efile Public Visual Render ObjectId: 202313189349315386 - Submission: 2023-11-14

TIN: 13-3441066 OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

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

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

2022

Department of the Treasury Internal Revenue Service ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

Internal	Revenue Service					-				
A Fo	or the 2022 c	alendar year, or tax year beginning 01-01-2022 $$, and ending 12-3	31-2022							
O Add	ck if applicable: dress change me change	C Name of organization ROBIN HOOD FOUNDATION		D Employe 13-3441		fication number				
O Init	tial return	Doing business as								
_	al return/terminated	Number and shoot (so DO have if and it is not delicered to shoot address).		E Telephone	e number					
	ended return olication pending	Number and street (or P.O. box if mail is not delivered to street address) Room/st 826 BROADWAY 9TH FL	uite	(212) 22	27-6601					
_ `		City or town, state or province, country, and ZIP or foreign postal code		,						
		NEW YORK, NY 10003		G Gross red	eipts \$ 2	42,611,283				
		F Name and address of principal officer: RICHARD BUERY JR	H(a) Is this	a group ret	urn for					
		826 BROADWAY 9TH FLOOR	subord	dinates?		□Yes <a>V No				
		NEW YORK, NY 10003	H(b) Are all include	i subordinate ed?	25	☐ Yes ☐No				
I Tax	e-exempt status:	✓ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □ 527				instructions.				
J W	ebsite: ► WW	/W.ROBINHOOD.ORG	H(c) Group	exemption	number	•				
K Form	n of organization:	Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of forma	tion: 1988	M State	of legal domicile: NY				
Pa	rt I Sum	mary	1							
		scribe the organization's mission or most significant activities:								
ce	ROBIN HO	OD SUPPORTS THE MOST EFFECTIVE POVERTY-FIGHTING PROGRAMS IN	NYC.							
Jan										
м		0								
Governance	2 Check thi 3 Number of	s box ▶ □ of voting members of the governing body (Part VI, line 1a)			3	42				
*8		of independent voting members of the governing body (Part VI, line 1b)			4	42				
Activities &		5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)								
tivii	6 Total num	nber of volunteers (estimate if necessary)			6	6				
Ac	7a Total unre	elated business revenue from Part VIII, column (C), line 12			7a	0				
	b Net unrel	ated business taxable income from Form 990-T, Part I, line 11			7b	0				
			Pric	r Year		Current Year				
2	8 Contribut	ions and grants (Part VIII, line 1h)		146,804,0	67	140,856,197				
Revenue	9 Program	service revenue (Part VIII, line 2g)			0	(
Rev	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		6,083,7	30	2,139,854				
	11 Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-13,121,6		-13,670,628				
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		139,766,1		129,325,423				
		nd similar amounts paid (Part IX, column (A), lines 1–3)		171,935,9	45	131,251,074				
		paid to or for members (Part IX, column (A), line 4)			0	(
98		other compensation, employee benefits (Part IX, column (A), lines 5–10)		22,125,7		22,873,665				
Expenses		nal fundraising fees (Part IX, column (A), line 11e)		15,0	00	(
Exp		aising expenses (Part IX, column (D), line 25) 10,501,335		11 022 0	11	10 515 110				
_		penses (Part IX, column (A), lines 11a-11d, 11f-24e) enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,023,03 205,099,6	_	10,515,110				
	-									
÷ S	TA Veneure	less expenses. Subtract line 18 from line 12	Beginning (-65,333,53 of Current Ye	_	-35,314,426 End of Year				
Net Assets or Fund Balances			Degining (J. Current le		Lilu Oi i Cai				
sse 3ala	20 Total asse	ets (Part X, line 16)		351,881,4	99	320,333,864				
et A	21 Total liab	ilities (Part X, line 26)		95,712,59	712,591 101,436,					
žÏ	22 Net asset	s or fund balances. Subtract line 21 from line 20		256,168,9	08	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.

	Gi	gnature of officer			2023-11-14 Date	
Sign Her	י און	CHARD BUERY JR INTERIM CFO			Date	
		pe or print name and title				
	d d	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	N 741490
_	parer	Firm's name FGRANT THORNTON	N LLP	L	Firm's EIN 36-60	55558
	Only	Firm's address > 757 THIRD AVENU	F 3RD FLOOR		Phone no. (212) 599)-0100
	_				Filone no. (212) 393	7-0100
		NEW YORK, NY 10				✓ Yes □ No
		cuss this return with the preparer safety. Reduction Act Notice, see the			No. 11282Y	
101	rapei woi k	Reduction Act Notice, see the	separate mstructions.	Cat.	NO. 11282Y	Form 990 (202
			Page 2			
			. 450 _			
Form	990 (2022					Page
Pa	art III St	atement of Program Servic	e Accomplishments			
		eck if Schedule O contains a respo	nse or note to any line in this	Part III	<u> </u>	🔽
1	,	scribe the organization's mission:				
SEE	SCHEDULE (0.				
2	Did the or	ganization undertake any significa	nt program services during th	e year which were not I	isted on	
	the prior F	Form 990 or 990-EZ?				🗆 Yes 🛂 No
	If "Yes," d	escribe these new services on Sch	edule O.			
3	Did the or	ganization cease conducting, or m	ake significant changes in how	v it conducts, any progr	am	
	services?					🗆 Yes 🔽 No
_	•	escribe these changes on Schedule				
4	Section 50	the organization's program service D1(c)(3) and 501(c)(4) organizatio ue, if any, for each program servic	ns are required to report the			
4a	(Code:) (Expenses \$	144,004,130 including gran	cs of \$ 129,401,79	95) (Revenue \$	0)
	STAGE ARE HEALTH, HO INITIATIVE: BLUE RIDGI ORGANIZAT DETERMINE	IPTION OF CORE GRANT MAKING IN SC AS: EARLY CHILDHOOD; SCHOOL-AGE (DUSING, HUNGER, LEGAL SERVICES, JO S LIKE THE ROBIN HOOD LEARNING +T E LABS INITIATIVE. ROBIN HOOD ALSO TIONAL CAPACITY, AS WELL AS MANAGE E GRANT RECOMMENDATIONS AND DEV TION, INTERVIEWS WITH PROGRAM ADI	CHILDREN; YOUNG ADULTS; AND A B TRAINING, AND INCOME SECUR ECHNOLOGY, THE POWER FUND, PROVIDES GENERAL OPERATING MENT STRENGTH. ROBIN HOOD'S ELOP INITIATIVES IN RESPONSE T	ADULTS AND HOUSEHOLD S ITY. ADDITIONALLY, ROBIN HOBILITY LABS, THE CHILD SUPPORT, CAPITAL GRANTS GRANTMAKING STAFF EVA O UNMET NEEDS. THESE AS	SUPPORTS. THESE GRANTS THOOD MADE GRANTS TO CARE QUALITY INNOVATION FOR TO BUILD FUNCTION OF THE PROGRAMS APICSESSMENTS INCLUDES	NTS SUPPORT EDUCATION, TO SUPPORT PARTNERSHIP ATION INITIATIVE, AND OUR O CAPACITY AND DEEPEN PLYING FOR FUNDS TO D VISITS TO THE
4b	(Codo:	\/Evnanges d	2.624.201 including graps	of th 1 601 27	70) (Doverno #	0.)
40	PARTNERS PROFESSIO FUNDING E CAPITAL GR CONTINUES LAUNCHED SCALE IMPA HOMESTEA) (Expenses \$ LIPTION OF MANAGEMENT ASSISTANCE TO HELP THESE ORGANIZATIONS MANA NALS, FUNDING FOR PRE-DEVELOPMEN PARLY-STAGE PLANNING TO REDUCE COMMENT TO PROJECT HOSPITALITY TO REN S TO SUFFER FROM SIGNIFICANT STRUCE A PILOT SOCIAL INVESTMENT STRATEG ACT, LEVERAGE CREATIVITY, AND PRODI DING ASSISTANCE BOARD. THE INVEST S WHILE SIMULTANEOUSLY PREVENTIN	GE THEIR SPACE NEEDS. THE INI: IT COSTS AND, IN SELECT CASES, STS AND RISKS FOR A COMMUNIT OVATE AND FURNISH NEW SPACE CTURAL DAMAGE CAUSED BY SUPE Y THAT IS NOW KNOWN AS MISS: UCE AN ACCEPTABLE RETURN. IN MENT SUPPORTS A REVOLVING FU	APITAL GRANT INITIATIVE OF ITATIVE OF ITS FOOD PANTRY, WHI CRATORM SANDY MISSION ION INVESTMENTS, A NEW 2022, ROBIN HOOD MADE AND AIMED AT COMBATING	L ASSISTANCE, CONNECTION OF THE INITIATIVE INC. THE INITIATIVE INC. THE INITIATIVE INC. THE INVESTMENTS: IN OCTO INVESTMENT TOOL THE A \$135,000 MISSION IN DANGEROUS AND UNH	CTIONS TO TOP INDUSTRY PLACES A PREMIUM ON OOD MADE A \$125,000 EXISTING PANTRY WHICH BER 2018, ROBIN HOOD AT ENABLES ROBIN HOOD TO IVESTMENT WITH URBAN
4c	(Code:) (Expenses \$	277,599 including gran	re of \$ 249.00	00) (Revenue \$	0)
70	SEE DESCR INVESTMEN PRESSING: FUNDRAISI BONO PART PARTNERS. SYSTEM TO INVESTMEN SIMULTANE INCREASED MA INVEST WITH KEY T CAPITAL OF) (EXPENSES \$ INTERPRISE SEARCH MAKING IN SECTION OF RELIEF GRANT MAKING IN SECTION OF RELIEF GRANT MAKING IN SECTION OF RELIEF GRANT MAKING IN SET AND THE SEARCH MAKING AND THE SEARCH MAKING AND MULTI-PART OUSLY ADDING \$181,000 OF INVESTMED BY 157 PERCENT FROM \$1.9 MILION MENTS PRIMARILY FOCUSED ON TALEN TRENDS IN THE NONPROFIT SECTOR. THE FICERS, DEVELOPMENT DIRECTORS, SIJLLY PLACED 9 PROFESSIONALS ON COLUMN AND THE SEARCH MAKING AND MENTS OF THE NONPROFIT SECTOR. THE FICERS, DEVELOPMENT DIRECTORS, SIJLLY PLACED 9 PROFESSIONALS ON COLUMN AND THE MAKING AND MENTS OF THE NONPROFIT SECTOR. THE FICERS, DEVELOPMENT DIRECTORS, SIJLLY PLACED 9 PROFESSIONALS ON COLUMN AND THE MAKING AND THE MA	CHEDULE O.MANAGEMENT ASSISTECHNICAL ASSISTANCE. THE GOANGES. WE WORK IN NINE PRINCIF LIVER AND ALSO PROVIDED TO THE GOANGES. WE WORK IN NINE PRINCIF LIVER ANTS. ROBIN HOOD ALSO PROVIDED TO ALSO PROVIDED TO THE WEBSITE TO ENHANCE FROM THE MER INITIATIVES. SPECIFICALLY, ENTS IN POWER FUND (PF) PARTNIN 2021 TO \$4.9 MILLION IN 2022 TO AND DEI (\$456,000), STRATEGY HE TEAM LAUNCHED A SERIES OF ENIOR LEADERS OF COLOR, AND METALES AND	TANCE: ROBIN HOOD PROTE L IS TO BRING BEST-IN-CLA AL AREAS: GOVERNANCE, S DELIVERED BY ROBIN HOOD DES TRAINING FOR THE STA TIVE RESOURCE ALLOCATIC UNDRAISING. IN 2022, TO THE MA TEAM AWARDED \$1 TERS. BY EXPANDING OUR PI ACROSS THE SPECTRUM O (\$231,000) AND OPERATIO PEER LEARNING GROUPS FO	CTS AND LEVERAGES IT ASS RESOURCES TO SO STRATEGY, HUMAN CAP ITS INTERNAL CONSULT AFF AND BOARD MEMBE ON, STREAMLINING A FITAL MA SPENDING WAS AFF AND BONO PARTNERSHII IF ISSUE AREAS TO OUI ONS (\$216,000) PROJECOR NEW EXECUTIVE DI	TS CHARITABLE LVE OUR PARTNERS' MOST ITAL, MARKETING, ING TEAM, CORPORATE PRO ERS OF ITS COMMUNITY INANCIAL REPORTING IS \$1.8 MILLION IN PARTNERS WHILE PS, PRO BONO SUPPORT R PARTNERS. ADDITIONALLY, ITS WHICH ARE ALIGNED RECTORS, CHIEF HUMAN
4d	Other pro	gram services (Describe in Schedu	lle 0.)) (Rayanua		

4e Total program service expenses

146,916,020

Form **990** (2022)

Page 3 -

Form 990 (2022) Page **3**

Pai	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A \$\frac{1}{2}\$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III $\ \ \ \ \ \ \ \ \ \ \ \ \ $	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 📆	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	201		

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

200		
21	Yes	

Form **990** (2022)

Page 4

Form	990 (2022)			Page 4
Par	Checklist of Required Schedules (continued)			l
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes	No
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"	23	Yes	
	complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and			
	complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		No
26	Schedule L, Part I			
26	officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a			
	35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV			<u>. </u>
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV			
h	to injust some and a second and a	28a		No
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M **	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	rt 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			

Yes No

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	152			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to (gambling) winnings to prize winners?			1c	Yes	
			F	orm 99	0 (2022)

——— Page 5 —

Form	990 (2022)			Page 5				
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes					
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No				
b	If "Yes," enter the name of the foreign country: \(\bigs_{							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							

10/14/2	5, 7:01 AM Robin Hood Foundation - Full Filing - Nonprofit Explorer - ProPublica			
_	Enter the amount of reserves on hand	-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		110
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	The rest, complete form 6005.	ſ	orm 99	0 (2022
	Page 6			
Form	990 (2022)			D 4
	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a '	No" roce	anna ta	Page (
Fai	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-		✓
Se	ction A. Governing Body and Management		V	- No
1 =	Enter the number of voting members of the governing body at the end of the tax year 4	2	Yes	No
	If there are material differences in voting rights among members of the governing	_		
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	2		
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?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	^{on} 3		No
4	$ \hbox{ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . } \\$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Cod		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	1

16a Did the organization invest in contribute assets to or participate in a joint venture or similar arrangement with a

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official

Did the process for determining compensation of the following persons include a review and approval by independent

14

15a

15b

Yes

Yes

Yes

10/14/2	25, 7:01 AM								Nonprofit Explorer - Pr	roPublica			
	taxable entity during the year?		• •	• •	. ,	•	•	•	· · · · ·		16a	1	No
b	If "Yes," did the organization follow a wr in joint venture arrangements under app status with respect to such arrangement	olicable federal ta	x law, a	nd ta	ake	step	s to s	afeg	guard the organizatio	n's exempt	16b	,	
_	ction C. Disclosure									<u> </u>			
17	List the states with which a copy of this	Form 990 is requ	ired to l	be fil	led▶	•		NH	, CA , FL , GA , HI , II , NJ , NM , NY , NC ,				
18	Section 6104 requires an organization to 501(c)(3)s only) available for public insp						-A, if a	appl	icable), 990, and 990				
19	Own website Another's websi Describe in Schedule O whether (and if a policy, and financial statements available	so, how) the orga	nizatior	n ma	de it	s go	•		,	f interest			
20	State the name, address, and telephone KENNETH LAU 826 BROADWAY 9TH F	number of the pe	erson w	ho p	osse	esse				l records:			
				D= =	- 7							Form 990 ((2022)
Form	990 (2022)			Page	e /							F	Page 7
Par	Compensation of Officers, and Independent Contract		stees,	, Ke	у Е	mp	loye	es,	Highest Compen	sated Empl	oye	es,	
	Check if Schedule O contains a re	•										<u> </u>	
	ction A. Officers, Directors, Trus									-			
year.	omplete this table for all persons required	to be listed. Rep	ort com	pens	satio	n to	r the	cale	endar year ending wit	th or within the	org	janization's t	tax
	List all of the organization's current offic mpensation. Enter -0- in columns (D), (E)							s or	organizations), rega	rdless of amou	ınt		
	ist all of the organization's current key e		-					defir	nition of "key employe	ee."			
• L	ist the organization's five current highes	t compensated er	nployee	es (o	ther	tha	n an d	offic	er, director, trustee o	r key employe			
	eceived reportable compensation (box 5 rganization and any related organizations		6 of Fo	rm 1	1099	-MI	SC, a	nd/c	or box 1 of Form 1099	9-NEC) of mor	e th	an \$100,000) from
• L	ist all of the organization's former office	rs, key employees					nsated	d em	nployees who receive	d more than \$	100	,000	
	portable compensation from the organizat	•	_										
organ	ist all of the organization's former direc ization, more than \$10,000 of reportable	compensation fro	that recommon	ceive orga	ea, II niza	n tn tion	e capa and a	acity any	y as a former director related organizations	r or trustee of '	tne		
See tl	he instructions for the order in which to li	st the persons ab	ove.										
	Check this box if neither the organization	nor any related o	rganizat	tion (com	pen:	sated	any	current officer, direc	tor, or trustee			
	(A)	(B)	D		(C			1.	(D)	(E)		(F)	
	Name and title	Average hours per	more		•		checl x, unl		Reportable compensation	Reportable compensation	า	Estimate amount of o	
		week (list any hours					n offic rustee		from the organization (W-	from related organizations		compensa from th	
		for related		_	_	•		· ·	2/1099-	(W-2/1099-		organization	n and
		organizations below dotted	d div)stit	Officer	ey (賣賣	Former	MISC/1099- NEC)	MISC/1099- NEC)		related organizati	
		line)	<u> </u>	Institutional	æ	emp	est oye	ĕ	,	-,		. 3	
			Q #			Key employee	e 0						
			Individual trustee or director	trustee		99	Highest compensated employee						
			Φ	tee			as at						
							Бе						
. ,	CHARD BUERY JR	60.00	Х		Х				860,105		0		36,005
	NON-VOTING DIRECTOR	0.00 3.00		-				-					
	HN GRIFFIN		х		х				0		0		0
(3) DI	NA POWELL MCCORMICK	1.50	X		х				0		0		0
VICE-0	CHAIR	0.00			^				Ů		Ü		0
. ,	TER F BORISH	1.50	X		х			•					0
	ETARY AND TREASURER	0.00			^						U		
(5) LE	E AINSLIE III	1.50											_
DIREC	TOR	0.00	X	1					0		0		0
(6) 14	CKLYN BEZOS	1.50											

