

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization 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)	Room/suite	
	826 BROADWAY		9TH FL
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10003		G Gross receipts \$ 242,611,283.
F Name and address of principal officer: RICHARD BUERY, JR. 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 H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.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.	
	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 42
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 42
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 162
	6 Total number of volunteers (estimate if necessary)	6 6
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 376.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 146,804,067. Current Year 140,856,197.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,083,730. 2,139,854.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-13,121,659. -13,670,628.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	139,766,138. 129,325,423.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	171,935,945. 131,251,074.
	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)	22,125,710. 22,873,665.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	15,000. 0.
	b Total fundraising expenses (Part IX, column (D), line 25)	10,501,335.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,023,011. 10,515,110.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	205,099,666. 164,639,849.
19 Revenue less expenses. Subtract line 18 from line 12	-65,333,528. -35,314,426.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 351,881,499. End of Year 320,333,864.
	21 Total liabilities (Part X, line 26)	95,712,591. 101,436,533.
	22 Net assets or fund balances. Subtract line 21 from line 20	256,168,908. 218,897,331.

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			
	KENNETH LAU, INTERIM CFO 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 11/14/2023	Check if self-employed <input type="checkbox"/>	PTIN P00741490
	Firm's name GRANT THORNTON LLP	Firm's EIN 36-6055558	Phone no. 212-599-0100		
Firm's address 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. ROBIN HOOD FOUNDATION	Taxpayer identification number (TIN) 13-3441066
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 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) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

KENNETH LAU

• 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 NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2022 or

▶ tax year beginning _____, and ending _____.

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

3a If this application is for Forms 990-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-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 144,004,130. including grants of \$ 129,401,795.) (Revenue \$ 0.) SEE DESCRIPTION OF CORE GRANT MAKING IN SCHEDULE O.

4b (Code:) (Expenses \$ 2,634,291. including grants of \$ 1,601,279.) (Revenue \$ 0.) SEE DESCRIPTION OF MANAGEMENT ASSISTANCE IN SCHEDULE O.

4c (Code:) (Expenses \$ 277,599. including grants of \$ 248,000.) (Revenue \$ 0.) SEE DESCRIPTION OF RELIEF GRANT MAKING IN SCHEDULE O.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 146,916,020.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, 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 ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, 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 columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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 Enter the number of voting members of the governing body at the end of the tax year (42); 1b Enter the number of voting members included on line 1a, above, who are independent (42); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (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 Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
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
KENNETH LAU - 212-227-6601
826 BROADWAY, 9TH FLOOR, NEW YORK, NY 10003

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) RICHARD BUERY, JR. CEO / NON-VOTING DIRECTOR	60.00 0.00	X		X				860,105.	0.	36,005.
(2) EMARY ARONSON CHIEF KNOWLEDGE OFFICER	60.00 0.00				X			431,666.	0.	63,849.
(3) CAROLYN VINE CHIEF DEVELOPMENT OFFICER	60.00 0.00				X			371,216.	0.	73,793.
(4) SUSAN SACK MD, REAL ESTATE	60.00 0.00					X		371,963.	0.	57,508.
(5) JOANNA PRESSMAN GENERAL COUNSEL/ASST. SECR	60.00 0.00			X				320,424.	0.	73,532.
(6) STEPHANIE ROYAL CHIEF PEOPLE & CULTURE OFFICER	60.00 0.00				X			322,387.	0.	61,063.
(7) DEBORAH MCCOY MD, YOUNG ADULTS	60.00 0.00				X			308,889.	0.	71,821.
(8) JASON CONE CHIEF PUBLIC POLICY OFFICE	60.00 0.00				X			309,665.	0.	63,696.
(9) SUSAN EPSTEIN MD, FIELD BUILDING AND PUB	60.00 0.00				X			307,055.	0.	61,717.
(10) DARYL MINTZ (AS OF 3/2022) CHIEF FINANCIAL & ADMIN OFFICER	60.00 0.00			X				335,876.	0.	24,738.
(11) MATTHEW KLEIN (AS OF 1/2022) CHIEF IMPACT & PROGRAM OFFICER	60.00 0.00				X			333,638.	0.	17,795.
(12) SARAH OLTMANS CHIEF OF GRANT STRATEGY	60.00 0.00				X			293,244.	0.	48,118.
(13) KYLE FERRARA CORPORATE SPONSORSHIP DIRECTOR	60.00 0.00					X		260,927.	0.	66,801.
(14) JOHN GRIFFIN CHAIR	3.00 0.00	X		X				0.	0.	0.
(15) DINA POWELL MCCORMICK VICE-CHAIR	1.50 0.00	X		X				0.	0.	0.
(16) PETER F BORISH SECRETARY AND TREASURER	1.50 0.00	X		X				0.	0.	0.
(17) LEE AINSLIE III DIRECTOR	1.50 0.00	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JACKLYN BEZOS DIRECTOR	1.50 0.00	X						0.	0.	0.
(19) VICTORIA BJORKLUND DIRECTOR	10.00 0.00	X						0.	0.	0.
(20) JEFF BLAU DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) SCOTT BOMMER DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) GEOFFREY CANADA DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) CECILY CARSON DIRECTOR	1.50 0.00	X						0.	0.	0.
(24) ANNE DINNING DIRECTOR	1.50 0.00	X						0.	0.	0.
(25) GLENN R DUBIN DIRECTOR	1.50 0.00	X						0.	0.	0.
(26) MARIAN WRIGHT EDELMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								4,827,055.	0.	720,436.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,827,055.	0.	720,436.

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 56

	Yes	No
3 Did the organization list any former officer, director, 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
DAVID STARK, INC 219 36 ST. 3A, BROOKLYN, NY 11232	DESIGN CONSULTANT	1,241,949.
NIMBLIST, LLC 533 JANET AVE STE 5, LANCASTER, PA 17601	EVENT PRODUCTION	1,144,708.
SKDKNICKERBOCKER, LLC, 1150 18TH STREET NW SUITE 800, WASHINGTON, DC 20036	DESIGN CONSULTANT	750,352.
4WALL ENTERTAINMENT, INC, 3165 W. SUNSET ROAD SUITE 100, LAS VEGAS, NV 89118	DESIGN CONSULTANT	619,579.
JESSICA STUART MEDIA INC, 2830 GEORGIA AVENUE NW, WASHINGTON, DC 20001	DESIGN CONSULTANT	591,790.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 21

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DAVID EINHORN DIRECTOR	1.00 0.00	X					0.	0.	0.	
(28) MARY ERDOES DIRECTOR	1.00 0.00	X					0.	0.	0.	
(29) ROLAND FRYER DIRECTOR	1.00 0.00	X					0.	0.	0.	
(30) DOUG HAYNES DIRECTOR	1.50 0.00	X					0.	0.	0.	
(31) KAYA HENDERSON DIRECTOR	1.50 0.00	X					0.	0.	0.	
(32) JEFFREY R IMMELT DIRECTOR	1.00 0.00	X					0.	0.	0.	
(33) PAUL TUDOR JONES II DIRECTOR	1.50 0.00	X					0.	0.	0.	
(34) PETER D KIERNAN III DIRECTOR	1.50 0.00	X					0.	0.	0.	
(35) JOHN KING DIRECTOR	1.50 0.00	X					0.	0.	0.	
(36) DOUG MORRIS (THRU 02/2022) DIRECTOR	1.00 0.00	X					0.	0.	0.	
(37) MICHAEL NOVOGRATZ DIRECTOR	1.00 0.00	X					0.	0.	0.	
(38) DANIEL S OCH DIRECTOR	1.00 0.00	X					0.	0.	0.	
(39) JOHN OVERDECK DIRECTOR	1.00 0.00	X					0.	0.	0.	
(40) ROBERT PITTMAN DIRECTOR	1.00 0.00	X					0.	0.	0.	
(41) DAVID PUTH DIRECTOR	1.50 0.00	X					0.	0.	0.	
(42) LARRY ROBBINS DIRECTOR	1.00 0.00	X					0.	0.	0.	
(43) DAVID SALTZMAN DIRECTOR	1.50 0.00	X					0.	0.	0.	
(44) ALAN D SCHWARTZ DIRECTOR	1.00 0.00	X					0.	0.	0.	
(45) DAVID SOLOMON DIRECTOR	1.50 0.00	X					0.	0.	0.	
(46) BARRY STERNLICHT DIRECTOR	1.00 0.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) STEVE STOUTE DIRECTOR	1.00 0.00	X						0.	0.	0.
(48) JOHN SYKES DIRECTOR	1.00 0.00	X						0.	0.	0.
(49) DAVID TEPPER DIRECTOR	1.00 0.00	X						0.	0.	0.
(50) MARTA TIENDA DIRECTOR	1.00 0.00	X						0.	0.	0.
(51) KENNETH TROPIN DIRECTOR	1.50 0.00	X						0.	0.	0.
(52) BEATRICE WELTERS (THRU 10/2022) DIRECTOR	1.50 0.00	X						0.	0.	0.
(53) ANGELA BLACKWELL (AS OF 10/2022) DIRECTOR	1.00 0.00	X						0.	0.	0.
(54) MICHAEL CHAE (AS OF 10/2022) DIRECTOR	1.00 0.00	X						0.	0.	0.
(55) MONTE LIPMAN (AS OF 02/2022) DIRECTOR	1.00 0.00	X						0.	0.	0.
(56) CRAIG NEVILL-MANNING DIRECTOR	1.00 0.00	X						0.	0.	0.
(57) ALEXIS OHANIAN (AS OF 10/2022) DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	43,274,668.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	97,581,529.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 18,786,171.				
	h Total. Add lines 1a-1f		140,856,197.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		232,634.			232,634.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	100,085,938.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	98,178,718.				
	c Gain or (loss)	7c	1,907,220.				
d Net gain or (loss)		1,907,220.			1,907,220.		
8 a Gross income from fundraising events (not including \$ 43,274,668. of contributions reported on line 1c). See Part IV, line 18	8a		1,436,514.				
		8b	15,107,142.				
c Net income or (loss) from fundraising events			-13,670,628.			-13,670,628.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			129,325,423.	0.	0.	-11,530,774.	

