMMITTEE HAS THE AUTHORITY TO MAKE DECISIONS RELATING TO THE COMPENSATION OF ITS TOP MANAGEMENT OFFICIAL AND KEY EMPLOYEES. (NOTE: ROBIN HOOD DOES NOT COMPENSATE ITS DIRECTORS OR NON-STAFF OFFICERS.) THE COMMITTEE IS ASSISTED IN THIS PROCESS BY AN OUTSIDE COMPENSATION CONSULTANT, LEGAL COUNSEL AND ROBIN HOOD'S AUDIT, FINANCE AND COMPLIANCE COMMITTEE.

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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COMPENSATION DECISIONS ARE MADE WITH REFERENCE TO CURRENT COMPARABILITY DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE ROLES AT SIMILARLY SITUATED ORGANIZATIONS PRESENTED BY THE OUTSIDE COMPENSATION CONSULTANT. ROBIN HOOD COMPLIES WITH THE "REBUTTABLE PRESUMPTION" PROCEDURES FOR DETERMINING THAT COMPENSATION IS REASONABLE UNDER INTERNAL REVENUE CODE SECTION 4958. DELIBERATIONS AND DECISIONS REGARDING COMPENSATION ARRANGEMENTS ARE CONTEMPORANEOUSLY DOCUMENTED IN MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19

ROBIN HOOD'S CERTIFICATE OF INCORPORATION, BY-LAWS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC ON REQUEST. ROBIN HOOD'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON ROBIN HOOD'S WEBSITE. A SUMMARY OF ROBIN HOOD'S AUDITED FINANCIAL STATEMENTS (ALSO APPROVED BY ROBIN HOOD'S AUDITORS) IS ALSO POSTED ON ROBIN HOOD'S WEBSITE.

FORM 990, PART XI, LINE 9

RECONCILIATION OF NET ASSETS

RESCINDED GRANTS: \$2,302,760

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ROBIN HOOD IS NEW YORK'S LARGEST POVERTY-FIGHTING ORGANIZATION. ROBIN HOOD FINDS, FUNDS, AND CREATES PROGRAMS THAT GENERATE MEANINGFUL RESULTS FOR NEW YORK CITY'S POOREST RESIDENTS. INCORPORATED IN NEW

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

YORK STATE IN 1988, ROBIN HOOD IS A NOT-FOR-PROFIT PUBLIC CHARITY THAT IS COMMITTED TO LIFTING NEW YORK CITY HOUSEHOLDS OUT OF POVERTY MEASURABLY AND SUSTAINABLY.

EVERY YEAR, ROBIN HOOD FUNDS MORE THAN 200 OF NEW YORK CITY'S MOST EFFECTIVE NON-PROFIT ORGANIZATIONS FIGHTING POVERTY. THE BOARD OF DIRECTORS COVERS ALL THE ORGANIZATION'S OVERHEAD, SO 100% OF ALL UNRESTRICTED DONATIONS FROM THE PUBLIC GO DIRECTLY TO ORGANIZATIONS HELPING NEW YORKERS IN NEED. ROBIN HOOD'S FIGHT AGAINST POVERTY IS FOCUSED ON:

1. MEETING URGENT NEEDS - WHICH INVOLVES FUNDING ORGANIZATIONS THAT PROVIDE FOOD, SHELTER AND HEALTH CARE TO POOR NEW YORKERS.
2. HELPING HOUSEHOLDS MOVE OUT OF POVERTY MEASURABLY AND SUSTAINABLY, WHICH IS THE KEY TO ENDING INTERGENERATIONAL POVERTY - ROBIN HOOD PROVIDES SUPPORT IN EDUCATION, EARLY CHILDHOOD AND YOUTH, JOB TRAINING, IMMIGRANT SERVICES AND OTHER AREAS.

ATTACHMENT 2

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
RELIEF GRANT MAKING	410,000.	464,643.	0.
TOTALS	<u>410,000.</u>	<u>464,643.</u>	<u>0.</u>

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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ATTACHMENT 3FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA,

FL, GA, HI, IL, KS, KY, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA,

RI, SC, TN, UT, VA, WV, WI,

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NIMBLIST, LLC 533 JANET AVE LANCASTER, PA 17601	PRODUCTION SERVICES	1,649,115.
DAVID STARK PRODUCTION & DESIGN, INC. 219 36TH STREET, #3A BROOKLYN, NY 17543	PRODUCTION SERVICES	832,855.
4 WALL ENTERTAINMENT, INC. 3165 W. SUNSET ROAD LAS VEGAS, NY 89118	PRODUCTION SERVICES	667,277.
HUDSON YARD CATERING 640 W. 28TH STREET NEW YORK, NY 10001	CATERING	630,418.
ATOMIC DESIGN, INC 10 WYNFIELD DRIVE LITITZ, PA 17543	PRODUCTION SERVICES	556,540.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ROBIN HOOD HOLDINGS 826 BROADWAY, 9TH FLOOR NEW YORK, NY 10003 13-3441066	IP HOLDINGS	DE	0.	0.	N/A
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