DIRECTOR

10/11/25, 7:01/11/1					 Tromprome Explorer		
(7) VICTORIA BJORKLUND	10.00						
DIRECTOR	0.00	Х			0	0	0
(8) JEFF BLAU	1.00	· ·			0	0	0
DIRECTOR	0.00	X			0	O	0
(9) SCOTT BOMMER DIRECTOR	0.00	Х			0	0	0
(10) GEOFFREY CANADA DIRECTOR	0.00	Х			0	0	0
(11) CECILY CARSON DIRECTOR	0.00	х			0	0	0
(12) ANNE DINNING DIRECTOR	0.00	х			0	0	0
(13) GLENN R DUBIN DIRECTOR	1.50	х			0	0	0
(14) MARIAN WRIGHT EDELMAN DIRECTOR	0.00	Х			0	0	0
(15) DAVID EINHORN DIRECTOR	0.00	Х			0	0	0
(16) MARY ERDOES DIRECTOR	0.00	х			0	0	0
(17) ROLAND FRYER DIRECTOR	1.00	Х			0	0	0

Form **990** (2022)

— Page 8 -

Form 990 (2022)

Page **8**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot rect	not e bo h ar or/tr	check x, unler office ustee) Highest compensated	ess er	(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
(18) DOUG HAYNES	1.50		-			<u>.</u>				
		X						0	0	C
DIRECTOR (19) KAYA HENDERSON	0.00		-							
(19) KATA HENDEKSON	1.50	x						0	0	C
DIRECTOR	0.00									
(20) JEFFREY R IMMELT	1.00	x						0	0	
DIRECTOR	0.00	^						0	U	
(21) PAUL TUDOR JONES II	1.50									
DIRECTOR	0.00	X						0	0	(
(22) PETER D KIERNAN III	1.50									
DIRECTOR	0.00	X						0	0	(
(23) JOHN KING	1.50		╁							
		x						0	0	(
DIRECTOR	0.00		<u> </u>			\sqcup				
(24) DOUG MORRIS THRU 022022	1.00	x						0	0	(
DIRECTOR	0.00									
(25) MICHAEL NOVOGRATZ	1.00									

10/14/25, 7:01 AM	Robi	n Hood F	ounc	datio	n - F	ull Fil	ling -	- Nonprofit Explorer -	ProPublica	
DIRECTOR	0.00	Х						0	0	0
(26) DANIEL S OCH	1.00									
DIRECTOR	0.00	×						0	0	0
(27) JOHN OVERDECK	1.00									
DIRECTOR	0.00							0	0	0
(28) ROBERT PITTMAN	1.00									
	0.00	X						0	0	0
DIRECTOR (29) DAVID PUTH	1.50		H							
		×						0	0	0
OIRECTOR (30) LARRY ROBBINS	0.00 1.00		H							
		×						0	0	0
DIRECTOR (31) DAVID SALTZMAN	0.00 1.50									
		×						0	0	0
OIRECTOR (32) ALAN D SCHWARTZ	0.00 1.00									
		х						0	0	0
DIRECTOR (33) DAVID SOLOMON	0.00 1.50									
		×						0	0	0
DIRECTOR (34) BARRY STERNLICHT	0.00 1.00									
		×						0	0	0
OIRECTOR (35) STEVE STOUTE	0.00 1.00									
		х						0	0	0
OIRECTOR (36) JOHN SYKES	0.00 1.00		H							
		х						0	0	0
DIRECTOR (27) DAVID TERRER	0.00 1.00									
(37) DAVID TEPPER								0	0	0
DIRECTOR (39) MARTA TIENDA	0.00									
(38) MARTA TIENDA	1.00	х						0	0	0
DIRECTOR	0.00 1.50		Н							
(39) KENNETH TROPIN	1.50	x						0	0	0
DIRECTOR	0.00									
(40) BEATRICE WELTERS THRU 102022	1.50	х						0	0	0
DIRECTOR	0.00									
(41) ANGELA BLACKWELL AS OF 102022	1.00	×						0	0	0
DIRECTOR	0.00									
(42) MICHAEL CHAE AS OF 102022	1.00							0	0	0
DIRECTOR	0.00									
(43) MONTE LIPMAN AS OF 022022	1.00	x						0	0	0
DIRECTOR	0.00							•		
(44) CRAIG NEVILL-MANNING	1.00	x						0	0	0
DIRECTOR	0.00									
(45) ALEXIS OHANIAN AS OF 102022	1.00	x						0	0	0
DIRECTOR	0.00							•		
(46) JOANNA PRESSMAN	60.00	<u></u>		х				320,424	0	73,532
GENERAL COUNSEL/ASST. SECR	0.00							523,121	·	. 5/252
(47) DARYL MINTZ AS OF 32022	60.00	L		х				335,876	0	24,738
CHIEF FINANCIAL & ADMIN OFFICER	0.00			^`				33370.0	ŭ	2.17.55
(48) EMARY ARONSON	60.00	<u></u>			х			431,666	0	63,849
CHIEF KNOWLEDGE OFFICER	0.00				,			.51,000	ŭ	05/0.15
(49) CAROLYN VINE	60.00				х			371,216	0	73,793
CHIEF DEVELOPMENT OFFICER	0.00				^			371,210	ů.	73,733
(50) JASON CONE	60.00				х			309,665	0	63,696
CHIEF PUBLIC POLICY OFFICE	0.00				^			309,003	O	03,090
(51) SARAH OLTMANS	60.00				>			202 244	0	40 110
CHIEF OF GRANT STRATEGY	0.00				Х			293,244	0	48,118
(52) MATTHEW KLEIN AS OF 12022	60.00				Х			222 620	0	17 705
CHIEF IMPACT & PROGRAM OFFICER	0.00				_^			333,638		17,795
(53) SUSAN SACK	60.00					.,		271 055	_	53.5 00
MD, REAL ESTATE	0.00	†····				Χ		371,963	0	57,508
(54) STEPHANIE ROYAL	60.00									
	1		. !			· V	•	דמר ררב	ı	61 063

g	Rin other contributions, gi and similar amounts not i above 97,581,529 Noncash contributions inclines 1a - 1f:\$	include	1f					
	18,786,171							
h	Total. Add lines 1a-1f	•		٠	140,856,197			
	-				Business Code		Ti.	
	2a							
2				_				
2000								
9	3							
Sorvice Devenue								
2								
Drogram	2							
à	-							
	f All other program							
\dashv	9 Total. Add lines 2 3 Investment income				toract and other	1		<u> </u>
	similar amounts)			5, 111	terest, and other	232,634		232,634
	4 Income from invest	ment	of tax-exemp	t bor	nd proceeds			
	5 Royalties	<u>.</u>	(i) Real	•	(ii) Damanal			
		'ı	(I) Real		(ii) Personal			
	6a Gross rents	6a						
	b Less: rental expenses	6b						
	c Rental income	H						
	or (loss) d Net rental income	6c	>			Į	E	
	u Net rental income	or (I	(i) Securitie		(ii) Other			
	7a Gross amount	'ı İ	(i) Securition		(ii) Other			
	from sales of assets other	7a	100,085	5,938				
9	than inventory	\square						
ē	Less: cost or other basis and	7b	98,178	3,718				
Š	sales expenses	\vdash						
à	Gain or (loss)	7 c	1,907	7,220				
Other Revenue	d Net gain or (loss)		_	<u>.</u>	•	1,907,220		1,907,220
Ĭ	Gross income from fu (not including \$		sing events 274,668 of					
	contributions reported See Part IV, line 18			_	1 426 514			
	b Less: direct expen		<u> </u>	8a 8b	1,436,514 15,107,142			
	c Net income or (los		<u></u>			-13,670,628		-13,670,628
		,	Γ					
	9a Gross income from See Part IV, line 19		-					
	b Less: direct expen		_	9a 9b				
	c Net income or (los		<u></u>		s	J		
	`	,	Γ				<u> </u>	
	10aGross sales of inverteurns and allowa			٥-				
	b Less: cost of good		Ľ	.0a .0b				
	• Net income or (los		<u> </u>		rv •	J		
\exists	- Net medile of (los	,J 11 C	ATT SUICE OF HIT	C1100	Business Code			
	11a			֓֞֜֞֜֞֜֞֜֞֜֜֞֜֜֜֡֡				

b					
Other Revenue Misc Amt	•				
d All other revenue					
e Total. Add lines 11a-11d	•				
12 Total revenue. See instructions		129,325,423	0	0	-11,530,774

Form **990** (2022)

----- Page 10 ---

Form 990 (2022) Page **10**

	(C) Management and general expenses	
(B) Program service expenses 131,251,074 2,089,247	(C) Management and general expenses	(D) Fundraising expenses
(B) Program service expenses 131,251,074 2,089,247 6,459,516	Management and general expenses	(D) Fundraising expenses
2,089,247	834,383	1,198,449
6,459,516	834,383	1,198,449
6,459,516	834,383	1,198,449
6,459,516	834,383	1,198,449
6,459,516	834,383	1,198,449
775,674	3,015,887	4,456,521
	190,755	587,082
1,076,255	401,529	728,891
473,049	193,754	392,673
15,809	50,690	12,186
	162,510	
	363,027	
1,875,391	507,924	818,913
195,687	91,704	428,043
403,602	281,499	219,931
1,359,797	639,573	865,052
28,395	9,127	2,424
76,525	10,006	11,546
168,549	97,026	131,233
22,843	298,460	18,197
	1,359,797 28,395 76,525	1,359,797 639,573 28,395 9,127 76,525 10,006

	miscellaneous expenses in 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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form **990** (2022)

----- Page 11 -----

Form 990 (2022) Page **11**

Part X	0 (2022) Balance Sheet			Page 1
	Check if Schedule O contains a response or note to any line in this Part IX			
	Check if Schedule o contains a response of note to any line in this factor.	(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	0	1	528,68
2	Savings and temporary cash investments	45,009,121	2	87,948,20
3	Pledges and grants receivable, net	44,826,752	3	43,236,27
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	
_ω 7	Notes and loans receivable, net	4,000,000	7	4,000,000
ssets	Inventories for sale or use		8	
S 2	Prepaid expenses and deferred charges	610,709	9	544,29
10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 12,055,132			
	b Less: accumulated depreciation 10b 9,612,047	1,736,461	10c	2,443,08
11	Investments—publicly traded securities .	82,513,976	11	553,353
12	Investments—other securities. See Part IV, line 11	165,932,881	12	162,156,53
13	Investments—program-related. See Part IV, line 11	2,237,338	13	2,553,26
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	320,333,86
17	Accounts payable and accrued expenses	9,333,780	17	6,347,77
18	Grants payable	84,863,785	18	86,015,39
19	Deferred revenue	1,515,026	19	351,410
20	Tax-exempt bond liabilities		20	
رم 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
labilities 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	
<u>ت</u> 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	8,721,95
26	·	95,712,591	26	101,436,533
inces	Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33.			
	· · · · · · · · · · · · · · · · · · ·		•	

A	uuit			Ketuii	1 10 1 1	,,,,,
Δc	u(u II					
гorm		ional Data		Dotur	ı to Fo	orm
Form	1 990	(2022)				
				F	orm 99	0 (2022)
b		res," did the organization undergo the required audit or audits? If the organization did not undergo the red it or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	luirea	3b		
	Guid	dance, 2 C.F.R. Part 200, Subpart F?		3a		No
3a	a Asa	a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Uniform			
		ne addit, review, or compilation of its financial statements and selection of an independent accountant? The organization changed either its oversight process or selection process during the tax year, explain in Sc	nedule O.	2c	res	
С	If "\	(es," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight he audit, review, or compilation of its financial statements and selection of an independent accountant?		20	Yes	
	₹.	Separate basis Consolidated basis Both consolidated and separate basis				
		'es,' check a box below to indicate whether the financial statements for the year were audited on a separal solidated basis, or both:	e basis,			
b		e the organization's financial statements audited by an independent accountant?		2b	Yes	<u> </u>
		Separate basis Consolidated basis Both consolidated and separate basis				
		es,' check a box below to indicate whether the financial statements for the year were compiled or reviewe arate basis, consolidated basis, or both:	d on a			
2 a		re the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
1	If th	ounting method used to prepare the Form 990: Cash Accrual Other e organization changed its method of accounting from a prior year or checked "Other," explain on edule O.				
		Check if Schedule O Contains a response of note to any line in this part Air	• •		Yes	No
ra	art XII	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII			_	
		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
9		er changes in net assets or fund balances (explain in Schedule O)	9			,282,480
8		r period adjustments	8			
7	Inve	estment expenses	7			
6	Don	ated services and use of facilities	6			
5	Net	unrealized gains (losses) on investments	5		-3	,239,631
4	Net	assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		256	,168,908
3		enue less expenses. Subtract line 2 from line 1	3			,314,426
1 2		al revenue (must equal Part VIII, column (A), line 12)	2			,325,423
	<u> </u>	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
Ра	art XI	Reconcilliation of Net Assets				✓
Form	1 990	(2022)				Page 12
		Page 12 ———————————————————————————————————				
		Dage 12				
		·		F	orm 99	0 (2022)
Ne	33	Total liabilities and net assets/fund balances	33		320	,333,864
t A	32	Total net assets or fund balances	32		218	,897,331
Net Assets	31	Retained earnings, endowment, accumulated income, or other funds	31			
sts	30	Paid-in or capital surplus, or land, building or equipment fund	30			
or	29	complete lines 29 through 33. Capital stock or trust principal, or current funds	29			
Fund Bala		Organizations that do not follow FASB ASC 958, check here ▶ □ and				
d B	28	Net assets with donor restrictions	28		96	,863,743
ala	27	Net assets without donor restrictions	 			,033,588
	25, 7:0	D1 AM Robin Hood Foundation - Full Filing - Nonprofit Explorer - ProP				

Form 990, Special Condition Description:

Consist Condition Description

efile Public Visual Render

ObjectId: 202313189349315386 - Submission: 2023-11-14

TIN: 13-3441066

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Nam	e of ti	he organization					Employer identific	ation number
		FOUNDATION					13-3441066	
Pa	rt I	Reason for Public	Charity Stat	us (All organization	s must comp	lete this part.) S		
The c	rganiz	ration is not a private fou	ndation because	e it is: (For lines 1 thro	ough 12, check	only one box.)		
1		A church, convention of	churches, or as	ssociation of churches	described in s e	ection 170(b)(1)	(A)(i).	
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a cooperat	ive hospital ser	vice organization desc	ribed in sectio	n 170(b)(1)(A)(iii).	
4		A medical research organisme, city, and state:	anization operat	ed in conjunction with	a hospital des	cribed in section	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or	operated by a gov	ernmental unit descri	oed in section
6		A federal, state, or loca	l government or	governmental unit de	scribed in sec	tion 170(b)(1)(<i>A</i>	A)(v).	
7	✓	An organization that no section 170(b)(1)(A)	(vi). (Complete	e Part II.)			unit or from the genera	al public described in
8		A community trust desc	ribed in sectio	1 170(b)(1)(A)(vi).	(Complete Par	t II.)		
9		An agricultural research non-land grant college						ege or university or a
10		An organization that no from activities related t investment income and 30, 1975. See section	rmally receives: o its exempt fur unrelated busir	(1) more than 331/3% actions—subject to cer less taxable income (le	of its support	from contribution and (2) no more	s, membership fees, as than 33 1/3% of its su	upport from gross
11		An organization organiz	ed and operated	d exclusively to test fo	r public safety.	See section 509	(a)(4).	
12		An organization organiz more publicly supported on lines 12a through 12	d organizations	described in section 5	09(a)(1) or s	section 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, See	er to regularly a	appoint or elect a major				
b		Type II. A supporting of management of the sup must complete Part I	porting organiz	ation vested in the sar				
С		Type III functionally supported organization						ted with, its
d		Type III non-function functionally integrated. instructions). You mus	nally integrate The organizatio	d. A supporting organ n generally must satis	ization operate fy a distributio	d in connection win requirement and	th its supported organ	
е		Check this box if the or integrated, or Type III i	ganization recei	ved a written determir	nation from the		pe I, Type II, Type III	functionally
f	Ente	r the number of supporte	d organizations				<u> </u>	
g		de the following informat	7			rganization listed	(15) Amount of	(vi) Amount of
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		rning document?	(v) Amount of monetary support (see instructions)	other support (see instructions)
					Yes	No		
Tota	<u> </u>							
For F	aperv	work Reduction Act No or 990-EZ.	tice, see the I	nstructions for	Cat. No. 112	85F	Schedule	I A (Form 990) 2022
				Pa	ge 2 ———			
Sche	dule A	(Form 990) 2022			3 0 –			Page 2
Pa	rt II			zations Described ne box on line 5, 7,				L)(A)(vi)

If the organization failed to qualify under the tests listed below, please complete Part III.)

