

|                                                        |                                                                                                                                                                                                                                                                                                             |                                                              |                                          |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------|
| <b>efile Public Visual Render</b>                      |                                                                                                                                                                                                                                                                                                             | <b>ObjectID: 202403209349302550 - Submission: 2024-11-15</b> | <b>TIN: 13-3441066</b>                   |
| Form <b>990</b>                                        | <b>Return of Organization Exempt From Income Tax</b>                                                                                                                                                                                                                                                        |                                                              | OMB No. 1545-0047                        |
|                                                        | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)<br>Do not enter social security numbers on this form as it may be made public.<br><b>Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</b> |                                                              | <b>2023</b><br>Open to Public Inspection |
| Department of the Treasury<br>Internal Revenue Service |                                                                                                                                                                                                                                                                                                             |                                                              |                                          |

**A For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023**

- B**
- Check if applicable:
- 
- ☐
- Address change
- 
- ☐
- Name change
- 
- ☐
- Initial return
- 
- ☐
- Final return/terminated
- 
- ☐
- Amended return
- 
- ☐
- Application pending

|                                                                                                                                                                                                |            |                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>C</b> Name of organization<br>ROBIN HOOD FOUNDATION                                                                                                                                         |            | <b>D</b> Employer identification number<br>13-3441066                                                                    |
| Doing business as                                                                                                                                                                              |            | <b>E</b> Telephone number<br>(212) 227-6601                                                                              |
| Number and street (or P.O. box if mail is not delivered to street address)                                                                                                                     | Room/suite |                                                                                                                          |
| 826 BROADWAY 9TH FL                                                                                                                                                                            |            | <b>G</b> Gross receipts \$ 205,700,761                                                                                   |
| City or town, state or province, country, and ZIP or foreign postal code<br>NEW YORK, NY 10003                                                                                                 |            |                                                                                                                          |
| <b>F</b> Name and address of principal officer:<br>RICHARD BUERY JR<br>826 BROADWAY 9TH FLOOR<br>NEW YORK, NY 10003                                                                            |            | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |            | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |
|                                                                                                                                                                                                |            | <b>H(c)</b> Group exemption number                                                                                       |
| <b>J</b> Website: WWW.ROBINHOOD.ORG                                                                                                                                                            |            |                                                                                                                          |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other              |            | <b>L</b> Year of formation: 1988                                                                                         |
|                                                                                                                                                                                                |            | <b>M</b> State of legal domicile: NY                                                                                     |

**Part I Summary**

|                                    |                                                                                                                                                                  |                                  |                     |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b> | <b>1</b> Briefly describe the organization's mission or most significant activities:<br>ROBIN HOOD SUPPORTS THE MOST EFFECTIVE POVERTY-FIGHTING PROGRAMS IN NYC. |                                  |                     |
|                                    |                                                                                                                                                                  |                                  |                     |
|                                    |                                                                                                                                                                  |                                  |                     |
|                                    |                                                                                                                                                                  |                                  |                     |
|                                    |                                                                                                                                                                  |                                  |                     |
| <b>Revenue</b>                     | <b>2</b> Check this box <input type="checkbox"/>                                                                                                                 |                                  |                     |
|                                    | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)                                                                                       | <b>3</b>                         | 41                  |
|                                    | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)                                                                           | <b>4</b>                         | 41                  |
|                                    | <b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)                                                                            | <b>5</b>                         | 131                 |
|                                    | <b>6</b> Total number of volunteers (estimate if necessary)                                                                                                      | <b>6</b>                         | 10                  |
|                                    | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12                                                                                   | <b>7a</b>                        | 517                 |
|                                    | <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11                                                                                  | <b>7b</b>                        | 0                   |
| <b>Expenses</b>                    | <b>8</b> Contributions and grants (Part VIII, line 1h)                                                                                                           | <b>Prior Year</b>                | <b>Current Year</b> |
|                                    |                                                                                                                                                                  | 140,856,197                      | 143,441,558         |
|                                    | <b>9</b> Program service revenue (Part VIII, line 2g)                                                                                                            | 0                                | 0                   |
|                                    | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                          | 2,139,854                        | 6,750,178           |
|                                    | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                               | -13,670,628                      | -15,735,839         |
|                                    | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                       | 129,325,423                      | 134,455,897         |
|                                    | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)                                                                                       | 131,251,074                      | 115,649,225         |
|                                    | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                                                                                          | 0                                | 0                   |
|                                    | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                      | 22,873,665                       | 24,131,142          |
|                                    | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                                                                                         | 0                                | 76,667              |
| <b>Net Assets or Fund Balances</b> | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>10,773,088</u>                                                                             |                                  |                     |
|                                    | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                                                                                           | 10,515,110                       | 10,768,342          |
|                                    | <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                              | 164,639,849                      | 150,625,376         |
|                                    | <b>19</b> Revenue less expenses. Subtract line 18 from line 12                                                                                                   | -35,314,426                      | -16,169,479         |
|                                    |                                                                                                                                                                  |                                  |                     |
| <b>Net Assets or Fund Balances</b> |                                                                                                                                                                  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                    | <b>20</b> Total assets (Part X, line 16)                                                                                                                         | 320,333,864                      | 308,801,119         |
|                                    | <b>21</b> Total liabilities (Part X, line 26)                                                                                                                    | 101,436,533                      | 95,661,634          |
|                                    | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                                                                                             | 218,897,331                      | 213,139,485         |