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 ...	131,251,074.	131,251,074.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,122,079.	2,089,247.	834,383.	1,198,449.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,931,924.	6,459,516.	3,015,887.	4,456,521.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,553,511.	775,674.	190,755.	587,082.
9 Other employee benefits	2,206,675.	1,076,255.	401,529.	728,891.
10 Payroll taxes	1,059,476.	473,049.	193,754.	392,673.
11 Fees for services (nonemployees):				
a Management				
b Legal	78,685.	15,809.	50,690.	12,186.
c Accounting	162,510.		162,510.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	363,027.		363,027.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,202,228.	1,875,391.	507,924.	818,913.
12 Advertising and promotion				
13 Office expenses	715,434.	195,687.	91,704.	428,043.
14 Information technology	905,032.	403,602.	281,499.	219,931.
15 Royalties				
16 Occupancy	2,864,422.	1,359,797.	639,573.	865,052.
17 Travel	39,946.	28,395.	9,127.	2,424.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	98,077.	76,525.	10,006.	11,546.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	396,808.	168,549.	97,026.	131,233.
23 Insurance	339,500.	22,843.	298,460.	18,197.
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 CONTRACTED MGMT. ASST.	644,607.	644,607.		
b INDIRECT EVENT COSTS	281,056.			281,056.
c FILING/REGISTRATION FEE	263,068.		30,020.	233,048.
d MARKETING & COMMUN.	160,710.		44,620.	116,090.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	164,639,849.	146,916,020.	7,222,494.	10,501,335.
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)				

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	528,682.
	2 Savings and temporary cash investments	45,009,121.	2	87,948,208.
	3 Pledges and grants receivable, net	44,826,752.	3	43,236,271.
	4 Accounts receivable, net		4	
	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		5	
	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)		6	
	7 Notes and loans receivable, net	4,000,000.	7	4,000,000.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	610,709.	9	544,291.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,055,132.		
	b Less: accumulated depreciation	10b 9,612,047.	1,736,461.	10c 2,443,085.
	11 Investments - publicly traded securities	82,513,976.	11	553,353.
	12 Investments - other securities. See Part IV, line 11	165,932,881.	12	162,156,532.
	13 Investments - program-related. See Part IV, line 11	2,237,338.	13	2,553,268.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,014,261.	15	16,370,174.
16 Total assets. Add lines 1 through 15 (must equal line 33)	351,881,499.	16	320,333,864.	
Liabilities	17 Accounts payable and accrued expenses	9,333,780.	17	6,347,776.
	18 Grants payable	84,863,785.	18	86,015,391.
	19 Deferred revenue	1,515,026.	19	351,416.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	8,721,950.
	26 Total liabilities. Add lines 17 through 25	95,712,591.	26	101,436,533.
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	174,733,759.	27	122,033,588.
	28 Net assets with donor restrictions	81,435,149.	28	96,863,743.
	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	256,168,908.	32	218,897,331.
33 Total liabilities and net assets/fund balances	351,881,499.	33	320,333,864.	

Form 990 (2022)

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	129,325,423.
2	Total expenses (must equal Part IX, column (A), line 25)	2	164,639,849.
3	Revenue less expenses. Subtract line 2 from line 1	3	-35,314,426.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	256,168,908.
5	Net unrealized gains (losses) on investments	5	-3,239,631.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,282,480.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	218,897,331.

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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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).)
 - 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	139,544,245.	156,950,210.	201,641,662.	146,804,067.	140,856,197.	785,796,381.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	139,544,245.	156,950,210.	201,641,662.	146,804,067.	140,856,197.	785,796,381.
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)						212,485,288.
6 Public support. Subtract line 5 from line 4.						573,311,093.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	139,544,245.	156,950,210.	201,641,662.	146,804,067.	140,856,197.	785,796,381.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,160,814.	3,635,581.	1,206,004.	132,155.	232,634.	7,367,188.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,258,915.	1,059,949.	339,471.	649,029.	1,436,514.	4,743,878.
11 Total support. Add lines 7 through 10						797,907,447.

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

13 First 5 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 2022 (line 6, column (f), divided by line 11, column (f))	14	71.85 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	78.58 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING EVENTS

2018 AMOUNT: \$ 1,255,870.

2019 AMOUNT: \$ 1,059,682.

2020 AMOUNT: \$ 337,754.

2021 AMOUNT: \$ 649,029.

2022 AMOUNT: \$ 1,436,514.

MISCELLANEOUS

2018 AMOUNT: \$ 3,045.

2019 AMOUNT: \$ 267.

2020 AMOUNT: \$ 1,717.

2021 AMOUNT: \$ 0.

2022 AMOUNT: \$ 0.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

Name of organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 34,236,994.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 5,375,418.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 3,253,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 29,894,254.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 25,060,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 10,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 5,600,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 4,807,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

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)	34,896.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	390,266.													
c	Total lobbying expenditures (add lines 1a and 1b)	425,162.													
d	Other exempt purpose expenditures	164,214,687.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	164,639,849.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.													
i	Subtract line 1f from line 1c. If zero or less, enter -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) 2019	(b) 2020	(c) 2021	(d) 2022	(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.	214,743.	86,720.	425,162.	776,484.
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		132,000.	22,953.	34,896.	189,849.

Schedule C (Form 990) 2022

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)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
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).

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

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."

1 Dues, assessments and similar amounts from members	1
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).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
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 expenditures next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,753,048.	4,538,860.	1,214,188.
d Equipment		1,815,791.	1,539,854.	275,937.
e Other		4,486,293.	3,533,333.	952,960.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,443,085.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) LONG/SHORT EQUITY	47,912,770.	END-OF-YEAR MARKET VALUE
(B) CREDIT OPPORTUNITIES (DISTRESSED)	61,266,970.	END-OF-YEAR MARKET VALUE
(C) GLOBAL MACRO	18,636,782.	END-OF-YEAR MARKET VALUE
(D) FIXED INCOME	14,397.	END-OF-YEAR MARKET VALUE
(E) PRIVATE EQUITY	7,347,487.	END-OF-YEAR MARKET VALUE
(F) OTHER	17,642.	END-OF-YEAR MARKET VALUE
(G) LIQUIDATING STUBS	1,762,846.	END-OF-YEAR MARKET VALUE
(H) UNCORRELATED EQUITY	25,197,638.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	162,156,532.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSETS - OPERATING LEASE	7,734,554.
(2) INVESTMENT RECEIVABLES	8,635,620.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	16,370,174.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	8,721,950.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,721,950.

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	125,986,939.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-3,239,631.
b	Donated services and use of facilities	2b	264,174.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-2,975,457.
3	Subtract line 2e from line 1	3	128,962,396.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	363,027.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	363,027.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	129,325,423.

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

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

1	Total expenses and losses per audited financial statements	1	163,258,516.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	264,174.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	264,174.
3	Subtract line 2e from line 1	3	162,994,342.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	363,027.
b	Other (Describe in Part XIII.)	4b	1,282,480.
c	Add lines 4a and 4b	4c	1,645,507.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	164,639,849.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FIN 48

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

BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY 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.

Part XIII Supplemental Information (continued)

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 HAS 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 IX, RIGHT-OF-USE ASSETS, LINE 2 AND PART X, OPERATING
 LEASE LIABILITY LINE 1(2):
 THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") IMPLEMENTED A NEW LEASE
 ACCOUNTING STANDARD THAT BECAME EFFECTIVE FOR GLOBAL ASSOCIATION OF RISK
 PROFESSIONALS INC. AS IN THE YEAR ENDING DECEMBER 31, 2022. THIS
 ACCOUNTING STANDARD WAS EFFECTUATED TO IMPROVE THE TRANSPARENCY
 SURROUNDING KEY INFORMATION PERTAINING TO AN EXEMPT ORGANIZATION'S LEASING
 ARRANGEMENTS (AND TO ENSURE THAT ALL ORGANIZATIONS WERE RECORDING THE
 TRANSACTIONS UNIFORMLY ON THEIR BALANCE SHEETS).

PART XII, LINE 4B - OTHER ADJUSTMENTS:
 RESCINDED GRANTS 1,282,480.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

ROBIN HOOD FOUNDATION

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
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		136,728,945.
3 a Subtotal	0	0			136,728,945.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			136,728,945.

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)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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)

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

Schedule F (Form 990) 2022

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 VI, 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.

Multiple horizontal lines for supplemental information.

SCHEDULE G (Form 990)

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.

2022

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 Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual... b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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

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.

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 (add col. (a) through col. (c))	
		BIG BENEFIT (event type)	INV. CONF. (event type)	9 (total number)		
Revenue	1	Gross receipts	36,306,912.	7,707,479.	696,791.	44,711,182.
	2	Less: Contributions	35,648,412.	6,996,829.	629,427.	43,274,668.
	3	Gross income (line 1 minus line 2)	658,500.	710,650.	67,364.	1,436,514.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	3,508,044.	423,338.	175,727.	4,107,109.
	7	Food and beverages	1,009,233.	306,694.	109,688.	1,425,615.
	8	Entertainment	295,177.	186,750.	0.	481,927.
	9	Other direct expenses	7,418,752.	1,350,182.	323,557.	9,092,491.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				15,107,142.
11	Net income summary. Subtract line 10 from line 3, column (d)				-13,670,628.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART 1, LINE 2B, ACTIVITY:

CONSULTANT WAS HIRED TO DEVELOP AND TEST MESSAGING AND STRATEGIES AIMED

AT RETAINING CERTAIN DONORS.