organization's tax-exempt purpose Gross receipts from activities that are

10/14/2	25, 7:01 AM	Rob	in Hood Foundation	- Full Filing - Nor	profit Explorer - Pro	Publica		
	not an unrelated trade or business		1	I	I	[1	
	under section 513 Tax revenues levied for the							
4	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 7-	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and							
/a	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. Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
·	from line 6.)							
Se	ction B. Total Support							
Cale	ndar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
(or	fiscal year beginning in) 🕨	(a) 2016	(b) 2019	(C) 2020	(d) 2021	(e) 2022	(I) Iotal	
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. Add lines 10a and 10b.							
с 11	Net income from unrelated business						1	
11	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 t	=			-			_
	this box and stop here							ightharpoons
Se	ction C. Computation of Public	Support Perce	entage					
	Public support percentage for 2022 (lin	ne 8, column (f) d				15		
15						16		
	Public support percentage from 2021 S	Schedule A, Part I	II, line 15			1 10		
15 16	Public support percentage from 2021 Section D. Computation of Invest					10		
15 16 Se		ment Income	Percentage					
15 16 Se	ction D. Computation of Invest Investment income percentage for 20	ment Income 22 (line 10c, colu	Percentage mn (f) divided by	line 13, column	(f))	17		
15 16 Se 17 18	Investment income percentage for 20 Investment income percentage from 2	ment Income 22 (line 10c, colu 1021 Schedule A,	Percentage mn (f) divided by Part III, line 17 .	line 13, column	(f))	17	a 17 is not	
15 16 Se 17 18	Investment income percentage for 20 Investment income percentage from 2 Investment income percentage from 2 33 1/3% support tests-2022. If the	ment Income 22 (line 10c, colu 1021 Schedule A, organization did r	Percentage mn (f) divided by Part III, line 17 . not check the box	line 13, column on line 14, and I	(f))	17 18 n 33 1/3%, and lin		
15 16 Se 17 18 19a	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and	ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali	line 13, column on line 14, and l ifies as a publicly	(f))	17 18 133 1/3%, and line action	🕨 🗆	
15 16 Se 17 18 19a	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of	line 13, column on line 14, and l ifies as a publicly on line 14 or line	(f))	17 18 n 33 1/3%, and lin ation	▶ □ s% and line	
15 16 Se 17 18 19a	Investment income percentage for 20 Investment income percentage from 2 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of	line 13, column on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	(f))	17 18 n 33 1/3%, and lin ation more than 33 1/3 anization	▶ □ s% and line . ▶ □	
15 16 Se 17 18 19a	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of	line 13, column on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	(f))	17 18 n 33 1/3%, and lin ation	▶ □ 8% and line . ▶ □ ▶ □	18 is
15 16 Se 17 18 19a	Investment income percentage for 20 Investment income percentage from 2 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of	line 13, column on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	(f))	17 18 n 33 1/3%, and lin ation more than 33 1/3 anization	▶ □ 8% and line . ▶ □ ▶ □	18 is
15 16 Se 17 18 19a	Investment income percentage for 20 Investment income percentage from 2 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of	line 13, column on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	(f))	17 18 n 33 1/3%, and lin ation	▶ □ 8% and line . ▶ □ ▶ □	18 is
15 16 Se 17 18 19a	Investment income percentage for 20 Investment income percentage from 2 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of	line 13, column on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	(f))	17 18 n 33 1/3%, and lin ation	▶ □ 8% and line . ▶ □ ▶ □	18 is
15 16 Se 17 18 19a	Investment income percentage for 20 Investment income percentage from 2 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1	line 13, column on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	(f))	17 18 n 33 1/3%, and lin ation	▶ □ 8% and line . ▶ □ ▶ □	18 is
15 16 Se 17 18 19a b	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organizati	ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1	line 13, column on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	(f))	17 18 n 33 1/3%, and lin ation	▶ □ 8% and line . ▶ □ ▶ □	18 is
15 16 Se 17 18 19a b	Investment income percentage for 20 Investment income percentage from 2 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1	line 13, column on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	(f))	17 18 n 33 1/3%, and lin ation		18 is
15 16 Se 17 18 19a b	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organizati	ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did and stop here. on did not check a	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1	line 13, column on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	(f))	17 18 n 33 1/3%, and lin ation		18 is
15 16 Se 17 18 19a b	Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2022 TV Supporting Organization (Complete only if you checked in 20 10 10 10 10 10 10 10 10 10 10 10 10 10 1	ment Income 22 (line 10c, colu 2021 Schedule A, organization did r d stop here. The e organization did and stop here. on did not check a	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1 Page 4	line 13, column	(f))	17 18 133 1/3%, and line ation		2022 Page 4
15 16 Se 17 18 19a b	Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Se	ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did and stop here. on did not check a a box on line 12 cections A and C. If	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1 Page 4	line 13, column	(f))	17 18 133 1/3%, and line ation		2022 Page 4
15 16 Se 17 18 19a b 20	Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section	ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did and stop here. on did not check a a box on line 12 cections A and C. If as A and D, and co	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1 Page 4	line 13, column	(f))	17 18 133 1/3%, and line ation		2022 Page 4
15 16 Se 17 18 19a b 20	Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Se	ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did and stop here. on did not check a a box on line 12 cections A and C. If as A and D, and co	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1 Page 4	line 13, column	(f))	17 18 133 1/3%, and line ation	o	2022 Page 4 cked
15 16 Se 17 18 19a b 20	Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section	ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did and stop here. on did not check a a box on line 12 cections A and C. If as A and D, and co	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1 Page 4	line 13, column	(f))	17 18 133 1/3%, and line ation		2022 Page 4
15 16 Se 17 18 19a b 20	Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (Section A. All Supporting Organization) are all of the organization's supported	ment Income 22 (line 10c, colu 22 (line 10c, colu 22 (schedule A, organization did reference) 3 stop here. The eorganization did reference 3 and stop here. The eorganization did reference 3 and stop here. The eorganization did reference 4 stop here. The eorganization did reference 5 and stop here. The eorganization did not check as a stop here. The eorgani	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1 Page 4 If Part I. If you che you checked box omplete Part V.) ed by name in the	line 13, column on line 14, and I ifies as a publicly on line 14 or line qualifies as a pub 19a, or 19b, chec ecked box 12a, or 12c, of Part I, co	(f))	17 18 1 33 1/3%, and lin ation	o	2022 Page 4 cked
15 16 Se 17 18 19a b 20	Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete Section	ment Income 22 (line 10c, colu 2021 Schedule A, organization did r d stop here. The e organization did and stop here. on did not check a a box on line 12 ce citions A and C. If as A and D, and ce ations organizations list upported organizations	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1 Page 4 of Part I. If you che you checked box omplete Part V.) ed by name in the attions are designar	line 13, column on line 14, and I fies as a publicly on line 14 or line qualifies as a pub 19a, or 19b, chec ecked box 12a, or 12c, of Part I, co	(f))	17 18 1 33 1/3%, and lin ation	o	2022 Page 4 cked
15 16 Se 17 18 19a b 20	Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (Section A. All Supporting Organization) are all of the organization's supported	ment Income 22 (line 10c, colu 2021 Schedule A, organization did r d stop here. The e organization did and stop here. on did not check a a box on line 12 ce citions A and C. If as A and D, and ce ations organizations list upported organizations	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1 Page 4 of Part I. If you che you checked box omplete Part V.) ed by name in the attions are designar	line 13, column on line 14, and I fies as a publicly on line 14 or line qualifies as a pub 19a, or 19b, chec ecked box 12a, or 12c, of Part I, co	(f))	17 18 1 33 1/3%, and lin ation	o	2022 Page 4 cked
15 16 Se 17 18 19a b 20 Schee Par	Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the supporting the describe the designation. If historic and	ment Income 22 (line 10c, colu 2021 Schedule A, organization did r d stop here. The e organization did r and stop here. on did not check a a box on line 12 continues A and C. If has A and D, and continuing relations organizations list apported organization and continuing relations.	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1 Page 4 of Part I. If you che f you checked box omplete Part V.) ed by name in the ations are designationship, explain.	line 13, column	(f))	17 18 13 1/3%, and lin ation		2022 Page 4 cked
15 16 Se 17 18 19a b 20	Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete only if you checked the complete Section A. All Supporting Organization (Complete Section	ment Income 22 (line 10c, colu 2021 Schedule A, organization did r d stop here. The e organization did and stop here. on did not check a box on line 12 cections A and C. If as A and D, and ce ations organizations list upported organization did ed organization the	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1 Page 4 If Part I. If you che you checked box omplete Part V.) ed by name in the stions are designal interiorship, explain. nat does not have	line 13, column	(f))	17 18 133 1/3%, and lin ation		2022 Page 4 cked
15 16 Se 17 18 19a b 20 Schee Par	Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Set 12d, of Part I, complete Section A. All Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (If "No," describe in Part VI how the states of the designation. If historic and Did the organization have any supported 15 "No," describe the designation have any supported 15 "Did the organization have any supported 20 in the percentage of the designation have any supported 20 in the designation have any supported 20 in the designation have an	ment Income 22 (line 10c, colu 2021 Schedule A, organization did r d stop here. The e organization did and stop here. on did not check a box on line 12 cections A and C. If as A and D, and ce ations organizations list upported organization did ed organization the	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1 Page 4 If Part I. If you che you checked box omplete Part V.) ed by name in the stions are designal interiorship, explain. nat does not have	line 13, column	(f))	17 18 133 1/3%, and lin ation	if you checked b	2022 Page 4 cked
15 16 Se 17 18 19a b 20 Scheer Par	Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization in Part VI how the section the describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Part VI how the Section in Section 509(a)(1) or (2).	ment Income 22 (line 10c, colu 2021 Schedule A, organization did r d stop here. The e organization did and stop here. on did not check a a box on line 12 c citions A and C. If as A and D, and c ations organizations list upported organiza d continuing relate ed organization the continuing relate and organization the continuing r	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1 Page 4 of Part I. If you che ryou checked box complete Part V.) ed by name in the attions are designationship, explain. That does not have arganization determinations of the complete recommendation of the complete recommenda	line 13, column	(f))	17 18 133 1/3%, and lin ation		2022 Page 4 cked
15 16 Se 17 18 19a b 20 Schee Par	Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section 12b, of Part I, complete Section A. All Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section 12b, of Part II, complete Section 12b, of Part II how the section 12b II was a supported 15 "No," describe in Part VI how the section 1509(a)(1) or (2). Did the organization have any supported 1509(a)(1) or (2).	ment Income 22 (line 10c, colu 2021 Schedule A, organization did r d stop here. The e organization did and stop here. on did not check a a box on line 12 c citions A and C. If as A and D, and c ations organizations list upported organiza d continuing relate ed organization the continuing relate and organization the continuing r	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1 Page 4 of Part I. If you che ryou checked box complete Part V.) ed by name in the attions are designationship, explain. That does not have arganization determinations of the complete recommendation of the complete recommenda	line 13, column	(f))	17 18 133 1/3%, and lin ation	if you checked b	2022 Page 4 cked
15 16 Se 17 18 19a b 20 Scheer Par	Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization in Part VI how the section the describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Part VI how the Section in Section 509(a)(1) or (2).	ment Income 22 (line 10c, colu 2021 Schedule A, organization did r d stop here. The e organization did and stop here. on did not check a a box on line 12 c citions A and C. If as A and D, and c ations organizations list upported organiza d continuing relate ed organization the continuing relate and organization the continuing r	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1 Page 4 of Part I. If you che ryou checked box complete Part V.) ed by name in the attions are designationship, explain. That does not have arganization determinations of the complete recommendation of the complete recommenda	line 13, column	(f))	17 18 133 1/3%, and lin ation	if you checked b	2022 Page 4 cked
15 16 Se 17 18 19a b 20 Scheer Par	Investment income percentage for 20 Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section 12b, of Part I, complete Section A. All Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section 12b, of Part II, complete Section 12b, of Part II how the section 12b II was a supported 15 "No," describe in Part VI how the section 1509(a)(1) or (2). Did the organization have any supported 1509(a)(1) or (2).	ment Income 22 (line 10c, colu 20 (line 10c, colu 2	Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1 Page 4 of Part I. If you che if you checked box complete Part V.) ed by name in the attions are designal cionship, explain. That does not have arganization deterrations of the complete o	line 13, column	(f))	17 18 133 1/3%, and lin ation	if you che checked b	2022 Page 4 cked

	determination.	3b		l
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
5a	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	4c 5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
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? If "Yes," provide detail in Part VI.	9a 9b		
С	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? If "Yes," provide detail in Part VI.	9c		
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)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
	Schedule A		n 990)	2022
	Page 5			
	dule A (Form 990) 2022		F	Page 5
Par	t IV Supporting Organizations (continued)		V	B1 -
	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11 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 11a above?	11a 11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
Se	<u>VI.</u> ection B. Type I Supporting Organizations			
	Calcin Dr. 1/pc 2 capporting or game at a capporting o		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		

			1			
					Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a reach of the organization's supported organization(s)? If "No," describe in Part VI how	ı contr	ol or management of the			
	supporting organization was vested in the same persons that controlled or managed to	he sup	ported organization(s).	1		
Se	ction D. All Type III Supporting Organizations					т
	Did the average this way ide to each of the average decimalisms. by the last day of	4h a 6:6	hb		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the the or	prior tax year, (ii) a copy of the			
	documents in effect on the date of notification, to the extent not previously provided?			1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported	No," e	xplain in Part VI how the	2	<u> </u>	
3	By reason of the relationship described in line 2 above, did the organization's supported	ed orga	anizations have a significant		 	<u> </u>
	voice in the organization's investment policies and in directing the use of the organizaturing the tax year? If "Yes," describe in Part VI the role the organization's supported			3		
	ction E. Type III Functionally-Integrated Supporting Organizations					
1 a	Check the box next to the method that the organization used to satisfy the Integral Pa The organization satisfied the Activities Test. Complete line 2 below.	art les	t during the year (see instruct	ions):		
b	The organization satisfied the Activities lest. Complete inie 2 below. The organization is the parent of each of its supported organizations. Complete	lina	• halaw			
				i na na basan s	-ti\	
С	The organization supported a governmental entity. Describe in Part VI how yo	u supp	oorted a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
а	Did substantially all of the organization's activities during the tax year directly further					
	supported organization(s) to which the organization was responsive? <i>If "Yes," then in organizations and explain</i> how these activities directly furthered their exempt purp					
	responsive to those supported organizations, and how the organization determined the substantially all of its activities.	at the	se activities constituted	2a	 	
b	Did the activities described on line 2a, above constitute activities that, but for the organization	anizati	on's involvement, one or more	Za	 	
	of the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in to organization's involvement.					
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			2b	<u></u>	
	Did the organization have the power to regularly appoint or elect a majority of the offi	icers, o	lirectors, or trustees of each of	3a		
	the supported organizations? If "Yes" or "No", provide details in Part VI.	,	,			
b	Did the organization exercise a substantial degree of direction over the policies, progra supported organizations? <i>If "Yes," describe in Part VI. the role played by the organizations</i> ?					
			Schedule A	(Form	n 990)	2022
			ocincular 7	(1011	550,	
	Page 6					
Sched	lule A (Form 990) 2022				F	Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				e	
	Section A - Adjusted Net Income	10113 1	· ·	_	rent Yea	r
	Section A - Aujusteu Net Income			(opti	ional)	
1	Net short-term capital gain	1				
3	Recoveries of prior-year distributions 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	6				
	income or for management, conservation, or maintenance of property held for production of income (see instructions)					
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	(A) Prior Voor	(B) C	ront Vo-	r
	Section B - Minimum Asset Amount	ı	(A) Prior Year		rent Yea ional)	1
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
C	Fair market value of other non-exempt-use assets	1c	ı			

-		1	I	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
8	Section C - Distributable Amount	8		Current Year
1		1		Current Year
1 2	Section C - Distributable Amount			Current Year
1 2 3	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A)	1		Current Year
1 2	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	1 2		Current Year
1 2 3	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	1 2 3		Current Year
1 2 3 4	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	1 2 3 4		Current Year

Schedule A (Form 990) 2022

---- Page 7 -

Schedule A (Form 990) 2022

Page 7

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 (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). 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 e			
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:			

3,045. 2019 AMOUNT: \$ 267. 2020 AMOUNT: \$ 1,717. 2021 AMOUNT: \$ 0. 2022 AMOUNT: \$ 0.