**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.

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Page 2

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

SEE SCHEDULE O.

- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☒ **No**  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☒ **No**  
If "Yes," describe these changes on Schedule O.

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

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>4a</b> | (Code: ) (Expenses \$ <b>131,558,106</b> including grants of \$ <b>114,620,379</b> ) (Revenue \$ )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|           | SEE DESCRIPTION OF GRANT MAKING IN SCHEDULE O. GRANT MAKING: ROBIN HOOD MADE GRANTS TO ORGANIZATIONS THROUGH FOUR LIFE-STAGE AREAS: EARLY CHILDHOOD; SCHOOL-AGE CHILDREN; YOUNG ADULTS; AND ADULTS AND HOUSEHOLD SUPPORTS. THESE GRANTS SUPPORT EDUCATION, HEALTH, HOUSING, HUNGER, LEGAL SERVICES, JOB TRAINING, AND INCOME SECURITY. ADDITIONALLY, ROBIN HOOD MADE GRANTS TO SUPPORT PARTNERSHIP INITIATIVES LIKE THE ROBIN HOOD LEARNING +TECHNOLOGY, THE POWER FUND, MOBILITY LABS, THE CHILD CARE QUALITY INNOVATION INITIATIVE, AND OUR BLUE RIDGE LABS INITIATIVE. ROBIN HOOD'S CAPITAL GRANT INITIATIVE COLLABORATES CLOSELY WITH OUR COMMUNITY PARTNERS TO HELP THESE ORGANIZATIONS MANAGE THEIR SPACE NEEDS. THE INITIATIVE OFFERS TECHNICAL ASSISTANCE, CONNECTIONS TO TOP INDUSTRY PROFESSIONALS, FUNDING FOR PRE-DEVELOPMENT COSTS AND, IN SELECT CASES, GRANTS FOR CAPITAL PROJECTS. THE INITIATIVE PLACES A PREMIUM ON FUNDING EARLY-STAGE PLANNING TO REDUCE COSTS AND RISKS FOR A COMMUNITY PARTNER'S CAPITAL PROJECT. ROBIN HOOD'S GRANTMAKING STAFF EVALUATED PROGRAMS APPLYING FOR FUNDS TO DETERMINE GRANT RECOMMENDATIONS AND DEVELOP INITIATIVES IN RESPONSE TO UNMET NEEDS. THESE ASSESSMENTS INCLUDED VISITS TO THE ORGANIZATION, INTERVIEWS WITH PROGRAM ADMINISTRATORS, STAFF AND PARTICIPANTS, EVALUATION OF HISTORICAL RESULTS, AND FINANCIAL REVIEW. |

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>4b</b> | (Code: ) (Expenses \$ 1,180,881 including grants of \$ 1,028,846 ) (Revenue \$ )                                                                                                                                                                                                                                                                                                                                                                    |
|           | SEE DESCRIPTION OF MANAGEMENT ACCELERATION IN SCHEDULE O.ROBIN HOOD'S MANAGEMENT ACCELERATION TEAM COLLABORATES WITH OUR GRANTEES ON KEY DECISIONS AND HELPS THEM BUILD THEIR NETWORKS, DEVELOP SKILLS, FUND CAPACITY-BUILDING PROJECTS, AND SCALE EFFECTIVE, SUSTAINABLE PROGRAMS. OUR SUPPORT IS OFFERED THROUGH STRATEGIC CONSULTING AND GRANTS, COMMUNITIES OF PRACTICE AND CONVENINGS, LEADERSHIP DEVELOPMENT, AND OUR BOARD MATCHING PROGRAM. |