Part IV Supplemental Information (continued)

Multiple horizontal lines for supplemental information input.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
50CAN, INC. 1380 MONROE STREET NW, #413 WASHINGTON, DC 20010	27-3069592	501C3	1,500,000.	0.			POVERTY RELIEF
A BETTER BALANCE 40 WORTH STREET, 10TH FLOOR NEW YORK, NY 10013	20-3664771	501C3	100,000.	0.			POVERTY RELIEF
ACHIEVEMENT FIRST 370 JAMES STREET, SUITE 404 NEW HAVEN, CT 06513	65-1203744	501C3	2,100,000.	0.			POVERTY RELIEF
ADAMS STREET FOUNDATION INC 283 ADAMS STREET BROOKLYN, NY 11201	90-0394877	501C3	193,255.	0.			POVERTY RELIEF
ADVOCATES FOR CHILDREN OF NEW YORK INC - 151 WEST 30TH STREET, 5TH FLOOR - NEW YORK, NY 10001	11-2247307	501C3	650,000.	0.			POVERTY RELIEF
AFRICAN COMMUNITIES TOGETHER 127 WEST 127TH ST. SUITE 221 NEW YORK, NY 10027	46-1689772	501C3	32,900.	0.			POVERTY RELIEF

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 425.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AID FOR AIDS INTERNATIONAL INC. 131 VARICK STREET SUITE 1006 NEW YORK, NY 10013	13-3954568	501C3	40,000.	0.			POVERTY RELIEF
ALI FORNEY CENTER 224 WEST 35TH STREET, 15TH FLOOR NEW YORK, NY 10001	30-0104507	501C3	300,000.	0.			POVERTY RELIEF
ALL OUR KIN INC. 414A CHAPEL STREET, SUITE 100 NEW HAVEN, CT 06511	06-1539280	501C3	935,500.	0.			POVERTY RELIEF
AMBER EDUCATION FUND, INC. 2196 THIRD AVENUE SUITE 2009 NEW YORK, NY 10035	46-5771070	501C3	650,000.	0.			POVERTY RELIEF
AMERICA ON TECH INC 25 BROADWAY, 12TH FL NEW YORK, NY 10004	46-5336001	501C3	602,250.	0.			POVERTY RELIEF
ANTHOS HOME INC 169 MADISON AVE #2285 NEW YORK, NY 10016	88-3100968	501C3	1,660,000.	0.			POVERTY RELIEF
ARAB-AMERICAN FAMILY SUPPORT CENTER - 150 COURT STREET, 3RD FLOOR - BROOKLYN, NY 11201	11-3167245	501C3	550,000.	0.			POVERTY RELIEF
ARIVA INC 69 E 167TH STREET BRONX, NY 10452	32-0028598	501C3	75,000.	0.			POVERTY RELIEF
ASCEND LEARNING INC 205 ROCKAWAY PARKWAY BROOKLYN, NY 11212	33-1200239	501C3	200,000.	0.			POVERTY RELIEF

Schedule I (Form 990)

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ASIYAH WOMEN'S CENTER INC 965 70TH STREET BROOKLYN, NY 11228	82-2104070	501C3	25,000.	0.			POVERTY RELIEF
ASSOCIATION FOR NEIGHBORHOOD & HOUSING DEVELOPMENT INC - 50 BROAD STREET SUITE 1402 - NEW YORK, NY 10004	13-2775999	501C3	300,000.	0.			POVERTY RELIEF
ASSOCIATION TO BENEFIT CHILDREN 419 EAST 86TH STREET NEW YORK, NY 10028	13-3303089	501C3	600,000.	0.			POVERTY RELIEF
ASYLUM SEEKER ADVOCACY PROJECT INC 228 PARK AVE. S. #84810 NEW YORK, NY 10003	83-3011862	501C3	25,000.	0.			POVERTY RELIEF
AUTISM SPEAKS INC 1 E 33RD ST 4TH FLOOR NEW YORK, NY 10016	20-2329938	501C3	250,000.	0.			POVERTY RELIEF
AVENUES FOR JUSTICE INC 100 CENTRE STREET ROOM 1541 NEW YORK, NY 10013	13-3267496	501C3	540,000.	0.			POVERTY RELIEF
BANGLADESHI AMERICAN COMMUNITY DEVELOPMENT AND YOUTH SERVICES - 1216 LIBERTY AVENUE - BROOKLYN, NY 11208	45-2389573	501C3	25,000.	0.			POVERTY RELIEF
BARBERSHOP BOOKS, INC. 57 WEST 57TH STREET, 4TH FLOOR NEW YORK, NY 10019	46-4377279	501C3	25,000.	0.			POVERTY RELIEF
BEAM CENTER INC. 60 SACKETT ST BROOKLYN, NY 11231	45-4273449	501C3	214,200.	0.			POVERTY RELIEF

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BEDFORD STUYVESANT RESTORATION CORPORATION - 1368 FULTON STREET - BROOKLYN, NY 11216	11-6083182	501C3	225,000.	0.			POVERTY RELIEF
BENEFITS DATA TRUST CENTRE SQUARE WEST, 1500 MARKET ST, SUITE 2800 - PHILADELPHIA, PA 19102	20-3455598	501C3	2,045,000.	0.			POVERTY RELIEF
BETANCES HEALTH CENTER 280 HENRY STREET NEW YORK, NY 10002	13-2697725	501C3	25,000.	0.			POVERTY RELIEF
BIPARTISAN POLICY CENTER, INC. 1225 EYE STREET WASHINGTON, DC 20005	73-1628282	501C3	50,000.	0.			POVERTY RELIEF
BLACK ECONOMIC ALLIANCE FOUNDATION 700 13TH ST NW WASHINGTON, DC 20005	83-3790370	501C3	500,000.	0.			POVERTY RELIEF
BOROUGH OF MANHATTAN COMMUNITY COLLEGE FOUNDATION INC - 199 CHAMBERS ST., S747 - NEW YORK, NY 10007	51-0187969	501C3	100,000.	0.			POVERTY RELIEF
BOTTOM LINE INC 44 COURT STREET, SUITE 300 BROOKLYN, NY 11201	04-3351427	501C3	314,250.	0.			POVERTY RELIEF
BOWERY RESIDENTS COMMITTEE 131 WEST 25TH STREET, 12TH FLOOR NEW YORK, NY 10001	13-2736659	501C3	400,000.	0.			POVERTY RELIEF
BREAKING GROUND HOUSING DEVELOPMENT FUND CORPORATION - 505 8TH AVENUE, 5TH FLOOR - NEW YORK, NY 10018	11-3048002	501C3	722,000.	0.			POVERTY RELIEF

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BRONX DEFENDERS 360 EAST 161ST STREET BRONX, NY 10451	13-3931074	501C3	350,000.	0.			POVERTY RELIEF
BRONXWORKS 60 EAST TREMONT AVENUE BRONX, NY 10453	13-3254484	501C3	1,090,000.	0.			POVERTY RELIEF
BROOKLYN COMMUNITY HOUSING & SERVICES, INC. - 105 CARLTON AVENUE - BROOKLYN, NY 11201	11-2549027	501C3	25,000.	0.			POVERTY RELIEF
BROOKLYN LEGAL SERVICES 105 COURT STREET BROOKLYN, NY 11201	13-2605605	501C3	320,000.	0.			POVERTY RELIEF
BROOKLYN NAVY YARD DEVELOPMENT CORPORATION - 63 FLUSHING AVENUE, UNIT 300 BUILDING 92 - BROOKLYN, NY 11205	11-2137138	501C3	200,000.	0.			POVERTY RELIEF
BROWNSVILLE PARTNERSHIP INC 519 ROCKAWAY AVENUE 4TH FLOOR BROOKLYN, NY 11212	83-2855003	501C3	950,000.	0.			POVERTY RELIEF
BUILDING SKILLS NY 570 LEXINGTON AVENUE, 2ND FLOOR NEW YORK, NY 10022	45-5146915	501C3	200,000.	0.			POVERTY RELIEF
CAMBA INC 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	11-2480339	501C3	25,000.	0.			POVERTY RELIEF
CAMBIAR EDUCATION 4653 CARMEL MOUNTAIN ROAD, SUITE 30 SAN DIEGO, CA 92130	81-3508420	501C3	600,000.	0.			POVERTY RELIEF

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CAREERWISE NEW YORK 349A STATE STREET BROOKLYN, NY 11217	85-1715974	501C3	375,000.	0.			POVERTY RELIEF
CARIBBEAN WOMEN'S HEALTH ASSOCIATION INC. - CARIBBEAN WOMEN'S HEALTH ASSOCIATION, INC. - BROOKLYN, NY 11203	13-3323168	501C3	43,000.	0.			POVERTY RELIEF
CARROLL GARDENS ASSOCIATION INCORPORATED - 201 COLUMBIA STREET - BROOKLYN, NY 11231	11-2573432	501C3	25,000.	0.			POVERTY RELIEF
CENTER FOR ALTERNATIVE SENTENCING AND EMPLOYMENT SERVICES INC (CASES) - 151 LAWRENCE STREET, 3RD FLOOR - BROOKLYN, NY 11201	13-2668080	501C3	460,000.	0.			POVERTY RELIEF
CENTER FOR EMPLOYMENT OPPORTUNITIES - 50 BROADWAY, SUITE 1604 - NEW YORK, NY 10004	13-3843322	501C3	675,000.	0.			POVERTY RELIEF
CENTER FOR FAMILY LIFE IN SUNSET PARK INC - 443 39TH STREET - BROOKLYN, NY 11232	85-1058164	501C3	1,110,000.	0.			POVERTY RELIEF
CENTER FOR URBAN COMMUNITY SERVICES INC - 198 E 121ST STREET - NEW YORK, NY 10032	13-3687891	501C3	2,160,000.	0.			POVERTY RELIEF
CENTER ON BUDGET AND POLICY PRIORITIES - 1275 FIRST STREET, NE, STE. 1200 - WASHINGTON, DC 20002	52-1234565	501C3	900,000.	0.			POVERTY RELIEF
CHANCES FOR CHILDREN - NY INC 1178 ANDERSON AVE, FLOOR SB BRONX, NY 10452	47-3482005	501C3	25,000.	0.			POVERTY RELIEF

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CHAPIN HALL CENTER FOR CHILDREN 1313 EAST 60TH STREET CHICAGO, IL 60637	32-2167012	501C3	160,000.	0.			POVERTY RELIEF
CHILD DEVELOPMENT SUPPORT CORP 352-358 CLASSON AVENUE BROOKLYN, NY 11238	11-2395258	501C3	300,000.	0.			POVERTY RELIEF
CHILD MIND INSTITUTE 445 PARK AVENUE NEW YORK, NY 10022	80-0478843	501C3	90,000.	0.			POVERTY RELIEF
CHILDREN'S AID SOCIETY 117 WEST 124TH STREET, 3RD FLOOR NEW YORK, NY 10027	13-5562191	501C3	2,783,000.	0.			POVERTY RELIEF
CHILDREN'S DEFENSE FUND 815 SECOND AVENUE, 8TH FL. NEW YORK, NY 10017	52-0895622	501C3	800,000.	0.			POVERTY RELIEF
CHILDREN'S MUSEUM OF MANHATTAN GROWTH THROUGH ART & MUSEUM EXPERIENCE INC - 212 WEST 83RD STREET - NEW YORK, NY 10024	13-2761376	501C3	435,000.	0.			POVERTY RELIEF
CHINESE AMERICAN PLANNING COUNCIL INC - 150 ELIZABETH STREET - NEW YORK, NY 10012	13-6202692	501C3	709,000.	0.			POVERTY RELIEF
CITIZENS COMMITTEE FOR CHILDREN OF NEW YORK - 14 WALL STREET, SUITE 4E - NEW YORK, NY 10005	13-5618593	501C3	650,000.	0.			POVERTY RELIEF
CITIZENS HOUSING AND PLANNING COUNCIL OF NEW YORK, INC. - 42 BROADWAY # 2010 - NEW YORK, NY 10004	13-1782468	501C3	181,000.	0.			POVERTY RELIEF