Schedule A (Form 990) 2022

Additional Data Return to Form

> **Software ID:** Software Version:

efile Public Visual Rende	or ObjectId: 202313189349315386 - Submission: 2023-11-14		TIN: 13-3441066
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information	on.	2022
Schedule B (Form 990) ► Attach to Form 990, 990-EZ. Form 990 Form 990, 990-EZ. Form 990 or 990-EZ.			identification number
Schedule B (Form 980) Attach to Form 990, 990-Ez, or 990-PF.	6		
Schedule B (Form 990) Department of the Treasury Internal Revenue Service Department of the Treasury Internal Revenue Service Department of the Treasury Internal Revenue Service Name of the organization ROSIN 100D FOUNDATION Department of the Internal Rosin Internal R			
7 OIII 330 01 330 LZ	☐ 501(c)() (enter number) organization		
Schedule B (Form 990) ■ Attach to Form 990, 990-EZ, or 990-PF Name of the representation ROBIN (Form 990) ■ Attach to Form 990, 990-EZ, or 990-PF Name of the representation ROBIN (Form 990) ■ Section: Filters of: Section:	te foundation		
Schedule B Form 990 Form 99			
	Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF.		
	☐ 501(c)(3) taxable private foundation	or 990-PF. atest information. Employer identification number 13-3441066 ated as a private foundation	
For an organizatio under sections 509 received from any 990, Part VIII, line For an organizatio during the year, to purposes, or for the	O(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 one contributor, during the year, total contributions of the greater of (1 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. In described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ tal contributions of more than \$1,000 exclusively for religious, charitate prevention of cruelty to children or animals. Complete Parts I, II, and in described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ entributions exclusively for religious, charitable, etc., purposes, but no	20-EZ), Part II, line 13 1) \$5,000 or (2) 2% of 22 2 that received from a ble, scientific, literary, d III. 2 that received from a such contributions to	any one contributor, or educational
purpose. Don't cor religious, charitabl Caution: An organization 990-EZ, or 990-PF), but it or on its Form 990PF, Par	mplete any of the parts unless the General Rule applies to this organie, etc., contributions totaling \$5,000 or more during the year that isn't covered by the General Rule and/or the Special Rules doesn must answer "No" on Part IV, line 2, of its Form 990; or check the box	zation because it rec	eived <i>nonexclusively</i> orm 990,
	Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.lrs.gow/Form999 for the latest information. Section:		
	Page 2 ———————————————————————————————————		
Schedule B (Form 990) (2 Name of organization	022)		

https://projects.propublica.org/nonprofits/organizations/133441066/202313189349315386/full

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
Schedule B	(Form 990) (2022)		Page 3
Name of orga		Employer identification 13-3441066	
Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)	(c)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received

-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given	FMV (d	(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
C ab a dula	D (Farra 000) (2000)	Page 4			Schedule B (Form 990) (2022)
Name of o	B (Form 990) (2022) rganization OD FOUNDATION			Employer ider	Page 4
Part III	Exclusively religious, charitable, etc., conthan \$1,000 for the year from any one conorganizations completing Part III, enter the year. (Enter this information once. See instructions of Part III if additional specific properties of the properties	tributor. Complete columns (a) to total of exclusively religious, out tructions.) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	hrough (e) a	and the followin	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-		(e) Transfer of gift			
	Transferee's name, address, and	ZIP 4	Relationshi	p of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationshi	l p of transferor to	o transferee
	-				
(a)		<u> </u>			

0/14/25, 7:01 AM No. from	(b) Purpose of gift	in Hood Foundation - Full Filing - Nonpro (c) Use of gift	ofit Explorer - ProPublica (d) Description of how gift is held
Part I			_
	Transferee's name, address, and ZIF	(e) Transfer of gift 4 Relati	onship of transferor to transferee
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIF	(e) Transfer of gift A Relati	onship of transferor to transferee
			Schedule B (Form 990) (202
Additiona	l Data		Return to Form

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202313189349315386 - Submission: 2023-11-14

TIN: 13-3441066

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047

Open to Public Inspection

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.

• S	section 501(c)(3) organization section 501(c)(3) organization	ns that have filed Form 5768 (electors) ns that have NOT filed Form 5768	I, or Form 990-EZ, Part VI, line 47 ction under section 501(h)): Compl 3 (election under section 501(h)): C	ete Part II-A. Do not com complete Part II-B. Do not	plete Part II-B. complete Part II-A.
(Prox	y Tax) (see separate instru	ıctions), then	6 (Proxy Tax) (see separate instru	uctions) or Form 990-E2	Z, Part V, line 35c
	section 501(c)(4), (5), or (6) c ne of the organization	organizations: Complete Part III.		Employer identif	fication number
	IN HOOD FOUNDATION			13-3441066	
Dari	I-A Complete if the	organization is exempt up	der section 501(c) or is a s		tion
	•	-			
1	"political campaign activitie	s."	political campaign activities in Par	t IV. See instructions for	definition of
2		-			
3			ions		
Part	I-B Complete if the	organization is exempt un	der section 501(c)(3).		
1	•	, ,	tion under section 4955	· -	
2	•	, -	managers under section 4955		
3	If the organization incurred	a section 4955 tax, did it file For	m 4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV.				
Parl	I-C Complete if the	organization is exempt un	der section 501(c), except	section 501(c)(3).	
1	Enter the amount directly e	expended by the filing organization	n for section 527 exempt function a	activities 🕨 \$	
2			ed to other organizations for sectio	n 527 exempt ▶ \$ ₋	
3	Total exempt function exper	nditures. Add lines 1 and 2. Enter	here and on Form 1120-POL, line	17b ▶ \$	
4	Did the filing organization f	ile Form 1120-POL for this year	?		☐ Yes ☐ No
5	organization made payment of political contributions red	ts. For each organization listed, e ceived that were promptly and dir	aber (EIN) of all section 527 politica nter the amount paid from the filin ectly delivered to a separate politic e is needed, provide information in	g organization's funds. A cal organization, such as	the filing lso enter the amount
(a) i	Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
4					
5					
6					
For Pa	perwork Reduction Act Notice	e, see the instructions for Form 990	Cat. No.	50084S Sche	dule C (Form 990) 2022

Page 2

Schedule C (Form 990) 2022

Page 2

	פררוחוו פחד(וו <i>))</i> י					
	Check if the filing organization belongs to an expenses, and share of excess lobbying	g expenditures).		filiated group me	mber's name	, address, EIN,
<u>B</u>	Check if the filing organization checked box for the control of the filing organization checked box for the control of the co	g Expenditures		orga	a) Filing anization's totals	(b) Affiliated group totals
	Total lobbying expenditures to influence public opinion	on (grass roots Johnving)			34,896	
b	Total lobbying expenditures to influence a legislative	, ,,			390,266	
c	Total lobbying expenditures (add lines 1a and 1b)	, , , , , , , , , , , , , , , , , , , ,			425,162	
d	Other exempt purpose expenditures				164,214,687	
е	Total exempt purpose expenditures (add lines 1c and	d 1d)			164,639,849	
f	Lobbying nontaxable amount. Enter the amount from columns.				1,000,000	
	If the amount on line 1e, column (a) or (b) is:	<u> </u>				
	Not over \$500,000	20% of the amount on line 1				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the ex	cess over \$500,000	· _		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the ex	cess over \$1,000,00	00.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the exc	ess over \$1,500,000	D.		
	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 section 4911 tax for this year?	,		, ,		☐ Yes ☐ No
	(Some organizations that made a columns below. See t		ions for lines	2a through 2		
	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,	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
С	Total lobbying expenditures	49,859	214,743	86,720	425,	162 776,484
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,	1,000,000
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures		132,000	22,953	34,	
					Schedule (C (Form 990) 2022
		———— Page 3 —				
Sch	edule C (Form 990) 2022					Page 3
	art II-B Complete if the organization is	exempt under sectio	n 501(c)(3) a	nd has NOT f	iled	rage s
	Form 5768 (election under sect	-				
For	each "Yes" response on lines 1a through 1i below, pro	ovide in Part IV a detailed	description of the	e lobbying	(a)	(b)
acti					Yes No	o Amount
1	During the year, did the filing organization attempt including any attempt to influence public opinion or					
а	Volunteers?					
b c	Paid staff or management (include compensation in Media advertisements?	·				
d						
_	Publications or nublished or broadcast statements				 	+

0/14/2	25, 7:01 AM Robin Hood Foundation - Full Filing - Nonprofit Explorer - ProPub	lica			
_	rapheations, or published or producest 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		<u> </u>		
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				
С	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	(5), o	r section		
_				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 expenditures from the prior year?				
1 2	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members	1	, iiie 3, is	•	
	expenses for which the section 527(f) tax was paid).	_			
a b	Current year	2a 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 expenditure next year?				
_	·	4 5			
5	Taxable amount of lobbying and political expenditures. See Instructions	3			
	rt IV Supplemental Information				
	vide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); Fructions), and Part II-B, line 1. Also, complete this part for any additional information.	art II-	A, lines 1 a	nd 2 (se	ee
	Return Reference Explanation				
		Sched	ule C (Fori	n 990)	2022
Δα	ditional Data		Return t	o Forn	n

Software ID: Software Version:

https://projects.propublica.org/nonprofits/organizations/133441066/202313189349315386/full

efile Public Visual Render

ObjectId: 202313189349315386 - Submission: 2023-11-14

TIN: 13-3441066

SCHEDULE D

(Form 990)

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.

OMB No. 1545-0047

	al Revenue Service	► Go to <u>www.irs.gov/Form</u>	1990 for instructions and the latest info				spection
	me of the organ			Emplo	oyer ident	ification	number
KU	BIN HOOD FOUNDAT	ION		13-34	41066		
Pa	rt I Organi	zations Maintaining Donor Advi	sed Funds or Other Similar Funds o	r Acco	unts.		
	Comple	te if the organization answered "Ye					
_			(a) Donor advised funds	(b) Funds a	ind other	accounts
1		end of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4	33 3	at end of year					
5			ors in writing that the assets held in donor ad clusive legal control?		nds are th	_	Yes 🗆 No
6	charitable purpo	oses and not for the benefit of the donor	onor advisors in writing that grant funds can or donor advisor, or for any other purpose control or the control of the control			ssible	Yes 🗆 No
Pa		rvation Easements. ete if the organization answered "Ye	es" on Form 990, Part IV, line 7.				
1		onservation easements held by the organ					
	Preservation	on of land for public use (e.g., recreation	n or education) \square Preservation of an	historica	ally import	ant land a	area
	Protection	of natural habitat	☐ Preservation of a c	certified	historic str	ucture	
		on of open space					
2		' '	qualified conservation contribution in the for	m of a c	onconvatio	ın	
_		e last day of the tax year.	qualified conservation contribution in the for	T			of the Year
а	Total number of	conservation easements		2a			
b	Total acreage re	stricted by conservation easements		2b			
С	Number of conse	ervation easements on a certified histori	ic structure included in (a)	2c			
d		ervation easements included in (c) acqui e listed in the National Register	ired after July 25, 2006, and not on a	2d			
3	Number of cons	ervation easements modified, transferre	ed, released, extinguished, or terminated by	the orga	ınization dı	uring the	
4	Number of state	es where property subject to conservatio	on easement is located 🕨				
5		ization have a written policy regarding that of the conservation easements it holds	he periodic monitoring, inspection, handling s?	of violati	ions,	Yes	□ No
c	Staff and volunt	teer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	onservat	ion easem		
6	<u> </u>						
7	► \$	enses incurred in monitoring, inspecting,	handling of violations, and enforcing conser	vation ea	asements (during the	e year
8			above satisfy the requirements of section 1	70(h)(4)		Yes	□ No
9	balance sheet, a		servation easements in its revenue and expent footnote to the organization's financial state its.		ement, and	i	
Par		izations Maintaining Collections te if the organization answered "Ye	of Art, Historical Treasures, or Othes" on Form 990, Part IV, line 8.	er Sim	ilar Asse	ets.	
1a	If the organizati	ion elected, as permitted under FASB AS	SC 958, not to report in its revenue statemer lic exhibition, education, or research in furth				
b	historical treasu		SC 958, to report in its revenue statement ar lic exhibition, education, or research in furth				
(·· · · · · J · · · · · · · ·			> \$		
2	If the organizati		cal treasures, or other similar assets for fina			the	
а	_				▶ \$		
		, ,			· —		

Cat. No. 52283D

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

Schedule D (Form 990) 2022

----- Page 2 ------

Sched	dule D	(Form 990) 2022										Page 2
Part	III	Organizations M	aintaining Col	lections o	f Art,	Historical T	reasu	ires, o	r Other	Similar Ass	sets (contir	nued)
3		the organization's acc (check all that apply)		n, and other	records		the fol	llowing t	that are a	significant us	e of its colle	ection
а		Public exhibition				d 🗌	Loan	or exch	ange prog	rams		
b		Scholarly research				e 🗌	Other	r <u></u>				
С		Preservation for futur	e generations									
4	Provid Part X	de a description of the	organization's col	lections and	explain	how they furt	her the	e organiz	zation's ex	empt purpose	e in	
5		g the year, did the org s to be sold to raise fu									☐ Yes	□ No
Par	t IV	Escrow and Cust Complete if the or line 21.			on Fo	rm 990, Part	: IV, lin	ne 9, or	reporte	d an amoun		
1a	Is the	organization an agen led on Form 990, Part	t, trustee, custodi X?	an or other i	nterme 	diary for contr	ibutions	s or othe	er assets i	not 	☐ Yes	□ No
b	If "Ye	s," explain the arrange	ement in Part XIII	and comple	te the f	ollowing table:				Am	nount	
c	Begin	ning balance							1c			
d	Additi	ons during the year .							1d			
е	Distril	butions during the yea	r						1e			
f	Endin	g balance							1f			
2a	Did th	ne organization include	e an amount on Fo	rm 990, Par	t X, line	21, for escrov	v or cus	stodial a	account lia	bility?	☐ Yes	□ No
b	If "Ye	s," explain the arrange	ement in Part XIII	Check here	if the	explanation ha	s been	provide	d in Part X	III		
Pai	rt V	Endowment Fun										
		Complete if the or	ganization ansv	vered "Yes" (a) Curren		rm 990, Part (b) Prior ye			ears back	(d) Three year	s hack (e) F	our years back
1a	Beginn	ing of year balance .		(u) curren	e year	(B) Thor ye		(c) 1110 y	curs buck	(a) Timee year	3 Back (C) I	our years back
b (Contrib	outions										
c I	Net inv	estment earnings, gai	ns, and losses									
d (Grants	or scholarships										
		expenditures for faciliting	ies									
f	Admini	strative expenses .										
g l	End of	year balance										
2	Provid	de the estimated perce	entage of the curre	ent year end	balanc	e (line 1g, colu	ımn (a))) held a	ıs:		•	
а	Board	designated or quasi-	endowment ►									
b	Perma	anent endowment 🕨										
С	Term	endowment 🕨										
_	•	ercentages on lines 2a		•								
3a		nere endowment funds lization by:	not in the posses	sion of the c	organiza	ition that are f	neld and	d admin	istered for	r the	ſ	Yes No
	(i) Ur	nrelated organizations									3a(i)	
	(ii) R	elated organizations									3a(ii)	
		s" on 3a(ii), are the re	-		•		₹? .				3b	
4		ibe in Part XIII the int			n's endo	owment funds.						
Par	t VI	Land, Buildings, Complete if the or			on Fo	rm 990 Part	· I\/ lin	ne 11a	See For	m 990 Part	Υ line 10	
	Descri	ption of property	(a) Cost or oth	ner basis		et or other basis (cumulated d		_	ok value
1a	Land											
		gs										
		old improvements				5,7	53,048			4,538,860		1,214,188
		nent					15,791			1,539,854		275,937
							86,293			3,533,333		952,960
_		lines 1a through 1e. (Column (d) must e	equal Form 9	90, Par	t X, column (E	B), line	10(c).)		>		2,443,085
											-ll D /=	000) 2022

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on F	Form QQQ Part IV	ling 11h Soo Fo	rm 000 Pa	rt V line 12
(a) Description of security or category (including name of security)	(b) Book value		(c) Method	of valuation:
(1) Financial derivatives			se or end or y	edi market value
(2) Closely-held equity interests				
(A) LONG/SHORT EQUITY	47,912,77	70		F
(B) CREDIT OPPORTUNITIES (DISTRESSED)	61,266,97	70		F
(C) GLOBAL MACRO	18,636,78	32		F
(D) FIXED INCOME	14,39	97		F
(E) PRIVATE EQUITY	7,347,48	37		F
(F) OTHER	17,64	12		F
(G) LIQUIDATING STUBS	1,762,84	16		F
(H) UNCORRELATED EQUITY	25,197,63	38		F
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	162,156,53	32		
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on F	Form 990, Part IV,	line 11c. See Fo	orm 990, Pa	art X, line 13.
(a) Description of investment		(b) Book value		Method of valuation: end-of-year market value
(1)				,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on Fo	orm 990, Part IV,	line 11d. See Fo	rm 990, Pa	rt X, line 15.
(a) Description (1)RIGHT-OF-USE ASSETS - OPERATING LEASE				(b) Book value 7,734,554
(2)INVESTMENT RECEIVABLES				8,635,620
(2)				
(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 Fo		line 11e or 11f.S	See Form 99	
1. (a) Description of li (1) Federal income taxes	iability			(b) Book value
(1) rederal income taxes				

	ATING LEASE LIABILITY					8,721,950
tal.	(Column (b) must equal Form 990, Part X, col.(B) line 25.)				•	8,721,950
Lia	bility for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the orga	nization's financial stat	ements tha	t reports the
gan	ization's liability for uncertain tax positions under FII	N 48 (ASC 740). Check her	e if the te	kt of the footnote has I	een provid	ed in Part XIII 🛛 🗸
					Schedule	D (Form 990) 2022
		———— Page 4 ——				
ned	ule D (Form 990) 2022					Page 4
	t XI Reconciliation of Revenue per Aud	lited Financial Statem	ants Wi	th Revenue ner Re	turn	rage •
CII	Complete if the organization answered	d 'Yes' on Form 990, Par	t IV, line	12a.	.cui III.	
	Total revenue, gains, and other support per audited				1	125,986,939
	Amounts included on line 1 but not on Form 990, Pa	art VIII, line 12:				
a	Net unrealized gains (losses) on investments		2a	-3,239,631		
b	Donated services and use of facilities		2b	264,174		
С	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d				2e	-2,975,457
	Subtract line 2e from line 1				3	128,962,396
	Amounts included on Form 990, Part VIII, line 12, b	out not on line 1:				
a	Investment expenses not included on Form 990, Pa	rt VIII, line 7b .	4a	363,027		
b	Other (Describe in Part XIII.)		4b			
c	Add lines 4a and 4b				4c	363,027
	Total revenue. Add lines 3 and 4c. (This must equa				5	129,325,423
ar	XII Reconciliation of Expenses per Au				Return.	
	Complete if the organization answered		t IV, line	12a.	_	162.250.516
	Total expenses and losses per audited financial state				1	163,258,516
	Amounts included on line 1 but not on Form 990, Pa	,		264.474		
а	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		_	254.4=
е	Add lines 2a through 2d				2e	264,174
	Subtract line 2e from line 1				3	162,994,342
	Amounts included on Form 990, Part IX, line 25, bu					
а	Investment expenses not included on Form 990, Pa	·	4a	363,027		
b	Other (Describe in Part XIII.)		4b	1,282,480	_	
С	Add lines 4a and 4b				4c	1,645,507
	Total expenses. Add lines 3 and 4c. (This must equality to the contract of	aı Form 990, Part I, line 18	.)		5	164,639,849
	t XIII Supplemental Information					
	ide the descriptions required for Part II, lines 3, 5, a 2d and 4b; and Part XII, lines 2d and 4b. Also comp				V, line 4; Pa	art X, line 2; Part XI,
	, ,	piece cins part to provide at	, addition			
D.T.	Return Reference	FIN 40 DODIN HOOD FOLL	OMC CLIZE	Explanation	THE ACCO	NUNTING FOR LINES
AR I		FIN 48 ROBIN HOOD FOLL IN TAX POSITIONS TAKEN				
		RELATING TO FINANCIAL S	TATEMEN	T RECOGNITION AND I	1EASUREME	ENT. THIS GUIDANCE
				KUM AN HNCERTAIN T	ax POSITIC	n can be recogni
						Y-THAN-NOT" TO BE
		THE FINANCIAL STATEMEN SUSTAINED IF THE POSITI ASSESSMENT OF THE TAX	TS ONLY I ON WERE	F THE POSITION IS "M TO BE CHALLENGED B	ORE-LIKEL Y A TAXING	AUTHORITY. THE

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 D (Form 990) 2022

Additional Data

Return to Form

Software ID: Software Version:

TIN: 13-3441066 OMB No. 1545-0047

2022

SCHEDULE F

(Form 990)

efile Public Visual Render ObjectId: 202313189349315386 - Submission: 2023-11-14

Statement of Activities Outside the United States

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service	•	► Go to www.irs.gov/Form990 for instructions and the latest information.							n to Public ection		
Name of the organization				Employer ide					n number		
ROBIN HOOD FOUNDATI	ION					1	13-3441066				
	Information), Part IV, line	on Activities 14b.	Outside the	United Stat	es. Comple	te if the o	rganization a	nswered	d "Yes" on		
1 For grantmake		_				_					
other assistance, to award the gra	-		-								
2 For grantmaker									Yes U No		
outside the Unite		Tare v the organ	iizacion 5 prov	cadics for the	micorning the	use or res	grants and ot	1101 03313	turice		
3 Activites per Region	on. (The following	ng Part I, line 3 ta				needed.)		1			
(a) Region		(b) Number of offices in the region	(c) Number o employees, agents, and independent contractors in t region	region (by to fundraisin services, inve to recipients	(d) Activities conducted in 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		tal expenditures nd investments I the region		
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,		0		0 INVESTMEN					136,728,945		
Sub-total . b Total from continuation sheets to Part I .		0		0					136,728,945		
c Totals (add lines		O coo the Instru	ations for Ea	0	Cat	No. 50082V	V Sahaa	lula E /E	136,728,945 orm 990) 2022		
roi rapeiwork Reduct	tion Act Notice	, see the msu t		Page 2 ——	Cat.	NO. 30082V	v Sched	iule r (ri	Jilli 990) 2022		
Schedule F (Form 990) 2											Page 2
									ete if the organizat onal space is neede	ion answered "Yes" (d.	on Form 990,
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region) (d)	Purpose of grant		ount of grant	(f) Mann cash disburse	1	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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.

ReturnReference	Explanation
PART III ACCOUNTING METHOD:	
PART VI, LINE 1, 3, 4 & 5	ROBIN HOOD OWNS A VARIETY OF ALTERNATIVE INVESTMENTS THAT MAY BE DOMICILED WITHIN THI 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

PAKINERSHIP. 10 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.
Schodulo E (Form 900) 2022

Additional Data

efile Public Visual Render

ObjectId: 202313189349315386 - Submission: 2023-11-14

TIN: 13-3441066

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

nternal Revenue Service	Go to www.i	rs.gov/Form990 for	instructions and the latest ir	nformation.	Inspection			
Name of the organization ROBIN HOOD FOUNDATION				Employer ide	entification number			
KOBIN HOOD TOONDAHON				13-3441066				
	Activities. Complete if filers are not required to			orm 990, Part IV, line 1	17.			
1 Indicate whether the	organization raised funds th	rough any of the fo	ollowing activities. Check	all that apply.				
a Mail solicitations		•	Solicitation of non	n-government grants				
b Internet and email	solicitations	f	Solicitation of gov	vernment grants				
c Phone solicitations	solicitations g Special fundraising events							
d In-person solicitati	ons							
or key employees liste b If "Yes," list the 10 high	ave a written or oral agreer ed in Form 990, Part VII) or phest paid individuals or ent least \$5,000 by the organiz	entity in connection ities (fundraisers)	on with professional fund	raising services?	res No er is			
(i) Name and address of inc or entity (fundraiser)		(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes No						
Гotal								
3 List all states in which the licensing.	ne organization is registered	l or licensed to sol	icit contributions or has l	been notified it is exempt	from registration or			
For Paperwork Reduction Act	Notice, see the Instructions	for Form 990 or 99	0-EZ. Cat. No.	. 50083Н S	chedule G (Form 990) 2022			
		Pa	ge 2 ————					

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.

Schedule G (Form 990) 2022

Page 2

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		BIG BENEFIT	INV. CONF.	9	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
115210					
ıne					
Revenue					
Re					
	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
	4 Cash prizes				
	l_				
es					
eus	6 Rent/facility costs	3,508,044	423,338	175,727	4,107,109
쫎	7 Food and beverages	1,009,233	306,694	109,688	1,425,615
ぜ	8 Entertainment	295,177	186,750	0	481,927
Direct Expenses	9 Other direct expenses	7,418,752	1,350,182	323,557	9,092,491
	10 Direct expense summary. Add lines 4 th				15,107,142
	11 Net income summary. Subtract line 10				
Dar	rt III Gaming. Complete if the orga		c" on Form 000 Part I	V line 10 or reported	-13,670,628
rai	on Form 990-EZ, line 6a.	inzacion answered Te	3 011101111 220, 1 dit 1	v, line 15, or reported	more than \$15,000
le			(b) Pull tabs/Instant		(d) Total gaming (add col.
en		(a) Bingo	bingo/progressive bingo	(c) Other gaming	(a) through col.(c))
Revenue					
4	1 Gross revenue				
98	2 Cash prizes				
Expenses					
쯊	3 Noncash prizes				
Direct	4 Rent/facility costs				
ä					
	5 Other direct expenses				
		☐ Yes%	☐ Yes%	☐ Yes <u>%</u>	
	6 Volunteer labor	☐ No	☐ No	☐ No	
	7 Direct expense summary. Add lines 2 th	arough 5 in column (d)			
	bried expense summary. Add lines 2 ti	irough 5 iii columii (u)			
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)	<u> </u>	
9	Enter the state(s) in which the organization	on conducts gaming activi	ities:		
а	Is the organization licensed to conduct ga				☐ Yes ☐ No
b	If "No," explain:				
10-	Wore any of the organization's gaming lie				
10a b					☐ Yes ☐ No
U	ii res, explain.				
				Sc	chedule G (Form 990) 2022

Scne	dule G (Form 990) 2022							Page 3
11	Does the organization conduct gaming	activities with nonmember	s?			☐ Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gamin		member of a partnership or other	entity		Yes	O.,	
13	Indicate the percentage of gaming act	-				∪ Yes	∪ No	
а	The organization's facility				13a			%
b	An outside facility				13b			%
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events b	ooks and r	ecords:			
	Name							
	Address							
15a	Does the organization have a contract							
L	revenue?					U Yes	∪No	
b	amount of gaming revenue retained b			and th	ie			
c	If "Yes," enter name and address of th	<u></u>						
	Name							
	Address							
16	Gaming manager information:							
	Gaming manager compensation \$_							
	Description of services provided							
	☐ Director/officer	Employee	☐ Independent contra	actor				
17	Mandatory distributions:							
-, а	Is the organization required under sta	te law to make charitable di	stributions from the gaming proce	eds to				
_	retain the state gaming license? .					☐ Yes	□No	
b	Enter the amount of distributions require the organization's own exempt active		·	s or spent				
Par	rt IV Supplemental Information	on. Provide the explanat	ions required by Part I, line 2 licable. Also provide any addit					<u> </u>
	Return Reference		Explanation					
SCHE	EDULE G, PART 1, LINE 2B, ACTIVITY:		TO DEVELOP AND TEST MESSAGI	NG AND ST	RATEGIE	ES AIMED A	AT RETAI	NING
		CERTAIN DONORS.		Sched	lule G (Fo	orm 990) 2	022	
Ac	dditional Data					Return t	to Form	า

efile Public Visual Render ObjectId: 202313189349315386 - Submission: 2023-11-14

OMB No. 1545-0047

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. **Grants and Other Assistance to Organizations,** (Form 990)

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 <u>www.irs.gov/Form990</u> for the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ROBIN HOOD FOUNDATION

Schedule I

Employer identification number 13-3441066

Part I General Information on Grants and Assistance

1

_		_	
- ✓	Yes		No

TIN: 13-3441066

(a) Name and address of organization or government (1) 50CAN INC 1380 MONROE STREET NW 413 WASHINGTON, DC 20010 (2) A BETTER BALANCE 40 WORTH STREET 10TH FLOOR	(b) EIN 27-3069592	can be duplicated if addi (c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of gran or assistance
1380 MONROE STREET NW 413 WASHINGTON, DC 20010 (2) A BETTER BALANCE 40 WORTH STREET 10TH	27-3069592			assistance	other)		
40 WORTH STREET 10TH		501C3	1,500,000	0			POVERTY RELIEF
NEW YORK, NY 10013	20-3664771	501C3	100,000	0			POVERTY RELIEF
(3) ACHIEVEMENT FIRST 370 JAMES STREET SUITE 404 NEW HAVEN, CT 06513	65-1203744	501C3	2,100,000	0			POVERTY RELIEF
(4) ADAMS STREET FOUNDATION INC 283 ADAMS STREET BROOKLYN, NY 11201	90-0394877	501C3	193,255	0			POVERTY RELIEF
(5) 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
(6) AFRICAN COMMUNITIES TOGETHER 127 WEST 127TH ST SUITE 221 NEW YORK, NY 10027	46-1689772	501C3	32,900	0			POVERTY RELIEF
(7) AID FOR AIDS INTERNATIONAL INC 131 VARICK STREET SUITE 1006 NEW YORK, NY 10013	13-3954568	501C3	40,000	0			POVERTY RELIEF
(8) ALI FORNY CENTER 224 WEST 35TH STREET 15TH FLOOR NEW YORK, NY 10001	30-0104507	501C3	300,000	0			POVERTY RELIEF
(9) ALL OUR KIN INC 414A CHAPEL STREET SUITE 100 NEW HAVEN, CT 06511	06-1539280	501C3	935,500	0			POVERTY RELIEF
(10) AMBER EDUCATION FUND INC 2196 THIRD AVENUE SUITE 2009 NEW YORK, NY 10035	46-5771070	501C3	650,000	0			POVERTY RELIEF
(11) AMERICA ON TECH INC 25 BROADWAY 12TH FL NEW YORK, NY 10004	46-5336001	501C3	602,250	0			POVERTY RELIEF
(12) ANTHOS HOME INC 169 MADISON AVE 2285 NEW YORK, NY 10016	88-3100968	501C3	1,660,000	0			POVERTY RELIEF
(13) ARAB-AMERICAN FAMILY SUPPORT CENTER 150 COURT STREET 3RD FLOOR BROOKLYN, NY 11201	11-3167245	501C3	550,000	0			POVERTY RELIEF
(14) ARIVA INC 69 E 167TH STREET BRONX, NY 10452	32-0028598	501C3	75,000	0			POVERTY RELIEF
(15) ASCEND LEARNING INC 205 ROCKAWAY PARKWAY BROOKLYN, NY 11212	33-1200239	501C3	200,000	0			POVERTY RELIEF
(16) ASIYAH WOMEN'S CENTER INC 965 70TH STREET BROOKLYN, NY 11228	82-2104070	501C3	25,000	0			POVERTY RELIEF
(17) ASSOCIATION FOR NEIGHBORHOOD & HOUSING DEVELOPMENT INC 50 BROAD STREET SUITE 1402 NEW YORK, NY 10004	13-2775999	501C3	300,000	0			POVERTY RELIEF
(18) ASSOCIATION TO BENEFIT CHILDREN 419 EAST 86TH STREET NEW YORK, NY 10028	13-3303089	501C3	600,000	0			POVERTY RELIEF
(19) ASYLUM SEEKER ADVOCACY PROJECT INC 228 PARK AVE S 84810 NEW YORK, NY 10003	83-3011862	501C3	25,000	0			POVERTY RELIEF
(20) AUTISM SPEAKS INC 1 E 33RD ST 4TH FLOOR NEW YORK, NY 10016	20-2329938	501C3	250,000	0			POVERTY RELIEF

10/14/25, 7:01 AM		F	Robin Hood Foundati	ion - Full Filing -	- Nonprofit Explorer	- ProPublica	
INC 100 CENTRE STREET ROOM 1541 NEW YORK, NY 10013							
(22) BANGLADESHI AMERICAN COMMUNITY DEVELOPMENT AND YOUTH SERVICES 1216 LIBERTY AVENUE BROOKLYN, NY 11208	45-2389573	501C3	25,000	0			POVERTY RELIEF
(23) BARBERSHOP BOOKS INC 57 WEST 57TH STREET 4TH FLOOR NEW YORK, NY 10019	46-4377279	501C3	25,000	0			POVERTY RELIEF
(24) BEAM CENTER INC 60 SACKETT ST BROOKLYN, NY 11231	45-4273449	501C3	214,200	0			POVERTY RELIEF
(25) BEDFORD STUYVESANT RESTORATION CORPORATION 1368 FULTON STREET BROOKLYN, NY 11216	11-6083182	501C3	225,000	0			POVERTY RELIEF
(26) BENEFITS DATA TRUST CENTRE SQUARE WEST 1500 MARKET ST SUITE 2800 PHILADELPHIA, PA 19102	20-3455598	501C3	2,045,000	0			POVERTY RELIEF
(27) BETANCES HEALTH CENTER 280 HENRY STREET NEW YORK, NY 10002	13-2697725	501C3	25,000	0			POVERTY RELIEF
(28) BIPARTISAN POLICY CENTER INC 1225 EYE STREET WASHINGTON, DC 20005	73-1628282	501C3	50,000	0			POVERTY RELIEF
(29) BLACK ECONOMIC ALLIANCE FOUNDATION 700 13TH ST NW WASHINGTON, DC 20005	83-3790370	501C3	500,000	0			POVERTY RELIEF
(30) BOROUGH OF MANHATTAN COMMUNITY COLLEGE FOUNDATION INC 199 CHAMBERS ST S747 NEW YORK, NY 10007	51-0187969	501C3	100,000	0			POVERTY RELIEF
(31) BOTTOM LINE INC 44 COURT STREET SUITE 300 BROOKLYN, NY 11201	04-3351427	501C3	314,250	0			POVERTY RELIEF
(32) BOWERY RESIDENTS COMMITTEE 131 WEST 25TH STREET 12TH FLOOR NEW YORK, NY 10001	13-2736659	501C3	400,000	0			POVERTY RELIEF
(33) BREAKING GROUND HOUSING DEVELOPMENT FUND CORPORATION 505 8TH AVENUE 5TH FLOOR NEW YORK, NY 10018	11-3048002	501C3	722,000	0			POVERTY RELIEF
(34) BRONX DEFENDERS 360 EAST 161ST STREET BRONX, NY 10451	13-3931074	501C3	350,000	0			POVERTY RELIEF
(35) BRONXWORKS 60 EAST TREMONT AVENUE BRONX, NY 10453	13-3254484	501C3	1,090,000	0			POVERTY RELIEF
(36) BROOKLYN COMMUNITY HOUSING & SERVICES INC 105 CARLTON AVENUE BROOKLYN, NY 11201	11-2549027	501C3	25,000	0			POVERTY RELIEF
(37) BROOKLYN LEGAL SERVICES 105 COURT STREET BROOKLYN, NY 11201	13-2605605	501C3	320,000	0			POVERTY RELIEF
(38) BROOKLYN NAVY YARD DEVELOPMENT CORPORATION 63 FLUSHING AVENUE UNIT 300 BUILDING 92 BROOKLYN, NY 11205	11-2137138	501C3	200,000	0			POVERTY RELIEF
(39) BROWNSVILLE PARTNERSHIP INC 519 ROCKAWAY AVENUE 4TH FLOOR BROOKLYN, NY 11212	83-2855003	501C3	950,000	0			POVERTY RELIEF
(40) BUILDING SKILLS NY 570 LEXINGTON AVENUE 2ND FLOOR NEW YORK, NY 10022	45-5146915	501C3	200,000	0			POVERTY RELIEF
(41) CAMBA INC 1720 CHURCH AVENUE 2ND FLOOR BROOKLYN, NY 11226	11-2480339	501C3	25,000	0			POVERTY RELIEF
(42) CAMBIAR EDUCATION 4653 CARMEL MOUNTAIN ROAD SUITE 308-97 SAN DIEGO, CA 92130	81-3508420	501C3	600,000	0			POVERTY RELIEF
(43) CAREERWISE NEW YORK 349A STATE STREET BROOKLYN, NY 11217	85-1715974	501C3	375,000	0			POVERTY RELIEF
(44) CARIBBEAN WOMEN'S HEALTH ASSOCIATION INC CARIBBEAN WOMENS HEALTH ASSOCIATION INC	13-3323168	501C3	43,000	0			POVERTY RELIEF
BROOKLYN, NY 11203 (45) CARROLL GARDENS ASSOCIATION INCORPORATED 201 COLUMBIA STREET BROOKLYN, NY 11231	11-2573432	501C3	25,000	0			POVERTY RELIEF
(46) CENTER FOR	13-2668080	501C3	460,000	0 86/full			POVERTY RELIEF