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CITY FUTURES INC 120 WALL STREET, 20TH FLOOR NEW YORK, NY 10005	13-3185114	501C3	170,000.	0.			POVERTY RELIEF
CLARKE SCHOOL FOR THE DEAF		0	25,000.	0.			POVERTY RELIEF
COALITION FOR THE HOMELESS INC 129 FULTON STREET NEW YORK, NY 10038	13-3072967	501C3	538,400.	0.			POVERTY RELIEF
COMMITTEE FOR HISPANIC CHILDREN AND FAMILIES, INC - 75 BROAD STREET - NEW YORK, NY 10004	11-2622003	501C3	450,000.	0.			POVERTY RELIEF
COMMUNITIES RESIST INC 434 SOUTH 5TH STREET BROOKLYN, NY 11211	84-1899350	501C3	390,000.	0.			POVERTY RELIEF
COMMUNITY FUNDS INC 909 THIRD AVENUE, 22ND FLOOR NEW YORK, NY 10022	13-6089923	501C3	100,000.	0.			POVERTY RELIEF
COMMUNITY SERVICE SOCIETY OF NEW YORK - 633 THIRD AVE, 10TH FL - NEW YORK, NY 10017	13-5562202	501C3	400,000.	0.			POVERTY RELIEF
COMPREHENSIVE DEVELOPMENT INC 240 SECOND AVENUE NEW YORK, NY 10003	13-3861648	501C3	300,000.	0.			POVERTY RELIEF
CONEY ISLAND PREP BUILDERS INC 294 AVENUE T BROOKLYN, NY 11223	26-1878521	501C3	405,849.	0.			POVERTY RELIEF

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COOPER UNION FOR THE ADVANCEMENT OF SCIENCE AND ART - 30 COOPER SQUARE, 8TH FLOOR - NEW YORK, NY 10003	13-5562985	501C3	225,000.	0.			POVERTY RELIEF
CORNELL UNIVERSITY 2 W. LOOP RD. NEW YORK, NY 10044	15-0532082	501C3	325,000.	0.			POVERTY RELIEF
CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY, SUITE 2300 NEW YORK, NY 10006	13-3600232	501C3	10,000.	0.			POVERTY RELIEF
COUNCIL OF THE ENVIRONMENT INC PO BOX 2327 NEW YORK, NY 10272	13-2765465	501C3	20,000.	0.			POVERTY RELIEF
CYPRESS HILLS LOCAL DEVELOPMENT CORPORATION - 3295 FULTON STREET - BROOKLYN, NY 11208	11-2683663	501C3	25,000.	0.			POVERTY RELIEF
CYPRESS HILLS LOCAL DEVELOPMENT CORPORATION - 625 JAMAICA AVENUE - BROOKLYN, NY 11208	11-2683663	501C3	600,000.	0.			POVERTY RELIEF
DAY ONE NEW YORK, INC. PO BOX 3220, CHURCH STREET STATION NEW YORK, NY 10008	06-1103000	501C3	25,000.	0.			POVERTY RELIEF
DEMOCRACY PREPARATORY CHARTER SCHOOL - 1767 PARK AVENUE, 5TH FLOOR - NEW YORK, NY 10035	20-3683193	501C3	28,000.	0.			POVERTY RELIEF
DOCS FOR TOTS 225 BRYANT AVENUE ROSLYN, NY 11756	56-2330690	501C3	400,000.	0.			POVERTY RELIEF

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DUKE UNIVERSITY P.O. BOX 602651 CHARLOTTE, NC 28260-2651	56-0532129	501C3	250,000.	0.			POVERTY RELIEF
EAST HARLEM SCHOLARS ACADEMY 2050 SECOND AVENUE NEW YORK, NY 10029	23-7439789	501C3	25,000.	0.			POVERTY RELIEF
EAST RIVER DEVELOPMENT ALLIANCE 12-11 40TH AVENUE LONG ISLAND CITY, NY 11101	86-1096987	501C3	150,000.	0.			POVERTY RELIEF
EAST SIDE HOUSE INC 337 ALEXANDER AVENUE BRONX, NY 10454	13-1623989	501C3	450,000.	0.			POVERTY RELIEF
EDUCATION TRUST INC		0	300,000.	0.			POVERTY RELIEF
EDUCATORS FOR EXCELLENCE, INC. 80 PINE STREET, 28TH FLOOR NEW YORK, NY 10005	27-3382030	501C3	175,000.	0.			POVERTY RELIEF
EL EDUCATION 247 W. 35TH STREET 8TH FL NEW YORK, NY 10001	06-1576405	501C3	800,000.	0.			POVERTY RELIEF
ENTERPRISE COMMUNITY PARTNERS INC 1 WHITEHALL STREET, 11TH FLOOR NEW YORK, NY 10004	52-1231931	501C3	40,000.	0.			POVERTY RELIEF
EXALT YOUTH 17 BATTERY PLACE, SUITE 307 NEW YORK, NY 10004	20-5540955	501C3	200,000.	0.			POVERTY RELIEF

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EXPANDED SCHOOLS INC. 11 WEST 42ND STREET, 3RD FLOOR NEW YORK, NY 10036	13-4004600	501C3	2,000,000.	0.			POVERTY RELIEF
FAIR HOUSING JUSTICE CENTER INC 30-30 NORTHERN BLVD., SUITE 302 LONG ISLAND CITY, NY 11101	20-8681674	501C3	224,828.	0.			POVERTY RELIEF
FAMILY COOK COMMUNITY TABLE LTD 330 EAST 43RD STREET, STE. 704 NEW YORK, NY 10017	27-3710500	501C3	25,000.	0.			POVERTY RELIEF
FDNY FOUNDATION 9 METROTECH CENTER ROOM 5E-10 BROOKLYN, NY 11201	11-2632404	501C3	175,000.	0.			POVERTY RELIEF
FIFTH AVENUE COMMITTEE 621 DEGRAW STREET BROOKLYN, NY 11217	11-2475743	501C3	150,000.	0.			POVERTY RELIEF
FOOD BANK FOR NEW YORK CITY FOR SURVIVAL - 39 BROADWAY, 10TH FLOOR - NEW YORK, NY 10006	13-3179546	501C3	150,000.	0.			POVERTY RELIEF
FORESTDALE, INC. 67-35 112TH STREET FOREST HILL, NY 11375	11-1631747	501C3	25,000.	0.			POVERTY RELIEF
FRIENDSHIP CIRCLE OF BROOKLYN INC 638 HAWTHORNE ST. BROOKLYN, NY 11203	46-2740024	501C3	25,000.	0.			POVERTY RELIEF
FULL CIRCLE LIFE ENRICHMENT CENTER 1136 NEIL AVE SUITE 2 BRONX, NY 10461	13-4185508	501C3	25,000.	0.			POVERTY RELIEF

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FUND FOR THE CITY OF NEW YORK 121 6TH AVE NEW YORK, NY 10013	13-2612524	501C3	1,315,000.	0.			POVERTY RELIEF
FUND FOR THE CITY OF NEW YORK INC 121 6TH AVE 6TH FL. NEW YORK, NY 10013	13-2612524	501C3	510,000.	0.			POVERTY RELIEF
GETTING OUT AND STAYING OUT INC 2283 THIRD AVENUE NEW YORK, NY 10035	06-1711370	501C3	250,000.	0.			POVERTY RELIEF
GODDARD RIVERSIDE COMMUNITY CENTER 593 COLUMBUS AVENUE NEW YORK, NY 10024	13-1893908	501C3	645,000.	0.			POVERTY RELIEF
GOOD SHEPHERD SERVICES 305 SEVENTH AVENUE, 9TH FLOOR NEW YORK, NY 10001	52-0196617	501C3	1,990,000.	0.			POVERTY RELIEF
GRAND STREET SETTLEMENT 80 PITT STREET NEW YORK, NY 10002	13-5562230	501C3	281,626.	0.			POVERTY RELIEF
GROW BROOKLYN, INC. 315 GROVE STREET BROOKLYN, NY 11237	26-1410513	501C3	75,000.	0.			POVERTY RELIEF
HARLEM CHILDREN'S ZONE INC 35 EAST 125TH STREET NEW YORK, NY 10035	23-7112974	501C3	2,100,000.	0.			POVERTY RELIEF
HARLEM RBI INC. 333 EAST 100TH STREET, GROUND FL. NEW YORK, NY 10029	13-4025290	501C3	1,075,000.	0.			POVERTY RELIEF