10/14/25, 7:01 AM			Robin Hood Founda	ation - Full Filing - l	Nonprofit Explorer	- ProPublica	
ALTERNATIVE SENTENCING AND EMPLOYMENT SERVICES INC (CASES) 151 LAWRENCE STREET 3RD FLOOR							
BROOKLYN, NY 11201 (47) CENTER FOR EMPLOYMENT OPPORTUNITIES 50 BROADWAY SUITE 1604	13-3843322	501C3	675,000	0			POVERTY RELIEF
NEW YORK, NY 10004 (48) CENTER FOR FAMILY LIFE IN SUNSET PARK INC 443 39TH STREET BROOKLYN, NY 11232	85-1058164	501C3	1,110,000	0			POVERTY RELIEF
(49) CENTER FOR URBAN COMMUNITY SERVICES INC 198 E 121ST STREET NEW YORK, NY 10032	13-3687891	501C3	2,160,000	0			POVERTY RELIEF
(50) CENTER ON BUDGET AND POLICY PRIORITIES 1275 FIRST STREET NE STE 1200 WASHINGTON, DC 20002	52-1234565	501C3	900,000	0			POVERTY RELIEF
(51) CHANCES FOR CHILDREN - NY INC 1178 ANDERSON AVE FLOOR SB BRONX, NY 10452	47-3482005	501C3	25,000	0			POVERTY RELIEF
(52) CHAPIN HALL CENTER FOR CHILDREN 1313 EAST 60TH STREET CHICAGO, IL 60637	32-2167012	501C3	160,000	0			POVERTY RELIEF
(53) CHILD DEVELOPMENT SUPPORT CORP 352-358 CLASSON AVENUE BROOKLYN, NY 11238	11-2395258	501C3	300,000	0			POVERTY RELIEF
(54) CHILD MIND INSTITUTE 445 PARK AVENUE NEW YORK, NY 10022	80-0478843	501C3	90,000	0			POVERTY RELIEF
(55) CHILDREN'S AID SOCIETY 117 WEST 124TH STREET 3RD FLOOR NEW YORK, NY 10027	13-5562191	501C3	2,783,000	0			POVERTY RELIEF
(56) CHILDREN'S DEFENSE FUND 815 SECOND AVENUE 8TH FL NEW YORK, NY 10017	52-0895622	501C3	800,000	0			POVERTY RELIEF
(57) 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
(58) CHINESE AMERICAN PLANNING COUNCIL INC 150 ELIZABETH STREET NEW YORK, NY 10012	13-6202692	501C3	709,000	0			POVERTY RELIEF
(59) CITIZENS COMMITTEE FOR CHILDREN OF NEW YORK 14 WALL STREET SUITE 4E NEW YORK, NY 10005	13-5618593	501C3	650,000	0			POVERTY RELIEF
(60) CITIZENS HOUSING AND PLANNING COUNCIL OF NEW YORK INC 42 BROADWAY 2010 NEW YORK, NY 10004	13-1782468	501C3	181,000	0			POVERTY RELIEF
(61) CITY FUTURES INC 120 WALL STREET 20TH FLOOR NEW YORK, NY 10005	13-3185114	501C3	170,000	0			POVERTY RELIEF
(62) CLARKE SCHOOL FOR THE DEAF		0	25,000	0			POVERTY RELIEF
(63) COALITION FOR THE HOMELESS INC 129 FULTON STREET NEW YORK, NY 10038	13-3072967	501C3	538,400	0			POVERTY RELIEF
(64) COMMITTEE FOR HISPANIC CHILDREN AND FAMILIES INC 75 BROAD STREET NEW YORK, NY 10004	11-2622003	501C3	450,000	0			POVERTY RELIEF
(65) COMMUNITIES RESIST INC 434 SOUTH 5TH STREET BROOKLYN, NY 11211	84-1899350	501C3	390,000	0			POVERTY RELIEF
(66) COMMUNITY FUNDS INC 909 THIRD AVENUE 22ND FLOOR NEW YORK, NY 10022	13-6089923	501C3	100,000	0			POVERTY RELIEF
(67) COMMUNITY SERVICE SOCIETY OF NEW YORK 633 THIRD AVE 10TH FL NEW YORK, NY 10017	13-5562202	501C3	400,000	0			POVERTY RELIEF
(68) COMPREHENSIVE DEVELOPMENT INC 240 SECOND AVENUE NEW YORK, NY 10003	13-3861648	501C3	300,000	0			POVERTY RELIEF
(69) CONEY ISLAND PREP BUILDERS INC 294 AVENUE T BROOKLYN, NY 11223	26-1878521	501C3	405,849	0			POVERTY RELIEF
(70) COOPER UNION FOR THE ADVANCEMENT OF SCIENCE AND ART	13-5562985	501C3	225,000	0			POVERTY RELIEF

10/14/25, 7:01 AM		Rol	oin Hood Foundation	- Full Filing - Nonprofit	Explorer - ProPublica	
30 COOPER SQUARE 8TH FLOOR						
NEW YORK, NY 10003 (71) CORNELL UNIVERSITY 2 W LOOP RD NEW YORK, NY 10044	15-0532082	501C3	325,000	0		POVERTY RELIEF
(72) CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY SUITE 2300	13-3600232	501C3	10,000	0		POVERTY RELIEF
NEW YORK, NY 10006 (73) COUNCIL OF THE ENVIRONMENT INC PO BOX 2327	13-2765465	501C3	20,000	0		POVERTY RELIEF
NEW YORK, NY 10272 (74) CYPRESS HILLS LOCAL DEVELOPMENT CORPORATION 3295 FULTON STREET BROOKLYN, NY 11208	11-2683663	501C3	25,000	0		POVERTY RELIEF
(75) CYPRESS HILLS LOCAL DEVELOPMENT CORPORATION 625 JAMAICA AVENUE BROOKLYN, NY 11208	11-2683663	501C3	600,000	0		POVERTY RELIEF
(76) DAY ONE NEW YORK INC PO BOX 3220 CHURCH STREET STATION	06-1103000	501C3	25,000	0		POVERTY RELIEF
NEW YORK, NY 10008 (77) DEMOCRACY PREPARATORY CHARTER SCHOOL 1767 PARK AVENUE 5TH FLOOR NEW YORK, NY 10035	20-3683193	501C3	28,000	0		POVERTY RELIEF
(78) DOCS FOR TOTS 225 BRYANT AVENUE ROSLYN, NY 11756	56-2330690	501C3	400,000	0		POVERTY RELIEF
(79) DUKE UNIVERSITY PO BOX 602651 CHARLOTTE, NC 282602651	56-0532129	501C3	250,000	0		POVERTY RELIEF
(80) EAST HARLEM SCHOLARS ACADEMY 2050 SECOND AVENUE NEW YORK, NY 10029	23-7439789	501C3	25,000	0		POVERTY RELIEF
(81) EAST RIVER DEVELOPMENT ALLIANCE 12-11 40TH AVENUE LONG ISLAND CITY, NY 11101	86-1096987	501C3	150,000	0		POVERTY RELIEF
(82) EAST SIDE HOUSE INC 337 ALEXANDER AVENUE BRONX, NY 10454	13-1623989	501C3	450,000	0		POVERTY RELIEF
(83) EDUCATION TRUST INC		0	300,000	0		POVERTY RELIEF
(84) EDUCATORS FOR EXCELLENCE INC 80 PINE STREET 28TH FLOOR NEW YORK, NY 10005	27-3382030	501C3	175,000	0		POVERTY RELIEF
(85) EL EDUCATION 247 W 35TH STREET 8TH FL NEW YORK, NY 10001	06-1576405	501C3	800,000	0		POVERTY RELIEF
(86) ENTERPRISE COMMUNITY PARTNERS INC 1 WHITEHALL STREET 11TH FLOOR NEW YORK, NY 10004	52-1231931	501C3	40,000	0		POVERTY RELIEF
(87) EXALT YOUTH 17 BATTERY PLACE SUITE 307 NEW YORK, NY 10004	20-5540955	501C3	200,000	0		POVERTY RELIEF
(88) EXPANDED SCHOOLS INC 11 WEST 42ND STREET 3RD FLOOR NEW YORK, NY 10036	13-4004600	501C3	2,000,000	0		POVERTY RELIEF
(89) FAIR HOUSING JUSTICE CENTER INC 30-30 NORTHERN BLVD SUITE 302	20-8681674	501C3	224,828	0		POVERTY RELIEF
LONG ISLAND CITY, NY 11101 (90) FAMILY COOK COMMUNITY TABLE LTD 330 EAST 43RD STREET STE 704	27-3710500	501C3	25,000	0		POVERTY RELIEF
NEW YORK, NY 10017 (91) FDNY FOUNDATION 9 METROTECH CENTER ROOM 5E-10	11-2632404	501C3	175,000	0		POVERTY RELIEF
BROOKLYN, NY 11201 (92) FIFTH AVENUE COMMITTEE 621 DEGRAW STREET BROOKLYN, NY 11217	11-2475743	501C3	150,000	0		POVERTY RELIEF
(93) FOOD BANK FOR NEW YORK CITY FOR SURVIVAL 39 BROADWAY 10TH FLOOR NEW YORK, NY 10006	13-3179546	501C3	150,000	0		POVERTY RELIEF
(94) FORESTDALE INC 67-35 112TH STREET FOREST HILL, NY 11375	11-1631747	501C3	25,000	0		POVERTY RELIEF
(95) FRIENDSHIP CIRCLE OF BROOKLYN INC 638 HAWTHORNE ST BROOKLYN, NY 11203	46-2740024	501C3	25,000	0		POVERTY RELIEF
(96) FULL CIRCLE LIFE ENRICHMENT CENTER 1136 NEIL AVE SUITE 2 BRONX, NY 10461	13-4185508	501C3	25,000	0		POVERTY RELIEF
COMMITTEE 621 DEGRAW STREET BROOKLYN, NY 11217 (93) FOOD BANK FOR NEW YORK CITY FOR SURVIVAL 39 BROADWAY 10TH FLOOR NEW YORK, NY 10006 (94) FORESTDALE INC 67-35 112TH STREET FOREST HILL, NY 11375 (95) FRIENDSHIP CIRCLE OF BROOKLYN INC 638 HAWTHORNE ST BROOKLYN, NY 11203 (96) FULL CIRCLE LIFE ENRICHMENT CENTER 1136 NEIL AVE SUITE 2	13-3179546 11-1631747 46-2740024 13-4185508	501C3 501C3 501C3	25,000 25,000 25,000	0 0		POVERTY RELIEF POVERTY RELIEF POVERTY RELIEF

10/14/25, 7:01 AM			oin Hood Foundation	- Full Filing - Nonprofit	Explorer - ProPublica	
NEW YORK 121 6TH AVE NEW YORK, NY 10013	15 251252 1	50105	2,525,555	Ĭ		
(98) 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
(99) GETTING OUT AND STAYING OUT INC 2283 THIRD AVENUE NEW YORK, NY 10035	06-1711370	501C3	250,000	0		POVERTY RELIEF
(100) GODDARD RIVERSIDE COMMUNITY CENTER 593 COLUMBUS AVENUE NEW YORK, NY 10024	13-1893908	501C3	645,000	0		POVERTY RELIEF
(101) GOOD SHEPHERD SERVICES 305 SEVENTH AVENUE 9TH FLOOR NEW YORK, NY 10001	52-0196617	501C3	1,990,000	0		POVERTY RELIEF
(102) GRAND STREET SETTLEMENT 80 PITT STREET NEW YORK, NY 10002	13-5562230	501C3	281,626	0		POVERTY RELIEF
(103) GROW BROOKLYN INC 315 GROVE STREET BROOKLYN, NY 11237	26-1410513	501C3	75,000	0		POVERTY RELIEF
(104) HARLEM CHILDREN'S ZONE INC 35 EAST 125TH STREET NEW YORK, NY 10035	23-7112974	501C3	2,100,000	0		POVERTY RELIEF
(105) HARLEM RBI INC 333 EAST 100TH STREET GROUND FL NEW YORK, NY 10029	13-4025290	501C3	1,075,000	0		POVERTY RELIEF
(106) HELP HOUSE INC 401 WEST 205TH STREET NEW YORK, NY 10034	11-3018196	501C3	25,000	0		POVERTY RELIEF
(107) HENRY STREET SETTLEMENT 265 HENRY STREET NEW YORK, NY 10002	13-1562242	501C3	1,009,500	0		POVERTY RELIEF
(108) HER JUSTICE INC 100 BROADWAY 10TH FLOOR NEW YORK, NY 10005	13-3688519	501C3	25,000	0		POVERTY RELIEF
(109) HER VILLAGE INC 1820 TOPPING AVE 1 BRONX, NY 10457	84-4788076	501C3	25,000	0		POVERTY RELIEF
(110) 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
(111) HETRICK-MARTIN INSTITUTE INC 2 ASTOR PLACE NEW YORK, NY 10003	13-3104537	501C3	375,000	0		POVERTY RELIEF
(112) HOMES FOR THE HOMELESS INC 36 COOPER SQUARE 3RD FLOOR NEW YORK, NY 10003	13-3351420	501C3	25,000	0		POVERTY RELIEF
(113) HOPE PROGRAM INC 1 SMITH STREET BROOKLYN, NY 11201	13-3268539	501C3	525,000	0		POVERTY RELIEF
(114) HOUR CHILDREN INC 36-11 12TH STREET LONG ISLAND CITY, NY 11106	13-3647412	501C3	340,000	0		POVERTY RELIEF
(115) HOUSING RIGHTS INITIATIVE 305 BROADWAY 9TH FLOOR NEW YORK, NY 10007	81-2013546	501C3	205,000	0		POVERTY RELIEF
(116) HUDSON LINK FOR HIGHER EDUCATION IN PRISON INC PO BOX 862 OSSINING, NY 10562	13-4132348	501C3	25,000	0		POVERTY RELIEF
(117) HUNGER FREE AMERICA INC 50 BROAD STREET SUITE 1103 NEW YORK, NY 10004	13-3471350	501C3	300,000	0		POVERTY RELIEF
(118) HUNTS POINT ALLIANCE 1231 LAFAYETTE AVENUE BRONX, NY 10474	20-8503907	501C3	25,000	0		POVERTY RELIEF
(119) IMENTOR 30 BROAD STREET 10TH FLOOR NEW YORK, NY 10004	30-0105507	501C3	460,000	0		POVERTY RELIEF
(120) IMMIGRANT JUSTICE CORPS INC 17 BATTERY PL SUITE 1234 NEW YORK, NY 10004	46-4879076	501C3	25,000	0		POVERTY RELIEF
(121) IMMSCHOOLS 25 BROADWAY 12TH FLOOR NEW YORK, NY 10001	82-3350805	501C3	25,000	0		POVERTY RELIEF
(122) INTERNATIONAL YOUTH LEADERSHIP INSTITUTE INC 41 SCHERMERHORN ST BROOKLYN, NY 11201	31-1675769	501C3	30,000	0		POVERTY RELIEF
(123) JERICHO PROJECT 245 WEST 29TH STREET 9TH FLOOR	13-3213525	501C3	25,000	0		POVERTY RELIEF
NEW YORK, NY 10001 (124) JEWISH COMMUNITY	11-1633484	501C3	300,000	0		POVERTY RELIEF

10/14/25, 7:01 AM		Ro	bin Hood Foundation	- Full Filing - Nonprofit	Explorer - ProPublica	
HOUSE OF BENSONHUKSTINC 7802 BAY PARKWAY BENSONHURST, NY 11214						
(125) JOHN JAY COLLEGE FOUNDATION 524 WEST 59TH ST NEW YORK, NY 10019	13-3683676	501C3	600,000	0		POVERTY RELIEF
(126) JUSTFIX INC 16 W 19TH STREET 3A NEW YORK, NY 10011	81-3080695	501C3	100,000	0		POVERTY RELIEF
(127) JUSTICE INNOVATION INC	85-2810883	501C3	1,940,000	0		POVERTY RELIEF
121 AVENUE OF THE AMERICAS 6TH FLOOR NEW YORK, NY 10013						
(128) KINDWORK INC 608 LINCOLN PL 2 BROOKLYN, NY 11216	83-4131773	501C3	150,000	0		POVERTY RELIEF
(129) KINGSBRIDGE HEIGHTS COMMUNITY CENTER INC 3101 KINGSBRIDGE TERRACE BRONX, NY 10463	13-2813809	501C3	25,000	0		POVERTY RELIEF
(130) KIPP NEW YORK 1501 BROADWAY SUITE 1000 NEW YORK, NY 10036	20-3971209	501C3	2,600,000	0		POVERTY RELIEF
(131) LAWYERS FOR CHILDREN INC 110 LAFAYETTE STREET 8TH FLOOR NEW YORK, NY 10013	13-3202043	501C3	540,000	0		POVERTY RELIEF
(132) LEAP INC 621 DEGRAW STREET BROOKLYN, NY 11217	11-2475743	501C3	2,125,000	0		POVERTY RELIEF
(133) LEGAL SERVICES FOR NEW YORK CITY 40 WORTH STREET SUITE 606 NEW YORK, NY 10013	13-2600199	501C3	450,000	0		POVERTY RELIEF
(134) LEXINGTON SCHOOL FOR THE DEAF 25-26 75TH STREET EAST ELMHURST, NY 11370	13-1656666	501C3	25,000	0		POVERTY RELIEF
(135) LIFE OF HOPE INC 1377 BROOKLYN AVENUE BROOKLYN, NY 11203	20-5252137	501C3	25,000	0		POVERTY RELIEF
(136) LITERACY INC 307 SEVENTH AVENUE SUITE 1601 NEW YORK, NY 10001	13-3911331	501C3	25,000	0		POVERTY RELIEF
(137) LITERACY PARTNERS INC 75 MAIDEN LANE SUITE 1102 NEW YORK, NY 10038	51-0180665	501C3	25,000	0		POVERTY RELIEF
(138) 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
(139) MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501C3	775,000	0		POVERTY RELIEF
(140) MARBLE FAIRBANKS ARCHITECTS 27 WEST 20TH STREET 1001 NEW YORK, NY 10011	13-3833818	W9	71,409	0		POVERTY RELIEF
(141) MASA-MEXED INC 2770 THIRD AVE 1ST FL BRONX, NY 10455	11-3640210	501C3	25,000	0		POVERTY RELIEF
(142) 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
(143) METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY 77 WATER STREET 7TH FLOOR NEW YORK, NY 102710015	13-2738818	501C3	380,000	0		POVERTY RELIEF
(144) MINKWON CENTER FOR COMMUNITY ACTION INC 133-29 41ST AVENUE SUITE 202 FLUSHING, NY 11355	11-2710506	501C3	390,000	0		POVERTY RELIEF
(145) MIXTECA ORGANIZATION INC 245 23RD STREET 2ND FL BROOKLYN, NY 11215	11-3561651	501C3	25,000	0		POVERTY RELIEF
(146) MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX, NY 10467	13-1740114	501C3	1,175,000	0		POVERTY RELIEF
(147) NATIONAL COLLEGE ADVISING CORPS INC 301 W BARBEE CHAPEL ROAD SUITE 210 CHAPEL HILL, NC 27517	46-1192687	501C3	150,000	0		POVERTY RELIEF
(148) NATIONAL EMPLOYMENT LAW PROJECT 90 BROAD STREET SUITE 1100 NEW YORK, NY 10004	13-2758558	501C3	1,190,000	0		POVERTY RELIEF
(149) NATIONAL LOW INCOME HOUSING COALITION AND LOW INCOME HOUSING 1000 VERMONT AVE NW SUITE 500	52-1089824	501C3	400,000	0		POVERTY RELIEF
MASHINGTON, DC 20005 /150) NATIONAL COCIETY FOR https://projects.propublica.org	12 EEE4120	rations/133441066/20	25 000 02313189349315386/t	Full	1	DOMEDTY DELITE

10/14/25, 7:01 AM				ation - Full Filing	 Nonprofit Explorer 	- ProPublica	
HEBREW DAY SCHOOLS 813 QUENTIN RD BROOKLYN, NY 11223	13-3304120	30103	23,000	U			FOVENTI NELLEI
(151) NEW ECONOMY PROJECT 121 WEST 27TH STREET SUITE 804	13-3842270	501C3	200,000	0			POVERTY RELIEF
NEW YORK, NY 10001 (152) NEW SETTLEMENT APARTMENTS 1512 TOWNSEND AVENUE BRONX, NY 10452	14-1719016	501C3	630,000	0			POVERTY RELIEF
(153) NEW VISIONS FOR PUBLIC SCHOOL 205 E 42ND ST 4TH FLOOR NEW YORK, NY 10017	13-3538961	501C3	400,000	0			POVERTY RELIEF
(154) NEW YORK CITY CENTER FOR CHARTER SCHOOL EXCELLENCE 111 BROADWAY SUITE 604 NEW YORK, NY 10006	20-0759687	501C3	800,000	0			POVERTY RELIEF
(155) NEW YORK CITY HEALTH AND HOSPITALS CORPORATION 50 WATER STREET CORP COMPTROLLER 3RD FLOOR NEW YORK, NY 10004	13-2655001	501C3	2,385,290	0			POVERTY RELIEF
(156) NEW YORK COMMON PANTRY 8 EAST 109TH STREET NEW YORK, NY 10029	13-3127972	501C3	250,000	0			POVERTY RELIEF
(157) 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
(158) NEW YORK HOUSING CONFERENCE INC 247 W 37TH STREET 4TH FLOOR NEW YORK, NY 10018	26-3846042	501C3	295,000	0			POVERTY RELIEF
(159) NEW YORK LEGAL ASSISTANCE GROUP INC 7 HANOVER SQUARE 18TH FLOOR NEW YORK, NY 10004	13-3505428	501C3	175,000	0			POVERTY RELIEF
(160) 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
(161) NEW YORK STATE CHILD CARE COORDINATE COUNCIL INC 230 WASHINGTON AVENUE EXTENSION ALBANY, NY 12203	11-2348051	501C3	950,000	0			POVERTY RELIEF
(162) NEW YORK UNIVERSITYNYU FURMAN CENTER ONE PARK AVENUE 5TH FLOOR	13-5562308	501C3	70,000	0			POVERTY RELIEF
NEW YORK, NY 10016 (163) NEW YORKERS FOR CHILDREN INC 450 SEVENTH AVE SUITE 403 NEW YORK, NY 10123	13-3904537	501C3	25,000	0			POVERTY RELIEF
(164) NEW YORK- PRESBYTERIAN FUND INC 525 E 68TH ST BOX 123 NEW YORK, NY 10065	13-3160356	501C3	1,825,000	0			POVERTY RELIEF
(165) NONPROFIT NEW YORK INC 320 E 43RD ST 3RD FLOOR NEW YORK, NY 10017	13-3216408	501C3	160,000	0			POVERTY RELIEF
(166) NONTRADITIONAL EMPLOYMENT FOR WOMEN 243 WEST 20TH STREET NEW YORK, NY 10011	13-3272001	501C3	541,000	0			POVERTY RELIEF
(167) NORTH BROOKLYN COALITION AGAINST FAMILY VIOLENCE 893 LEXINGTON AVENUE BROOKLYN, NY 11221	11-3431280	501C3	25,000	0			POVERTY RELIEF
(168) NORTHERN MANHATTAN IMPROVEMENT CORPORATION 45 WADSWORTH AVENUE NEW YORK, NY 10033	13-2972415	501C3	600,000	0			POVERTY RELIEF
(169) NORTHSIDE CENTER FOR CHILD DEVELOPMENT 1301 5TH AVENUE NEW YORK, NY 10029	13-1656679	501C3	120,000	0			POVERTY RELIEF
(170) NPOWER INC 55 WASHINGTON STREET SUITE 560 BROOKLYN, NY 11201	13-4145441	501C3	200,000	0			POVERTY RELIEF
(171) NYC MUSLIM CENTER 90-20 191ST STREET HOLLIS, NY 11423 (172) ONE BROOKLYN HEALTH	27-3308812 81-5323275	501C3 501C3	1 300 000	0			POVERTY RELIEF
ŠYSTÉM INC 1545 ATLANTIC AVENUE BROOKLYN, NY 11213			1,300,000				
(173) ONE FAIR WAGE 3518 SOUTH EDMUNDS ST SEATTLE, NY 98118 (174) ONEGOAL	91-1635554 56-2369898	501C3	150.000	0			POVERTY RELIEF POVERTY RELIEF
1 //	- /		66/202212190240215				

10/14/25, 7:01 AM			Robin Hood Found	ation - Full Filing	 Nonprofit Explorer 	 ProPublica 	
PO BOX 734137 CHICAGO, IL 60673			,	-			
(175) 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
(176) PARAPROFESSIONAL HEALTHCARE INSTITUTE INC 400 EAST FORDHAM ROAD 11TH FLOOR BRONX, NY 10458	13-3575492	501C3	600,000	0			POVERTY RELIEF
(177) PART OF THE SOLUTION INC 2759 WEBSTER AVENUE BRONX, NY 10458	13-3425071	501C3	200,000	0			POVERTY RELIEF
(178) PARTNERSHIP WITH CHILDREN INC 299 BROADWAY SUITE 1300 NEW YORK, NY 10007	13-5596751	501C3	720,000	0			POVERTY RELIEF
(179) PER SCHOLAS INC 804 EAST 138TH STREET BRONX, NY 10454	04-3252955	501C3	600,000	0			POVERTY RELIEF
(180) PHIPPS NEIGHBORHOODS INC 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010	13-2707665	501C3	250,000	0			POVERTY RELIEF
(181) PRATT AREA COMMUNITY COUNCIL INC 1224 BEDFORD AVENUE BROOKLYN, NY 11216	11-2451752	501C3	500,000	0			POVERTY RELIEF
(182) PROJECT BASTA 315 WEST 36TH STREET NEW YORK, NY 10018	81-5268868	501C3	100,000	0			POVERTY RELIEF
(183) PROJECT HOSPITALITY INC 100 PARK AVENUE STATEN ISLAND, NY 10302	13-3234441	501C3	713,000	0			POVERTY RELIEF
(184) PROJECT RENEWAL INC 200 VARICK STREET NEW YORK, NY 10014	13-2602882	501C3	345,000	0			POVERTY RELIEF
(185) PUBLIC HEALTH SOLUTIONS 158 EAST 115TH STREET 3RD FLOOR NEW YORK, NY 10029	13-5669201	501C3	300,000	0			POVERTY RELIEF
(186) PUBLIC POLICY & EDUCATION FUND OF NEW YORK INC 94 CENTRAL AVE ALBANY, NY 12204	13-3364209	501C3	120,000	0			POVERTY RELIEF
(187) PURSUIT TRANSFORMATION COMPANY INC 31-00 47TH AVENUE SUITE 1105	61-1652332	501C3	295,000	0			POVERTY RELIEF
LONG ISLAND CITY, NY 11101 (188) RAND CORPORATION 1776 MAIN STREET SANTA MONICA, CA	95-1958142	501C3	185,000	0			POVERTY RELIEF
904013208 (189) REBUILDING TOGETHER NYC 126 10TH STREET A	13-3997769	501C3	130,000	0			POVERTY RELIEF
BROOKLYN, NY 11215 (190) RED HOOK INITIATIVE INC 767 HICKS STREET	20-3904662	501C3	73,186	0			POVERTY RELIEF
BROOKLYN, NY 11231 (191) RELAY GRADUATE SCHOOL OF EDUCATION 25 BROADWAY 3RD FLOOR NEW YORK, NY 10004	27-5316628	501C3	500,000	0			POVERTY RELIEF
(192) RELUME FOUNDATION INC 1121 BEACH CHANNEL DRIVE FAR ROCKAWAY, NY 11691	47-2249676	501C3	25,000	0			POVERTY RELIEF
(193) 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
(194) RESEARCH FOUNDATION OF CITY UNIVERSITYFUTURE NOW AT BRONX COMMUNITY COLLEG 230 WEST 41ST STREET NEW YORK, NY 10036	13-1988190	501C3	515,000	0			POVERTY RELIEF
(195) RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORKQUEENSBOROUGH COMMUN 230 WEST 41ST STREET NEW YORK, NY 10036	11-2386540	501C3	450,000	0			POVERTY RELIEF
(196) RESULTS EDUCATIONAL FUND INC 1101 15TH STREET NW SUITE 1200	95-3747267	501C3	650,000	0			POVERTY RELIEF
WASHINGTON, DC 20005 (197) RICHMOND MEDICAL CENTER 355 BARD AVE STATEN ISLAND, NY 10310	74-3177454	501C3	525,000	0			POVERTY RELIEF
(198) RIVER FUND NEW YORK INC 89-11 LEFFERTS BLVD	11-3450363	501C3	250,000	0			POVERTY RELIEF

/14/25, 7:01 AM	ı	Kot	nn Hood Foundation	- Full Filing - Nonprofit	Explorer - ProPublica	ĺ
RICHMOND, NY 11418 (199) SAFE FAMILIES FOR CHILDREN ALLIANCE PO BOX 380439 PDOCUMENT NY 11739	45-3194102	501C3	25,000	0		POVERTY RELIEF
BROOKLYN, NY 11238 (200) SAFE HORIZON INC 2 LAFAYETTE ST NEW YORK, NY 10007	13-2946970	501C3	657,000	0		POVERTY RELIEF
(201) SANAR WELLNESS INSTITUTE INC PO BOX 32353 NEWARK, NJ 07102	47-3612405	501C3	20,000	0		POVERTY RELIEF
(202) SANCTUARY FOR FAMILIES PO BOX 1406 WALL STREET STATION NEW YORK, NY 10268	13-3193119	501C3	275,000	0		POVERTY RELIEF
(203) SCHUYLER CENTER FOR ANALYSIS AND ADVOCACY INC 540 BROADWAY ALBANY, NY 12207	13-5562357	501C3	656,175	0		POVERTY RELIEF
(204) SCO FAMILY OF SERVICES 1415 KELLUM PLACE SUITE 140 GARDEN CITY, NY 11530	11-2777066	501C3	1,132,000	0		POVERTY RELIEF
(205) SHELTERING ARMS CHILDREN AND FAMILY SERVICES 25 BROADWAY 18TH FLOOR NEW YORK, NY 10004	13-3709095	501C3	325,000	0		POVERTY RELIEF
(206) SOUTH CAROLINA INSTITUTE FOR CHILD SUCCESS INC 613 EAST MCBEE AVE GREENVILLE, SC 29601	27-1904900	501C3	220,000	0		POVERTY RELIEF
(207) SPONSORS FOR EDUCATIONAL OPPORTUNITY 55 EXCHANGE PLACE SUITE 601 NEW YORK, NY 10005	13-2578670	501C3	120,000	0		POVERTY RELIEF
(208) ST NICKS ALLIANCE CORP 2 KINGSLAND AVENUE BROOKLYN, NY 11211	51-0192170	501C3	225,000	0		POVERTY RELIEF
(209) ST JOHN'S BREAD AND LIFE PROGRAM INC 795 LEXINGTON AVE BROOKLYN, NY 11221	11-3174514	501C3	450,000	0		POVERTY RELIEF
(210) STATEN ISLAND COMMUNITY JOB CENTER INC 774 PORT RICHMOND AVENUE STATEN ISLAND, NY 10302	47-2787706	501C3	25,000	0		POVERTY RELIEF
(211) STELLA AND CHARLES GUTTMAN COMMUNITY COLLEGE FOUNDATION 50 WEST 40TH STREET NEW YORK, NY 10018	47-1291998	501C3	460,000	0		POVERTY RELIEF
(212) STRIVE INTERNATIONAL INC 240 EAST 123RD STREET NEW YORK, NY 10035	13-3255679	501C3	235,000	0		POVERTY RELIEF
(213) STUDENT LEADERSHIP NETWORK INC 322 8TH AVENUE 4TH FLOOR NEW YORK, NY 10001	06-1517218	501C3	580,000	0		POVERTY RELIEF
(214) SUCCESS ACADEMY CHARTER NETWORK INC 95 PINE STREET 6TH FLOOR NEW YORK, NY 10005	20-5298861	501C3	1,500,000	0		POVERTY RELIEF
(215) SUNSET PARK HEALTH COUNCIL 5025 6TH AVENUE BROOKLYN, NY 11220	20-2508411	501C3	100,000	0		POVERTY RELIEF
(216) 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
(217) TACOMBI FOUNDATION INC 265 BOWERY NEW YORK NY, NY 10002	83-2550224	501C3	20,000	0		POVERTY RELIEF
(218) TEACH FOR AMERICA INC 519 8TH AVENUE 15TH FLOOR NEW YORK, NY 10018	13-3541913	501C3	375,000	0		POVERTY RELIEF
219) TEACHERS COLLEGE COLUMBIA UNIVERSITY 525 WEST 120TH ST NEW YORK, NY 10027	13-1624202	501C3	1,000,000	0		POVERTY RELIEF
(220) TEACHING LAB PO BOX 73008 WASHINGTON, DC 20056	81-3546317	501C3	400,000	0		POVERTY RELIEF
(221) 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
(222) THE BRAVE HOUSE INC 40 RECTOR STREET 9TH FLOOR NEW YORK, NY 10006	83-3670811	501C3	25,000	0		POVERTY RELIEF
(223) THE CAMPAIGN AGAINST	20-0934854	501C3	245,000	0		POVERTY RELIEF

0/14/25, 7:01 AM			Robin Hood Found	lation - Full Filing	 Nonprofit Explorer 	- ProPublica	
2010 FULTON ST BROOKLYN, NY 11233							
(224) THE CHILD CENTER OF NEW YORK 61-02 QUEENS BOULEVARD	11-1733454	501C3	285,000	0			POVERTY RELIEF
WOODSIDE, NY 11377 (225) THE CHILDREN'S AGENDA INC 1 S WASHINGTON STREET	20-1547478	501C3	300,000	0			POVERTY RELIEF
SUITE 120 ROCHESTER, NY 14614 (226) THE CHILDREN'S	13-3468427	501C3	465,000	0			POVERTY RELIEF
HEALTH FUND 475 RIVERSIDE DRIVE SUITE 630 NEW YORK, NY 10115	13-3400427	301C3	465,000	U			POVERTY RELIEF
(227) THE DOOR - A CENTER OF ALTERNATIVES INC 121 AVENUE OF THE AMERICAS NEW YORK, NY 10013	13-6127348	501C3	801,000	0			POVERTY RELIEF
(228) THE EAGLE ACADEMY FOUNDATION 31 W 125TH STREET FOURTH FLOOR NEW YORK, NY 10027	20-1532382	501C3	200,000	0			POVERTY RELIEF
(229) THE FORTUNE SOCIETY 29-76 NORTHERN BOULEVARD LONG ISLAND CITY, NY 11101	13-2645436	501C3	750,000	0			POVERTY RELIEF
(230) THE FUND FOR PUBLIC SCHOOLS INC 52 CHAMBERS STREET NEW YORK, NY 10007	11-2656137	501C3	6,425,900	0			POVERTY RELIEF
(231) THE GAMBIAN YOUTHS ORGANIZATION INC 214 E 181ST BRONX, NY 10457	26-0094193	501C3	20,000	0			POVERTY RELIEF
(232) THE GO PROJECT 50 COOPER SQUARE 3RD FL NEW YORK, NY 10003	27-1411019	501C3	225,000	0			POVERTY RELIEF
(233) THE GOOD NATION FOUNDATION 100 CROSBY STREET ROOM 301	81-4768448	501C3	250,000	0			POVERTY RELIEF
NEW YORK, NY 10012 (234) THE INSTITUTE FOR COLLEGE ACCESS AND SUCCESS INC 110 MARYLAND AVENUE NE SUITE 201	20-1368860	501C3	301,000	0			POVERTY RELIEF
WASHINGTON, DC 20002 (235) THE INSTITUTE FOR FAMILY HEALTH 2006 MADISON AVENUE NEW YORK, NY 10035	13-3273402	501C3	757,350	0			POVERTY RELIEF
(236) THE KNOWLEDGE HOUSE FELLOWSHIP INC 363 RIDER AVENUE 3RD FLOOR BRONX, NY 10451	47-2747713	501C3	250,899	0			POVERTY RELIEF
(237) 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
(238) THE LEGAL AID SOCIETY 199 WATER STREET NEW YORK, NY 10038	13-5562265	501C3	950,000	0			POVERTY RELIEF
(239) THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY INC 50 BROADWAY 19TH FLOOR	13-2637308	501C3	25,000	0			POVERTY RELIEF
NEW YORK, NY 10004 (240) THE NEW SCHOOL ATTN GIFT ACCOUNTING 55 W 13TH STREET	13-3297197	501C3	350,000	0			POVERTY RELIEF
NEW YORK, NY 10011 (241) THE NEW YORK PUBLIC LIBRARY ASTOR LENOX & TILDEN FNDS THE UNIVERSITY OF TEXAS AT AUSTIN OFFICE OF ACCOUNTING PO	13-1887440	501C3	26,591	0			POVERTY RELIEF
BOX 7159 AUSTIN, TX 78713 (242) THE PARTNERSHIP FOR	13-3976873	501C3	200,000	0			POVERTY RELIEF
INNER CITY EDUCATION 1011 FIRST AVENUE SUITE 1800 NEW YORK, NY 10022							
(243) THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE STREET ANN ARBOR, MI 481091274	38-6006309	501C3	250,000	0			POVERTY RELIEF
(244) TIDES CENTER 539 ATLANTIC AVE BROOKLYN, NY 11217	94-3213100	501C3	200,000	0			POVERTY RELIEF
(245) TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK EXECUTIVE EDUCATION PROGRAM PO BOX 1455 NEW YORK	13-5598093	501C3	83,000	0			POVERTY RELIEF
NEW YORK, NY 100081455 (246) TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF	13-5598093	501C3	2,422,000	0			POVERTY RELIEF
				•	•	•	•