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HELP HOUSE INC 401 WEST 205TH STREET NEW YORK, NY 10034	11-3018196	501C3	25,000.	0.			POVERTY RELIEF
HENRY STREET SETTLEMENT 265 HENRY STREET NEW YORK, NY 10002	13-1562242	501C3	1,009,500.	0.			POVERTY RELIEF
HER JUSTICE INC 100 BROADWAY, 10TH FLOOR NEW YORK, NY 10005	13-3688519	501C3	25,000.	0.			POVERTY RELIEF
HER VILLAGE INC 1820 TOPPING AVE, 1 BRONX, NY 10457	84-4788076	501C3	25,000.	0.			POVERTY RELIEF
HERBERT H. LEHMAN COLLEGE FOUNDATION, INC. - 250 BEDFORD PARK BLVD. WEST, SHUSTER HALL ROOM 310 - BRONX, NY 10468	13-3150922	501C3	600,000.	0.			POVERTY RELIEF
HETRICK-MARTIN INSTITUTE INC 2 ASTOR PLACE NEW YORK, NY 10003	13-3104537	501C3	375,000.	0.			POVERTY RELIEF
HOMES FOR THE HOMELESS INC 36 COOPER SQUARE, 3RD FLOOR NEW YORK, NY 10003	13-3351420	501C3	25,000.	0.			POVERTY RELIEF
HOPE PROGRAM, INC 1 SMITH STREET BROOKLYN, NY 11201	13-3268539	501C3	525,000.	0.			POVERTY RELIEF
HOUR CHILDREN, INC. 36-11 12TH STREET LONG ISLAND CITY, NY 11106	13-3647412	501C3	340,000.	0.			POVERTY RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSING RIGHTS INITIATIVE 305 BROADWAY 9TH FLOOR NEW YORK, NY 10007	81-2013546	501C3	205,000.	0.			POVERTY RELIEF
HUDSON LINK FOR HIGHER EDUCATION IN PRISON INC - PO BOX 862 - OSSINING, NY 10562	13-4132348	501C3	25,000.	0.			POVERTY RELIEF
HUNGER FREE AMERICA INC. 50 BROAD STREET, SUITE 1103 NEW YORK, NY 10004	13-3471350	501C3	300,000.	0.			POVERTY RELIEF
HUNTS POINT ALLIANCE 1231 LAFAYETTE AVENUE BRONX, NY 10474	20-8503907	501C3	25,000.	0.			POVERTY RELIEF
I MENTOR 30 BROAD STREET, 10TH FLOOR NEW YORK, NY 10004	30-0105507	501C3	460,000.	0.			POVERTY RELIEF
IMMIGRANT JUSTICE CORPS, INC 17 BATTERY PL. SUITE 1234 NEW YORK, NY 10004	46-4879076	501C3	25,000.	0.			POVERTY RELIEF
IMMSCHOOLS 25 BROADWAY 12TH FLOOR NEW YORK, NY 10001	82-3350805	501C3	25,000.	0.			POVERTY RELIEF
INTERNATIONAL YOUTH LEADERSHIP INSTITUTE INC - 41 SCHERMERHORN ST - BROOKLYN, NY 11201	31-1675769	501C3	30,000.	0.			POVERTY RELIEF
JERICHO PROJECT 245 WEST 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	13-3213525	501C3	25,000.	0.			POVERTY RELIEF

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JEWISH COMMUNITY HOUSE OF BENSONHURST INC. - 7802 BAY PARKWAY - BENSONHURST, NY 11214	11-1633484	501C3	300,000.	0.			POVERTY RELIEF
JOHN JAY COLLEGE FOUNDATION 524 WEST 59TH ST NEW YORK, NY 10019	13-3683676	501C3	600,000.	0.			POVERTY RELIEF
JUSTFIX INC 16 W 19TH STREET #3A NEW YORK, NY 10011	81-3080695	501C3	100,000.	0.			POVERTY RELIEF
JUSTICE INNOVATION INC 121 AVENUE OF THE AMERICAS, 6TH FLO NEW YORK, NY 10013	85-2810883	501C3	1,940,000.	0.			POVERTY RELIEF
KINDWORK, INC. 608 LINCOLN PL #2 BROOKLYN, NY 11216	83-4131773	501C3	150,000.	0.			POVERTY RELIEF
KINGSBRIDGE HEIGHTS COMMUNITY CENTER INC - 3101 KINGSBRIDGE TERRACE - BRONX, NY 10463	13-2813809	501C3	25,000.	0.			POVERTY RELIEF
KIPP NEW YORK 1501 BROADWAY, SUITE 1000 NEW YORK, NY 10036	20-3971209	501C3	2,600,000.	0.			POVERTY RELIEF
LAWYERS FOR CHILDREN INC 110 LAFAYETTE STREET, 8TH FLOOR NEW YORK, NY 10013	13-3202043	501C3	540,000.	0.			POVERTY RELIEF
LEAP INC 621 DEGRAW STREET BROOKLYN, NY 11217	11-2475743	501C3	2,125,000.	0.			POVERTY RELIEF

Schedule I (Form 990)

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LEGAL SERVICES FOR NEW YORK CITY 40 WORTH STREET, SUITE 606 NEW YORK, NY 10013	13-2600199	501C3	450,000.	0.			POVERTY RELIEF
LEXINGTON SCHOOL FOR THE DEAF 25-26 75TH STREET EAST ELMHURST, NY 11370	13-1656666	501C3	25,000.	0.			POVERTY RELIEF
LIFE OF HOPE INC 1377 BROOKLYN AVENUE BROOKLYN, NY 11203	20-5252137	501C3	25,000.	0.			POVERTY RELIEF
LITERACY INC 307 SEVENTH AVENUE, SUITE 1601 NEW YORK, NY 10001	13-3911331	501C3	25,000.	0.			POVERTY RELIEF
LITERACY PARTNERS INC 75 MAIDEN LANE, SUITE 1102 NEW YORK, NY 10038	51-0180665	501C3	25,000.	0.			POVERTY RELIEF
LUTHERAN SOCIAL SERVICES OF METROPOLITAN NEW YORK, INC. - 475 RIVERSIDE DRIVE, SUITE 1244 - NEW YORK, NY 10115	13-2658548	501C3	25,000.	0.			POVERTY RELIEF
MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501C3	775,000.	0.			POVERTY RELIEF
MARBLE FAIRBANKS ARCHITECTS 27 WEST 20TH STREET, #1001 NEW YORK, NY 10011	13-3833818	W9	71,409.	0.			POVERTY RELIEF
MASA-MEXED, INC 2770 THIRD AVE, 1ST FL BRONX, NY 10455	11-3640210	501C3	25,000.	0.			POVERTY RELIEF

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MAYOR'S FUND TO ADVANCE NEW YORK CITY - 253 BROADWAY, 6TH FLOOR - NEW YORK, NY 10007	11-3783906	501C3	1,237,000.	0.			POVERTY RELIEF
METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY - 77 WATER STREET, 7TH FLOOR - NEW YORK, NY 10271-0015	13-2738818	501C3	380,000.	0.			POVERTY RELIEF
MINKWON CENTER FOR COMMUNITY ACTION INC - 133-29 41ST AVENUE SUITE 202 - FLUSHING, NY 11355	11-2710506	501C3	390,000.	0.			POVERTY RELIEF
MIXTECA ORGANIZATION, INC. 245 23RD STREET, 2ND FL BROOKLYN, NY 11215	11-3561651	501C3	25,000.	0.			POVERTY RELIEF
MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX, NY 10467	13-1740114	501C3	1,175,000.	0.			POVERTY RELIEF
NATIONAL COLLEGE ADVISING CORPS INC - 301 W. BARBEE CHAPEL ROAD, SUITE 210 - CHAPEL HILL, NC 27517	46-1192687	501C3	150,000.	0.			POVERTY RELIEF
NATIONAL EMPLOYMENT LAW PROJECT 90 BROAD STREET, SUITE 1100 NEW YORK, NY 10004	13-2758558	501C3	1,190,000.	0.			POVERTY RELIEF
NATIONAL LOW INCOME HOUSING COALITION AND LOW INCOME HOUSING - 1000 VERMONT AVE, NW, SUITE 500 - WASHINGTON, DC 20005	52-1089824	501C3	400,000.	0.			POVERTY RELIEF
NATIONAL SOCIETY FOR HEBREW DAY SCHOOLS - 813 QUENTIN RD. - BROOKLYN, NY 11223	13-5564128	501C3	25,000.	0.			POVERTY RELIEF

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NEW ECONOMY PROJECT 121 WEST 27TH STREET, SUITE 804 NEW YORK, NY 10001	13-3842270	501C3	200,000.	0.			POVERTY RELIEF
NEW SETTLEMENT APARTMENTS 1512 TOWNSEND AVENUE BRONX, NY 10452	14-1719016	501C3	630,000.	0.			POVERTY RELIEF
NEW VISIONS FOR PUBLIC SCHOOL 205 E 42ND ST, 4TH FLOOR NEW YORK, NY 10017	13-3538961	501C3	400,000.	0.			POVERTY RELIEF
NEW YORK CITY CENTER FOR CHARTER SCHOOL EXCELLENCE - 111 BROADWAY, SUITE 604 - NEW YORK, NY 10006	20-0759687	501C3	800,000.	0.			POVERTY RELIEF
NEW YORK CITY HEALTH AND HOSPITALS CORPORATION - 50 WATER STREET CORP COMPROLLER, 3RD FLOOR - NEW YORK, NY 10004	13-2655001	501C3	2,385,290.	0.			POVERTY RELIEF
NEW YORK COMMON PANTRY 8 EAST 109TH STREET NEW YORK, NY 10029	13-3127972	501C3	250,000.	0.			POVERTY RELIEF
NEW YORK COUNCIL ON ADOPTABLE CHILDREN INC - 333 WEST 39TH STREET, SUITE 201 - NEW YORK, NY 10018	23-7269678	501C3	25,000.	0.			POVERTY RELIEF
NEW YORK HOUSING CONFERENCE INC. 247 W. 37TH STREET 4TH FLOOR NEW YORK, NY 10018	26-3846042	501C3	295,000.	0.			POVERTY RELIEF
NEW YORK LEGAL ASSISTANCE GROUP, INC - 7 HANOVER SQUARE, 18TH FLOOR - NEW YORK, NY 10004	13-3505428	501C3	175,000.	0.			POVERTY RELIEF

Schedule I (Form 990)

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NEW YORK SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN - 520 EIGHTH AVENUE, SUITE 1401 - NEW YORK, NY 10018	13-1624134	501C3	25,000.	0.			POVERTY RELIEF
NEW YORK STATE CHILD CARE COORDINATE COUNCIL, INC. - 230 WASHINGTON AVENUE EXTENSION - ALBANY, NY 12203	11-2348051	501C3	950,000.	0.			POVERTY RELIEF
NEW YORK UNIVERSITY NYU FURMAN CENTER - ONE PARK AVENUE 5TH FLOOR - NEW YORK, NY 10016	13-5562308	501C3	70,000.	0.			POVERTY RELIEF
NEW YORKERS FOR CHILDREN INC 450 SEVENTH AVE. SUITE 403 NEW YORK, NY 10123	13-3904537	501C3	25,000.	0.			POVERTY RELIEF
NEW YORK-PRESBYTERIAN FUND, INC. 525 E. 68TH ST., BOX 123 NEW YORK, NY 10065	13-3160356	501C3	1,825,000.	0.			POVERTY RELIEF
NONPROFIT NEW YORK INC 320 E 43RD ST 3RD FLOOR NEW YORK, NY 10017	13-3216408	501C3	160,000.	0.			POVERTY RELIEF
NONTRADITIONAL EMPLOYMENT FOR WOMEN - 243 WEST 20TH STREET - NEW YORK, NY 10011	13-3272001	501C3	541,000.	0.			POVERTY RELIEF
NORTH BROOKLYN COALITION AGAINST FAMILY VIOLENCE - 893 LEXINGTON AVENUE - BROOKLYN, NY 11221	11-3431280	501C3	25,000.	0.			POVERTY RELIEF
NORTHERN MANHATTAN IMPROVEMENT CORPORATION - 45 WADSWORTH AVENUE - NEW YORK, NY 10033	13-2972415	501C3	600,000.	0.			POVERTY RELIEF