(3)

		Kobili nood Foul	idation - Full Filing - Nonpro	fit Explorer - ProPublica	
(5)					
(6)					
(7)					
Part IV Supplement	al Information. Provide the	information required in Part I, I	ine 2; Part III, column (b); and	any other additional inform	nation.
Return Reference	Explanation				
PART I, LINE 2:	CONTRACT SPECIFIES THE F THE TERM OF THE GRANT, R DEFINED IN THE GRANT CO PROGRESS OF THE GRANT. CONTRACT PERIOD, THE GR	PURPOSE OF THE GRANT AND PROH OBIN HOOD REQUIRES THAT A GRA NTRACT. A ROBIN HOOD PROGRAM IN ADDITION, PROGRAM OFFICERS	IBITS THE GRANTEE FROM USING ANTEE DEMONSTRATE THAT IT IS N STAFF MEMBER WILL TYPICALLY N MAY MAKE UNSCHEDULED VISITS DETAILED FINAL REPORT ON THE (ANY OF ROBIN HOOD'S FUNDS I TAKING PROGRESS TOWARDS AC CHEDULE AT LEAST TWO VISITS TO OBSERVE THE GRANTEE'S OF GRANTEE'S USE OF ROBIN HOOD	WITH A GRANTEE TO DISCUSS THE
Additional Data					Schedule I (Form 990) 2022 Return to Form

efile Public Visual Render ObjectId: 202313189349315386 - Submission: 2023-11-14

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

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

Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

TIN: 13-3441066

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the organization ROBIN HOOD FOUNDATION 13-3441066 Part I Questions Regarding Compensation Yes No 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. \cap Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 . 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods 3 used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract V Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? . No Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b No Participate in, or receive payment from, an equity-based compensation arrangement? . Nο 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: No Any related organization? . . . 5b No If "Yes," on line 5a or 5b, describe in Part III. 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:

8 No If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T

6b

7 Yes Nο

— Page 2 —

Schedule J (Form 990) 2022 Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Section A, line 1s, applicable column (D) and (E) amounts for

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the	ie tota	I amount of Form	990, Part VII, Sec	tion A, line 1a, app	olicable column (D) and (E) amount	s for that indiv	vidual.
(A) Name and Title		(B) Breakdown	of W-2, 1099-MIS and/or 1099-NEC		and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
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
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

Schedule J (Form 990) 2022

— Page 3 –

Schedule J (Form 990) 2022 Page **3**

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.

Return Reference

Explanation

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 1, PART II, COLUMN (B)(II).

Schedule J (Form 990) 2022

Additional Data Return to Form

efile Public Visual Render ObjectId: 202313189349315386 - Submission: 2023-11-14

TIN: 13-3441066

Schedule L

(Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

		-	27, 28	i, 28b, ▶	or 28 Attac	8c, or Form 9 ch to Form 9	990-EZ, Part 90 or Form	: V, line 38a 990-EZ.	or 40b		·				
		•	Go to <u>www.</u>	<u>irs.gov</u>	v/For	<u>:m990</u> for ins	structions a	nd the lates	t inforn	natior	1.	9			
										Emplo	oyer id	entifica	ation	numbe	er
	Till Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organization only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25s or 25b, or Form 990-Ept V, line 25s or 15b V, line 25c or 15b														
				<u>ca 165</u>			between disq	ualified perso		(c)	Descrip	otion of	(0	I) Corr	ected?
							organization	1			ransac	tion)	'es	No
														世	
													_	\dashv	
4958									the yea	r unde	. 🕨	\$	<u> </u>		
			,,			•	organization		• •	•	_	*			
С	omplete	if the organ	nization answ	ered "Y	es" o	n Form 990-E	Z, Part V, line	: 38a, or Forr	n 990, P	art IV,	line 26	5; or if t	he org	anizati [,]	on
(a) Name of interested person	Rel	lationship with	Purpose of				Original principal				App by bo	roved pard or			
	org	janization		To	0	From	amount		Yes	No			Yes		No
Total .															
Part III G	r ants c omplete	or Assista o if the org	nce Benefi anization a	i ting I nswere	I nter ed "Y	ested Pers es" on Form	ons. 990. Part I	V. line 27.							
(a) Name of int	terested		terested pers	on and		(c) Amoun	t of assistanc	e (d) Ty	pe of as	ssistan	ice	(e) Pu	rpose	of assis	stance
					, <u>-</u>	200		Cal Na FOOF	<i>-</i> • • • • • • • • • • • • • • • • • • •						
гог Рарегwогк к	teauction	i Act Notice,	see the Instr	uctions	TOF FO			Cat. No. 5005	БА			Schedi	ule L (I	orm 99	10) 2022
Schedule L (For	m 990) i	2022													Page 2
								V I: 20-	201	- 20-					
Part II Loans to and/or From Interested Persons. Canglete if the organization of the organization organizat															
				ре	erson	and the	transa	ction						organi	ization's
(1) IENNIFER S	CHWAR	Γ7		DALIGH	ITFR (OF DIR		52 410 (CONSUL	TING				Yes	+ -
(1) JENNII EN S	CHWAIN	12		DAGGI	III LIK (or Dix.		32,410	CONSOL	11110					110
				espons	ses to	auestions on	Schedule I (s	see instructio	ns).						
27, 286, 28b, or 28c, or Form 990-EZ, Part V, line 38b or 40b. Section structured five Teachers Service Name of the cognization Robust Hold Department Service Name of the cognization Robust Hold Department Service Name of the cognization of Cognization Robust Hold Department Service Name of the cognization analyses of the Cognization of Section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization analyser of "ve" on Form 990, Part IV, line 25b or 25b, or Form 990; EZ, Part V, line 38b, or Form 990; Part IV, line 28b, or Form 990; Part IV, line 28b, or Form 990; Part IV, line 28c, or It is cognization on the cognization analyses of the cognization of the organization analyses of the organization of the organization organi															
SCHEDULE L, PA	ART IV:														
			SCHWA	RTZ. TH	HE AM	OUNT PAID TO	O MISSION A	CCOMPLICE,	LLC. IN	2022	WAS \$5	52,410.	BOAR	D OF	

Schedule L (Form 990) 2022

Additional Data Return to Form

efile Public Visual Render

ObjectId: 202313189349315386 - Submission: 2023-11-14

TIN: 13-3441066

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Inspection

Name of the organization ROBIN HOOD FOUNDATION

Employer identification number

					13-3441066			
Pa	rt I Types of Property							
	Art. Works of prt	(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 d noncash contrib	etermir		s
	Art—Works of art							
	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 .	Х		18,355,787	FAIR MARKET VALUE	<u>: </u>		
	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	DONATED Other ► (GOODS)	Х	0	430,384	FAIR MARKET VALUE			
26								
27	Other ▶ ()							
28	Other ▶ ()							
29	Number of Forms 8283 received by t for which the organization completed				29			
							Yes	No
30a	During the year, did the organization hold for at least three years from the purposes for the entire holding perion.	e date of th				:		
h	If "Yes," describe the arrangement i	n Part II				30a		No
31	Does the organization have a gift ac		olicy that requires the review	of any nonstandard contril	outions?	31	Yes	
32a	Does the organization hire or use th contributions?	ird parties	or related organizations to so	olicit, process, or sell nonca	sh · · ·	32a	Yes	
h	If "Yes," describe in Part II.							
33	If the organization didn't report an a describe in Part II.	amount in c	column (c) for a type of prope	erty for which column (a) is	checked,			
				0				

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

Cat. No. 51227J

Schedule M (Form 990) (2022)

Page 2

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.

Return Reference	Explanation
	Schedule M (Form 990) (2022)
Additional Data	Return to Form

efile Public Visual Render

ObjectId: 202313189349315386 - Submission: 2023-11-14

TIN: 13-3441066

OMB No. 1545-0047

2022

Open to Public

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 990-EZ.

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

Inspection
Employer identification number

Name of the organization ROBIN HOOD FOUNDATION

13-3441066

	13-3441066
Return Reference	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATIO 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. INVECTORPORATED 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 BOROUGHS 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 PROVIDES SUPPORT IN EDUCATION, EARLY CHILDHOOD AND YOUTH, JOB TRAINING, IMMIGRANT SERVICES, AND OTHER AREAS.
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. 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. 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 COMPENSATION ARRANGEMENTS ARE CONTEMPORANEOUSLY DOCUMENTED IN MEETING MINUTES.
FORM 990, PART VI, SECTION C, LINE 19	ROBIN HOOD'S CERTIFICATE OF INCORPORATION, BY-LAWS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC ON REQUEST. ROBIN HOOD'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON ROBIN HOOD'S WEBSITE. A SUMMARY OF ROBIN HOOD'S AUDITED FINANCIAL STATEMENTS (ALSO APPROVED BY ROBIN HOOD'S AUDITORS) IS ALSO POSTED ON ROBIN HOOD'S WEBSITE.
FORM 990, PART XI, LINE 9:	RESCINDED GRANTS 1,282,480.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data Return to Form

efile Public Visual Render ObjectId: 202313189349315386 - Submission: 2023-11-14 TIN: 13-3441066

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

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

Department of			►G	io to <u>www.</u>	rs.gov/Fo	<u>rm990</u> for in	nstructions and	the lat	est inform	ation.			C	pen to Inspe		С
Name of th	e organization FOUNDATION	I.									Employer id	entificatio	n numbe	er		
KOBIN HOOL	POUNDATION										13-3441066					
Part I	Identification	of Disregarded E	ntities. Co	mplete if tl	ne organiz	ation answe	ered "Yes" on F	orm 99	0, Part IV	line 33.						
	Name, address, and EI	(a) N (if applicable) of disregar	ded entity		Pri	(b) mary activity	(c) Legal domici or foreign o	ile (state	(d) Total in	come Er	(e) nd-of-year assel	ts	Direct co	f) ontrolling tity		
	HOOD HOLDINGS WAY 9TH FLOOR NY 10003				IP HOLI	DINGS	DE			0		0 N/A				_
																_
																_
																-
Part II		of Related Tax-Exe			. Complete	e if the orga	anization answe	ered "Y	es" on For	m 990, Pa	art IV, line 3	4 becaus	e it had	one or r	nore	_
		(a) d EIN of related organization		x year.	(I Primary	b) activity	(c) Legal domicile (sta or foreign country		(d) empt Code se		(e) blic charity stat section 501(c)((f) Direct contro entity	olling	Section (13) co	512(b) ntrolled ity?
															res	NO
For Paper	work Reduction Ac	ct Notice, see the Ins	tructions fo	or Form 990).		Cat. No. 5	50135Y				Scl	hedule R	(Form 9	90) 20	022
Schedule R	(Form 990) 2022			— Page 2							_				Pag	je 2
Part III		of Related Organiz ated organizations tr						nizatio	n answere	d "Yes" or	n Form 990,	, Part IV,	line 34, l	because	it had	
	Name, addi	(a) ress, and EIN of organization		(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections	(f) Share total incom	end-of-	f Dispr	(h) oprtionate cations?	amount in		(j) General or managing partner?		k) entage ership
							512-514)			Yes	No		Yes	No		
Part IV	because it had o	of Related Organiz one or more related o	organizatio	ns treated	as a corpo	oration or tr	ust during the	tax ye	ar.					, line 34		
	(a) Name, address, and EI related organization	N of n	(b) Primary a		Le dom (state o	c) gal nicile r foreign ntry)	(d) Direct controlling entity	g Type (C	(e) of entity corp, S corp, trust)	(f) nare of total income	(g) Share of end of-year assets	- Perce	h) entage ership		(i) n 512(b) olled ent	
		·														

0/14/25, /:U1 AM		Rot	oin Hood Fo	undation	ı - Full Fil	ing - Noi	ipront Ex	piorer - P	roPublic	a			
						-							
						-							
				<u> </u>						Sch	edule R	(Form 9	90) 2022
												(. 0	,
		Page 3 -											
hedule R (Form 990) 2022													Page 3
Part V Transactions With Related Organ	izations Con	nlete if th	ne organizatio	n answe	red "Vec"	on Form (000 Part 1	IV line 34	35h or	36			
				JII diiswe	icu ics	311 1 01111 .	750, Tuit 1	iv, inic 54,	330, 0	50.			Voc. No
Note. Complete line 1 if any entity is listed in Pa													Yes No
During the tax year, did the orgranization engage i	•	_			-								
a Receipt of (i) interest, (ii) annuities, (iii) royalt			-								•	1a	
b Gift, grant, or capital contribution to related org												1b	
c Gift, grant, or capital contribution from related											•	1c	
d Loans or loan guarantees to or for related organ	. ,											1d	
e Loans or loan guarantees by related organization	n(s)											1e	
${f f}$ Dividends from related organization(s)												1f	
\boldsymbol{g} $$ Sale of assets to related organization(s) . $$.												1g	
$\boldsymbol{h} \text{Purchase of assets from related organization(s)}$												1h	
i Exchange of assets with related organization(s)												1i	
j Lease of facilities, equipment, or other assets to	related organiza	ition(s) .										1j	
k Lease of facilities, equipment, or other assets fr	om related orga	nization(s)										1k	
I Performance of services or membership or fundr	aising solicitatio	ns for relate	ed organization	ı(s)								11	
m Performance of services or membership or fundi	aising solicitatio	ns by relate	ed organization	(s)								1m	
n Sharing of facilities, equipment, mailing lists, or	other assets wit	n related or	ganization(s)									1n	
Sharing of paid employees with related organizations	tion(s)											10	
p Reimbursement paid to related organization(s)	or expenses .											1p	
q Reimbursement paid by related organization(s)	for expenses .											1q	
r Other transfer of cash or property to related org	anization(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 t													
				•	i	(b)		(c)			(d)		
Name of relate	d organization					Transact		Amount involv	red	Method of de	etermining	amount ii	nvolved
						type (a-	-s)						
										Sch	edule R	(Form 9	90) 2022
		Page 4 -											
hadula D (Farra 000) 2022													_
hedule R (Form 990) 2022													Page 4
Part VI Unrelated Organizations Taxabl													
ovide the following information for each entity taxed is not a related organization. See instructions regard					nducted mo	e than five	e percent of	f its activitie	es (measur	red by total a	ssets or	gross rev	enue) tha
(a)	(b)	(c)	(d)		(e)	(f)	(g)	(H	.)	(i)		j)	(k)
Name, address, and EIN of entity	Primary	Legal	Predominant	Are all	partners	Share of	Share of	Disprop	rtionate	Code V-UBI	Gene	ral or	Percenta
	activity	domicile (state or	income (related,		ction (c)(3)	total income	end-of-year assets	alloca	tions?	amount in box 20	man	aging :ner?	ownersh
		foreign	unrelated,		izations?					of Schedule			
		country)	excluded from tax under							K-1 (Form 1065)			
			sections 512- 514)		1				T	 		1	4
			314)	Yes	No			Yes	No		Yes	No	<u> </u>
					1								
							ļ	ļ	ļ		<u> </u>	1	<u> </u>
					<u></u>		<u></u>	<u> </u>	<u></u>		<u> </u>		<u> </u>
	1				1		1	i	1	1	1	1 -	1

714/25, 7:01 AM Robin Hood Foundation - Full Filing - Nonprofit Explorer - ProPublica													
							Ì					1	
							-				 		
											1		
				1			1				 	\longrightarrow	
											+	-	
											 	-+	
											1		
										Sch	nedule R (I	Form 990)) 2022
		Page 5 -											
chedule R (Form 990) 2022													Page 5
Part VII Supplemental Info	rmation												. 290 3
	nation for responses to ques	tions on Sche	edule R. See in	structions									
Return Reference					Е	xplanation	1					-	
•											Schedule	a R (Form	990) 2022
Additional Data													_
Additional Data											⊢ Re	turn to	Form