Schedule I (Form 990)

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NORTHSIDE CENTER FOR CHILD DEVELOPMENT - 1301 5TH AVENUE - NEW YORK, NY 10029	13-1656679	501C3	120,000.	0.			POVERTY RELIEF
NPOWER INC 55 WASHINGTON STREET, SUITE 560 BROOKLYN, NY 11201	13-4145441	501C3	200,000.	0.			POVERTY RELIEF
NYC MUSLIM CENTER 90-20 191ST STREET HOLLIS, NY 11423	27-3308812	501C3	400,000.	0.			POVERTY RELIEF
ONE BROOKLYN HEALTH SYSTEM INC 1545 ATLANTIC AVENUE BROOKLYN, NY 11213	81-5323275	501C3	1,300,000.	0.			POVERTY RELIEF
ONE FAIR WAGE 3518 SOUTH EDMUNDS ST SEATTLE, NY 98118	91-1635554	501C3	500,000.	0.			POVERTY RELIEF
ONEGOAL P.O. BOX 734137 CHICAGO, IL 60673	56-2369898	501C3	150,000.	0.			POVERTY RELIEF
OPPORTUNITIES FOR A BETTER TOMORROW INC - 882 3RD AVENUE, SUITE 10-10 NE, UNIT 18 - BROOKLYN, NY 11232	11-2934620	501C3	550,000.	0.			POVERTY RELIEF
PARAPROFESSIONAL HEALTHCARE INSTITUTE INC - 400 EAST FORDHAM ROAD, 11TH FLOOR - BRONX, NY 10458	13-3575492	501C3	600,000.	0.			POVERTY RELIEF
PART OF THE SOLUTION INC 2759 WEBSTER AVENUE BRONX, NY 10458	13-3425071	501C3	200,000.	0.			POVERTY RELIEF

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PARTNERSHIP WITH CHILDREN INC 299 BROADWAY, SUITE 1300 NEW YORK, NY 10007	13-5596751	501C3	720,000.	0.			POVERTY RELIEF
PER SCHOLAS INC. 804 EAST 138TH STREET BRONX, NY 10454	04-3252955	501C3	600,000.	0.			POVERTY RELIEF
PHIPPS NEIGHBORHOODS INC 902 BROADWAY, 13TH FLOOR NEW YORK, NY 10010	13-2707665	501C3	250,000.	0.			POVERTY RELIEF
PRATT AREA COMMUNITY COUNCIL INC 1224 BEDFORD AVENUE BROOKLYN, NY 11216	11-2451752	501C3	500,000.	0.			POVERTY RELIEF
PROJECT BASTA 315 WEST 36TH STREET NEW YORK, NY 10018	81-5268868	501C3	100,000.	0.			POVERTY RELIEF
PROJECT HOSPITALITY INC 100 PARK AVENUE STATEN ISLAND, NY 10302	13-3234441	501C3	713,000.	0.			POVERTY RELIEF
PROJECT RENEWAL INC 200 VARICK STREET NEW YORK, NY 10014	13-2602882	501C3	345,000.	0.			POVERTY RELIEF
PUBLIC HEALTH SOLUTIONS 158 EAST 115TH STREET, 3RD FLOOR NEW YORK, NY 10029	13-5669201	501C3	300,000.	0.			POVERTY RELIEF
PUBLIC POLICY & EDUCATION FUND OF NEW YORK, INC. - 94 CENTRAL AVE. - ALBANY, NY 12204	13-3364209	501C3	120,000.	0.			POVERTY RELIEF

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PURSUIT TRANSFORMATION COMPANY INC. - 31-00 47TH AVENUE, SUITE 1105 - LONG ISLAND CITY, NY 11101	61-1652332	501C3	295,000.	0.			POVERTY RELIEF
RAND CORPORATION 1776 MAIN STREET SANTA MONICA, CA 90401-3208	95-1958142	501C3	185,000.	0.			POVERTY RELIEF
REBUILDING TOGETHER NYC 126 10TH STREET, #A BROOKLYN, NY 11215	13-3997769	501C3	130,000.	0.			POVERTY RELIEF
RED HOOK INITIATIVE INC 767 HICKS STREET BROOKLYN, NY 11231	20-3904662	501C3	73,186.	0.			POVERTY RELIEF
RELAY GRADUATE SCHOOL OF EDUCATION 25 BROADWAY, 3RD FLOOR NEW YORK, NY 10004	27-5316628	501C3	500,000.	0.			POVERTY RELIEF
RELUME FOUNDATION INC 1121 BEACH CHANNEL DRIVE FAR ROCKAWAY, NY 11691	47-2249676	501C3	25,000.	0.			POVERTY RELIEF
RESEARCH FOUNDATION OF CITY UNIVERSITY OF NEW YORK - 230 WEST 41ST STREET - NEW YORK, NY 10036	13-1988190	501C3	7,405,702.	0.			POVERTY RELIEF
RESEARCH FOUNDATION OF CITY UNIVERSITY FUTURE NOW AT BRONX COMMUNITY COLLEG - 230 WEST 41ST STREET - NEW YORK, NY 10036	13-1988190	501C3	515,000.	0.			POVERTY RELIEF
RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK QUEENSBOROUGH COMMUNITY C - 230 WEST 41ST STREET - NEW YORK,	11-2386540	501C3	450,000.	0.			POVERTY RELIEF

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RESULTS EDUCATIONAL FUND INC 1101 15TH STREET, NW SUITE 1200 WASHINGTON, DC 20005	95-3747267	501C3	650,000.	0.			POVERTY RELIEF
RICHMOND MEDICAL CENTER 355 BARD AVE STATEN ISLAND, NY 10310	74-3177454	501C3	525,000.	0.			POVERTY RELIEF
RIVER FUND NEW YORK INC 89-11 LEFFERTS BLVD. RICHMOND, NY 11418	11-3450363	501C3	250,000.	0.			POVERTY RELIEF
SAFE FAMILIES FOR CHILDREN ALLIANCE - P.O. BOX 380439 - BROOKLYN, NY 11238	45-3194102	501C3	25,000.	0.			POVERTY RELIEF
SAFE HORIZON INC 2 LAFAYETTE ST. NEW YORK, NY 10007	13-2946970	501C3	657,000.	0.			POVERTY RELIEF
SANAR WELLNESS INSTITUTE, INC. PO BOX 32353 NEWARK, NJ 07102	47-3612405	501C3	20,000.	0.			POVERTY RELIEF
SANCTUARY FOR FAMILIES PO BOX 1406 WALL STREET STATION NEW YORK, NY 10268	13-3193119	501C3	275,000.	0.			POVERTY RELIEF
SCHUYLER CENTER FOR ANALYSIS AND ADVOCACY INC - 540 BROADWAY - ALBANY, NY 12207	13-5562357	501C3	656,175.	0.			POVERTY RELIEF
SCO FAMILY OF SERVICES 1415 KELLUM PLACE, SUITE 140 GARDEN CITY, NY 11530	11-2777066	501C3	1,132,000.	0.			POVERTY RELIEF

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SHELTERING ARMS CHILDREN AND FAMILY SERVICES - 25 BROADWAY, 18TH FLOOR - NEW YORK, NY 10004	13-3709095	501C3	325,000.	0.			POVERTY RELIEF
SOUTH CAROLINA INSTITUTE FOR CHILD SUCCESS INC - 613 EAST MCBEE AVE - GREENVILLE, SC 29601	27-1904900	501C3	220,000.	0.			POVERTY RELIEF
SPONSORS FOR EDUCATIONAL OPPORTUNITY - 55 EXCHANGE PLACE, SUITE 601 - NEW YORK, NY 10005	13-2578670	501C3	120,000.	0.			POVERTY RELIEF
ST NICKS ALLIANCE CORP 2 KINGSLAND AVENUE BROOKLYN, NY 11211	51-0192170	501C3	225,000.	0.			POVERTY RELIEF
ST. JOHN'S BREAD AND LIFE PROGRAM INC - 795 LEXINGTON AVE - BROOKLYN, NY 11221	11-3174514	501C3	450,000.	0.			POVERTY RELIEF
STATEN ISLAND COMMUNITY JOB CENTER INC - 774 PORT RICHMOND AVENUE - STATEN ISLAND, NY 10302	47-2787706	501C3	25,000.	0.			POVERTY RELIEF
STELLA AND CHARLES GUTTMAN COMMUNITY COLLEGE FOUNDATION - 50 WEST 40TH STREET - NEW YORK, NY 10018	47-1291998	501C3	460,000.	0.			POVERTY RELIEF
STRIVE INTERNATIONAL INC 240 EAST 123RD STREET NEW YORK, NY 10035	13-3255679	501C3	235,000.	0.			POVERTY RELIEF
STUDENT LEADERSHIP NETWORK INC 322 8TH AVENUE, 4TH FLOOR NEW YORK, NY 10001	06-1517218	501C3	580,000.	0.			POVERTY RELIEF

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SUCCESS ACADEMY CHARTER NETWORK INC - 95 PINE STREET, 6TH FLOOR - NEW YORK, NY 10005	20-5298861	501C3	1,500,000.	0.			POVERTY RELIEF
SUNSET PARK HEALTH COUNCIL 6025 6TH AVENUE BROOKLYN, NY 11220	20-2508411	501C3	100,000.	0.			POVERTY RELIEF
SUPPORTIVE HOUSING NETWORK OF NEW YORK INC - 247 W. 37TH STREET, 18TH FLOOR - NEW YORK, NY 10018	13-3755149	501C3	100,000.	0.			POVERTY RELIEF
TACOMBI FOUNDATION INC 265 BOWERY NEW YORK NY, NY 10002	83-2550224	501C3	20,000.	0.			POVERTY RELIEF
TEACH FOR AMERICA INC 519 8TH AVENUE, 15TH FLOOR NEW YORK, NY 10018	13-3541913	501C3	375,000.	0.			POVERTY RELIEF
TEACHERS COLLEGE COLUMBIA UNIVERSITY - 525 WEST 120TH ST. - NEW YORK, NY 10027	13-1624202	501C3	1,000,000.	0.			POVERTY RELIEF
TEACHING LAB P.O. BOX 73008 WASHINGTON, DC 20056	81-3546317	501C3	400,000.	0.			POVERTY RELIEF
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - ENCINA HALL WEST - 417 GALVEZ MALL - STANFORD, CA 94305	94-1156365	501C3	855,000.	0.			POVERTY RELIEF
THE BRAVE HOUSE INC 40 RECTOR STREET, 9TH FLOOR NEW YORK, NY 10006	83-3670811	501C3	25,000.	0.			POVERTY RELIEF

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THE CAMPAIGN AGAINST HUNGER INC 2010 FULTON ST. BROOKLYN, NY 11233	20-0934854	501C3	245,000.	0.			POVERTY RELIEF
THE CHILD CENTER OF NEW YORK 61-02 QUEENS BOULEVARD WOODSIDE, NY 11377	11-1733454	501C3	285,000.	0.			POVERTY RELIEF
THE CHILDREN'S AGENDA INC 1 S. WASHINGTON STREET, SUITE 120 ROCHESTER, NY 14614	20-1547478	501C3	300,000.	0.			POVERTY RELIEF
THE CHILDREN'S HEALTH FUND 475 RIVERSIDE DRIVE, SUITE 630 NEW YORK, NY 10115	13-3468427	501C3	465,000.	0.			POVERTY RELIEF
THE DOOR - A CENTER OF ALTERNATIVES INC - 121 AVENUE OF THE AMERICAS - NEW YORK, NY 10013	13-6127348	501C3	801,000.	0.			POVERTY RELIEF
THE EAGLE ACADEMY FOUNDATION 31 W. 125TH STREET FOURTH FLOOR NEW YORK, NY 10027	20-1532382	501C3	200,000.	0.			POVERTY RELIEF
THE FORTUNE SOCIETY 29-76 NORTHERN BOULEVARD LONG ISLAND CITY, NY 11101	13-2645436	501C3	750,000.	0.			POVERTY RELIEF
THE FUND FOR PUBLIC SCHOOLS INC 52 CHAMBERS STREET NEW YORK, NY 10007	11-2656137	501C3	6,425,900.	0.			POVERTY RELIEF
THE GAMBIAN YOUTHS ORGANIZATION INC - 214 E 181ST - BRONX, NY 10457	26-0094193	501C3	20,000.	0.			POVERTY RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GO PROJECT 50 COOPER SQUARE, 3RD FL NEW YORK, NY 10003	27-1411019	501C3	225,000.	0.			POVERTY RELIEF
THE GOOD NATION FOUNDATION 100 CROSBY STREET ROOM 301 NEW YORK, NY 10012	81-4768448	501C3	250,000.	0.			POVERTY RELIEF
THE INSTITUTE FOR COLLEGE ACCESS AND SUCCESS INC - 110 MARYLAND AVENUE, N.E. SUITE 201, - WASHINGTON,, DC 20002	20-1368860	501C3	301,000.	0.			POVERTY RELIEF
THE INSTITUTE FOR FAMILY HEALTH 2006 MADISON AVENUE NEW YORK, NY 10035	13-3273402	501C3	757,350.	0.			POVERTY RELIEF
THE KNOWLEDGE HOUSE FELLOWSHIP INC. - 363 RIDER AVENUE, 3RD FLOOR - BRONX, NY 10451	47-2747713	501C3	250,899.	0.			POVERTY RELIEF
THE LEADERSHIP ACADEMY OF EDUCATION, INC. - 10-27 46TH AVENUE, 1ST FLOOR - LONG ISLAND CITY, NY 11101	03-0503570	501C3	950,000.	0.			POVERTY RELIEF
THE LEGAL AID SOCIETY 199 WATER STREET NEW YORK, NY 10038	13-5562265	501C3	950,000.	0.			POVERTY RELIEF
THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY INC - 50 BROADWAY, 19TH FLOOR - NEW YORK, NY 10004	13-2637308	501C3	25,000.	0.			POVERTY RELIEF
THE NEW SCHOOL ATTN: GIFT ACCOUNTING 55 W 13TH STR NEW YORK, NY 10011	13-3297197	501C3	350,000.	0.			POVERTY RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NEW YORK PUBLIC LIBRARY ASTOR LENOX & TILDEN FNDS - THE UNIVERSITY OF TEXAS AT AUSTIN, OFFICE OF ACCOUNTING, P.O. BOX	13-1887440	501C3	26,591.	0.			POVERTY RELIEF
THE PARTNERSHIP FOR INNER CITY EDUCATION - 1011 FIRST AVENUE, SUITE 1800 - NEW YORK, NY 10022	13-3976873	501C3	200,000.	0.			POVERTY RELIEF
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S. STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309	501C3	250,000.	0.			POVERTY RELIEF
TIDES CENTER 539 ATLANTIC AVE BROOKLYN, NY 11217	94-3213100	501C3	200,000.	0.			POVERTY RELIEF
TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - EXECUTIVE EDUCATION PROGRAM P.O. BOX 1455 NEW YORK - NEW YORK, NY 10008-1455	13-5598093	501C3	83,000.	0.			POVERTY RELIEF
TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - OFFICE OF THE CONTROLLER - SPONSORED PROJECTS FINANCE 615 WEST 131ST	13-5598093	501C3	2,422,000.	0.			POVERTY RELIEF
UKA FACILITIES FOUNDATION INC C/O ROBIN HOOD FOUNDATION 826 BROADWAY, 9TH FLOOR - NEW YORK, NY 10003	26-3952842	501C3	25,000.	0.			POVERTY RELIEF
UNCOMMON SCHOOLS INC C/O ROBIN HOOD FOUNDATION 826 BROADWAY, 9TH FLOOR - NEW YORK, NY 10003	31-1488698	501C3	1,250,000.	0.			POVERTY RELIEF
UNDER 21 COVENANT HOUSE NEW YORK 550 TENTH AVENUE NEW YORK, NY 10018	13-3076376	501C3	500,000.	0.			POVERTY RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS_LITTLE SISTERS OF THE ASSUMPTION FA - 333 EAST 115TH STREET - NEW YORK, NY 10029	13-2867881	501C3	25,000.	0.			POVERTY RELIEF
UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK - 184 ELDRIDGE STREET - NEW YORK, NY 10002	13-5562374	501C3	685,000.	0.			POVERTY RELIEF
UNLOCAL INC. 45 W. 29TH ST. SUITE 203 NEW YORK, NY 10001	41-2278265	501C3	375,000.	0.			POVERTY RELIEF
UPSOLVE INC 150 COURT STREET 2ND. FLOOR BROOKLYN, NY 11201	82-1736267	501C3	500,000.	0.			POVERTY RELIEF
UPWARDLY GLOBAL 505 8TH AVENUE, SUITE 602 NEW YORK, NY 10018	94-3346127	501C3	200,000.	0.			POVERTY RELIEF
URBAN JUSTICE CENTER 40 RECTOR STREET, 9TH FLOOR NEW YORK, NY 10006	13-3442022	501C3	420,000.	0.			POVERTY RELIEF
URBAN PATHWAYS 575 EIGHTH AVENUE, 16TH FLOOR NEW YORK, NY 10018	13-2933675	501C3	150,000.	0.			POVERTY RELIEF
VISITING NURSE SERVICE OF NEW YORK 107 EAST 70TH STREET NEW YORK, NY 10021	22-2500031	501C3	300,000.	0.			POVERTY RELIEF
VOICES OF COMMUNITY ACTIVISTS & LEADERS VOCAL NY INC - 80 A 4TH AVENUE - BROOKLYN, NY 11217	13-4094385	501C3	700,000.	0.			POVERTY RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST SIDE CENTER FOR COMMUNITY LIFE INC. - 263 WEST 86TH STREET - NEW YORK, NY 10024	71-0908184	501C3	460,000.	0.			POVERTY RELIEF
WOMEN IN NEED INC 115 WEST 31ST STREET, 7TH FLOOR NEW YORK, NY 10001	13-3164477	501C3	1,295,000.	0.			POVERTY RELIEF
WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CORPORATION - 50 EAST 168TH STREET - BRONX, NY 10452	11-3099604	501C3	440,000.	0.			POVERTY RELIEF
WORD OF LIFE INTERNATIONAL INC 830 UNION AVENUE BRONX, NY 10459	19-2063356	501C3	40,000.	0.			POVERTY RELIEF
YEAR UP 85 BROAD STREET, 6TH FLOOR NEW YORK, NY 10004	04-3534407	501C3	250,000.	0.			POVERTY RELIEF
YOUTH RESEARCH INC 5 UNIVERSITY PLACE, BUILDING A, SUITE 100 RENSSELAER, NY 12144	14-1468433	501C3	41,800.	0.			POVERTY RELIEF

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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. DURING THE

TERM OF THE GRANT, ROBIN HOOD REQUIRES THAT A GRANTEE DEMONSTRATE THAT IT

IS MAKING PROGRESS TOWARDS ACHIEVING CERTAIN BENCHMARKS DEFINED IN THE

GRANT CONTRACT. A ROBIN HOOD PROGRAM STAFF MEMBER WILL TYPICALLY SCHEDULE

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

Part IV Supplemental Information

ADDITION, PROGRAM OFFICERS MAY MAKE UNSCHEDULED VISITS TO OBSERVE THE

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. FURTHERMORE, ROBIN HOOD CONTRACTS FOR THIRD-PARTY EVALUATION

OF GRANTEE OUTCOMES SEPARATE FROM ITS GRANT FUNDING.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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 and/or 1099-NEC 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) RICHARD BUERY, JR. CEO / NON-VOTING DIRECTOR	(i)	859,505.	0.	600.	2,500.	33,505.	896,110.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) EMARY ARONSON CHIEF KNOWLEDGE OFFICER	(i)	391,506.	38,089.	2,071.	52,500.	11,349.	495,515.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CAROLYN VINE CHIEF DEVELOPMENT OFFICER	(i)	341,119.	29,500.	597.	40,843.	32,950.	445,009.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUSAN SACK MD, REAL ESTATE	(i)	350,853.	20,510.	600.	46,151.	11,357.	429,471.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOANNA PRESSMAN GENERAL COUNSEL/ASST. SECR	(i)	290,990.	28,842.	592.	40,582.	32,950.	393,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STEPHANIE ROYAL CHIEF PEOPLE & CULTURE OFFICER	(i)	294,323.	27,500.	564.	38,443.	22,620.	383,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DEBORAH MCCOY MD, YOUNG ADULTS	(i)	287,310.	21,000.	579.	38,879.	32,942.	380,710.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JASON CONE CHIEF PUBLIC POLICY OFFICE	(i)	280,759.	28,325.	581.	40,033.	23,663.	373,361.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SUSAN EPSTEIN MD, FIELD BUILDING AND PUB	(i)	288,971.	17,500.	584.	38,771.	22,946.	368,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DARYL MINTZ (AS OF 3/2022) CHIEF FINANCIAL & ADMIN OFFICER	(i)	335,426.	0.	450.	0.	24,738.	360,614.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MATTHEW KLEIN (AS OF 1/2022) CHIEF IMPACT & PROGRAM OFFICER	(i)	333,088.	0.	550.	0.	17,795.	351,433.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SARAH OLTMANS CHIEF OF GRANT STRATEGY	(i)	266,710.	26,000.	534.	36,943.	11,175.	341,362.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) KYLE FERRARA CORPORATE SPONSORSHIP DIRECTOR	(i)	245,643.	14,781.	503.	33,863.	32,938.	327,728.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

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 2022, 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 L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JENNIFER SCHWARTZ	DAUGHTER OF DIR.	52,410.	CONSULTING		X

Part V Supplemental Information.

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

SCHEDULE L, PART IV:

IN 2022, ROBIN HOOD CONTINUED A CONSULTING ARRANGEMENT WITH MISSION ACCOMPLICE, LLC, AN ENTITY OWNED BY JENNIFER SCHWARTZ, THE DAUGHTER OF BOARD OF DIRECTORS MEMBER, ALAN SCHWARTZ. THE AMOUNT PAID TO MISSION ACCOMPLICE, LLC. IN 2022 WAS \$52,410. BOARD OF DIRECTORS MEMBER, ALAN SCHWARTZ, HAS NO INPUT INTO ROBIN HOOD'S DECISION TO HIRE MISSION ACCOMPLICE, LLC. TO PROVIDE CONSULTING SERVICES TO THE ORGANIZATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

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		18,355,787.	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 (DONATED GOODS)	X	0	430,384.	FAIR MARKET VALUE
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 V, 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

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

ROBIN HOOD IS NEW YORK'S LARGEST LOCAL POVERTY-FIGHTING PHILANTHROPY.

ROBIN HOOD FUNDS, SUPPORTS, AND CONNECTS 300+ COMMUNITY-BASED PARTNERS

WHO PROVIDE DIRECT SERVICES TO NEW YORKERS LIVING AT OR BELOW THE

POVERTY LINE AND LOW-INCOME NEW YORKERS WHO ARE AT RISK OF FALLING INTO

POVERTY. INCORPORATED IN NEW YORK STATE IN 1988, ROBIN HOOD IS A

NOT-FOR-PROFIT PUBLIC CHARITY. OUR MISSION IS TO ELEVATE NEW YORKERS

OUT OF POVERTY.

SINCE OUR FOUNDING, ROBIN HOOD HAS INVESTED NEARLY \$3 BILLION DOLLARS

IN THE FIGHT AGAINST POVERTY FUNDING THE MOST IMPACTFUL PROGRAMS IN

SCHOOLS, FOOD PANTRIES, HOMELESS SHELTERS, JOB TRAINING CENTERS, HEALTH

FACILITIES, LEGAL CLINICS, AND MORE.

IN 2022, ROBIN HOOD INVESTED \$132.2 MILLION TO FUND 446 GRANTS SERVING

NEARLY 300 COMMUNITY-BASED ORGANIZATIONS ACROSS ALL FIVE BOROUGHES OF

NEW YORK CITY. BECAUSE ROBIN HOOD'S BOARD OF DIRECTORS COVERS 100% OF

OUR OPERATING COSTS, EVERY DOLLAR RAISED FUELS THE JOURNEYS OF NEW

YORKERS TO PERMANENTLY ESCAPE POVERTY.

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

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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PROVIDES SUPPORT IN EDUCATION, EARLY CHILDHOOD AND YOUTH, JOB TRAINING, IMMIGRANT SERVICES, AND OTHER AREAS.

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

CORE GRANTMAKING: ROBIN HOOD MADE CASH GRANTS TO ORGANIZATIONS THROUGH FOUR LIFE-STAGE AREAS: EARLY CHILDHOOD; SCHOOL-AGE CHILDREN; YOUNG ADULTS; AND ADULTS AND HOUSEHOLD SUPPORTS. THESE GRANTS SUPPORT EDUCATION, HEALTH, HOUSING, HUNGER, LEGAL SERVICES, JOB TRAINING, AND INCOME SECURITY. ADDITIONALLY, ROBIN HOOD MADE GRANTS TO SUPPORT PARTNERSHIP INITIATIVES LIKE THE ROBIN HOOD LEARNING +TECHNOLOGY, THE POWER FUND, MOBILITY LABS, THE CHILD CARE QUALITY INNOVATION INITIATIVE, AND OUR BLUE RIDGE LABS INITIATIVE. ROBIN HOOD ALSO PROVIDES GENERAL OPERATING SUPPORT, CAPITAL GRANTS, AND FUNDS TO BUILD CAPACITY AND DEEPEN ORGANIZATIONAL CAPACITY, AS WELL AS 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.

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

ROBIN HOOD'S CAPITAL GRANT INITIATIVE COLLABORATES CLOSELY WITH OUR COMMUNITY PARTNERS TO HELP THESE ORGANIZATIONS MANAGE THEIR SPACE NEEDS. THE INITIATIVE OFFERS TECHNICAL ASSISTANCE, CONNECTIONS TO TOP INDUSTRY PROFESSIONALS, FUNDING FOR PRE-DEVELOPMENT COSTS AND, IN SELECT CASES, GRANTS FOR CAPITAL PROJECTS. THE INITIATIVE PLACES A

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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PREMIUM ON FUNDING EARLY-STAGE PLANNING TO REDUCE COSTS AND RISKS FOR A

COMMUNITY PARTNER'S CAPITAL PROJECT. IN 2022, ROBIN HOOD MADE A

\$125,000 CAPITAL GRANT TO PROJECT HOSPITALITY TO RENOVATE AND FURNISH

NEW SPACE OF ITS FOOD PANTRY, WHICH WILL REPLACE THE EXISTING PANTRY

WHICH CONTINUES TO SUFFER FROM SIGNIFICANT STRUCTURAL DAMAGE CAUSED BY

SUPERSTORM SANDY.

MISSION INVESTMENTS:

IN OCTOBER 2018, ROBIN HOOD LAUNCHED A PILOT SOCIAL INVESTMENT STRATEGY

THAT IS NOW KNOWN AS MISSION INVESTMENTS, A NEW INVESTMENT TOOL THAT

ENABLES ROBIN HOOD TO SCALE IMPACT, LEVERAGE CREATIVITY, AND PRODUCE AN

ACCEPTABLE RETURN. IN 2022, ROBIN HOOD MADE A \$135,000 MISSION

INVESTMENT WITH URBAN HOMESTEADING ASSISTANCE BOARD. THE INVESTMENT

SUPPORTS A REVOLVING FUND AIMED AT COMBATING DANGEROUS AND UNHEALTHY

HOUSING CONDITIONS WHILE SIMULTANEOUSLY PREVENTING THE EVICTION OF

TENANTS LIVING IN BUILDINGS WITH THESE VIOLATIONS.

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

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 PRINCIPAL 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 2022, TOTAL MA SPENDING WAS \$1.8 MILLION IN INVESTMENTS IN GRANTMAKING AND MULTI-PARTNER INITIATIVES. SPECIFICALLY, THE MA TEAM AWARDED \$1.7 MILLION FOR CORE PARTNERS WHILE SIMULTANEOUSLY ADDING \$181,000 OF INVESTMENTS IN POWER FUND (PF) PARTNERS. BY EXPANDING OUR PRO BONO PARTNERSHIPS, PRO BONO SUPPORT INCREASED BY 157 PERCENT FROM \$1.9 MILLION IN 2021 TO \$4.9 MILLION IN 2022 ACROSS THE SPECTRUM OF ISSUE AREAS TO OUR PARTNERS. ADDITIONALLY, MA INVESTMENTS PRIMARILY FOCUSED ON TALENT AND DEI (\$456,000), STRATEGY (\$231,000) AND OPERATIONS (\$216,000) PROJECTS WHICH ARE ALIGNED WITH KEY TRENDS IN THE NONPROFIT SECTOR. THE TEAM LAUNCHED A SERIES OF PEER LEARNING GROUPS FOR NEW EXECUTIVE DIRECTORS, CHIEF HUMAN CAPITAL OFFICERS, DEVELOPMENT DIRECTORS, SENIOR LEADERS OF COLOR, AND MIDDLE MANAGERS WHO ARE LEADERS OF COLOR. FINALLY, THE MA TEAM SUCCESSFULLY PLACED 9 PROFESSIONALS ON COMMUNITY PARTNER BOARDS.

FORM 990, PART VI, SECTION A, LINE 2:
BOARD OF DIRECTORS MEMBERS PAUL TUDOR JONES AND GLENN DUBIN HAVE A BUSINESS RELATIONSHIP.

BOARD OF DIRECTORS MEMBERS DOUG HAYNES AND ALAN SCHWARTZ HAVE A BUSINESS RELATIONSHIP.

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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BOARD OF DIRECTORS MEMBERS KAYA HENDERSON AND ROLAND FRYER HAVE A BUSINESS RELATIONSHIP.

BOARD OF DIRECTORS MEMBERS DANIEL OCH AND DAVID SOLOMAN 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.

FORM 990, PART VI, SECTION B, LINE 11B:
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 12C:
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 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.

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

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

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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COMPENSATION ARRANGEMENTS ARE CONTEMPORANEOUSLY DOCUMENTED IN MEETING MINUTES.

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

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

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, CHANGES IN NET ASSETS:

RESCINDED GRANTS	1,282,480.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization <p align="center">ROBIN HOOD FOUNDATION</p>	Employer identification number <p align="center">13-3441066</p>
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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
ROBIN HOOD HOLDINGS - 13-3441066 826 BROADWAY, 9TH FLOOR NEW YORK, NY 10003	IP HOLDINGS	DELAWARE	0.	0.	N/A

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

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	

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

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.

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?

	Yes	No
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) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