[illegible]

|           |                                                  |              |                        |               |
|-----------|--------------------------------------------------|--------------|------------------------|---------------|
| <b>4d</b> | Other program services (Describe in Schedule O.) | (Expenses \$ | including grants of \$ | ) (Revenue \$ |
|-----------|--------------------------------------------------|--------------|------------------------|---------------|

Form **990** (2023)

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Yes</b>     | <b>No</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>                                                                                                                                                                              | <b>1</b> Yes   |           |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.                                                                                                                                                                                                            | <b>2</b> Yes   |           |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>                                                                                                                           | <b>3</b>       | No        |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>                                                                                                            | <b>4</b> Yes   |           |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>                                                                                         | <b>5</b>       | No        |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>                                                         | <b>6</b>       | No        |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                                                                               | <b>7</b>       | No        |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                                                                              | <b>8</b>       | No        |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>                  | <b>9</b>       | No        |
| <b>10</b> 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>                                                                                                                                                                                           | <b>10</b>      | No        |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.                                                                                                                                                                                                                                                      |                |           |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>                                                                                                                                                                            | <b>11a</b> Yes |           |
| <b>b</b> 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? <i>If "Yes," complete Schedule D, Part VII</i>                                                                                                        | <b>11b</b> Yes |           |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>                                                                                                        | <b>11c</b>     | No        |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>                                                                                                                         | <b>11d</b>     | No        |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                                                                                      | <b>11e</b> Yes |           |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>                                                             | <b>11f</b> Yes |           |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>                                                                                                                                                           | <b>12a</b> Yes |           |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>                                                                            | <b>12b</b>     | No        |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                                                                                                                                                              | <b>13</b>      | No        |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                                                                                          | <b>14a</b>     | No        |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>  | <b>14b</b> Yes |           |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>                                                                                                                                                                                                 | <b>15</b>      | No        |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                                                                                        | <b>16</b>      | No        |
| <b>17</b> 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.                                                                                            | <b>17</b> Yes  |           |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>                                                                                                                            | <b>18</b> Yes  |           |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>                                                                                                                                                      | <b>19</b>      | No        |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                                                                                                                                                   | <b>20a</b>     | No        |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                                                                                           | <b>20b</b>     |           |
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>                                                                                             | <b>21</b> Yes  |           |

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## Part IV Checklist of Required Schedules (continued)

|                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                                                                                                         |     | No |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> . . . . .                                                                                                                             | Yes |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                                                                                                   |     | No |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                                                                                       |     |    |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                                                                                              |     |    |
| <b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                                                                                                 |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                                                                                                |     | No |
| <b>25b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                                              |     | No |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22 for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                                         |     | No |
| <b>27</b> 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, Part III</i> . . . . . |     | No |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                                                                  |     |    |
| <b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                                             |     | No |
| <b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                                                                                                  |     | No |
| <b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                                                     |     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                                                                                          | Yes |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                          |     | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                                                                                                |     | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                                                                                              |     | No |
| <b>33</b> 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> . . . . .                                                                                                                                                                                              | Yes |    |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                                                                                          |     | No |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                           |     | No |
| <b>35b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                                                |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                                                                                   |     | No |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                                                                                                     |     | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .                                                                                                                                                                                                       | Yes |    |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

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

|                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .                                                                             |     |    |
| <b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .                                                                          |     |    |
| <b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | Yes |    |

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

|                                                                                                                                                                                                                                                                |            |     |    |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|--|--|
| <b>2a</b> 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>2a</b>  | 131 |    |  |  |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                                        | <b>2b</b>  | Yes |    |  |  |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                              | <b>3a</b>  |     | No |  |  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .                                                                                                                                 | <b>3b</b>  |     |    |  |  |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . | <b>4a</b>  |     | No |  |  |
| <b>b</b> If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                         |            |     |    |  |  |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .                                                                                                                                      | <b>5a</b>  |     | No |  |  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                      | <b>5b</b>  |     | No |  |  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                          | <b>5c</b>  |     |    |  |  |
| <b>6a</b> 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>6a</b>  |     | No |  |  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                               | <b>6b</b>  |     |    |  |  |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                         |            |     |    |  |  |
| <b>a</b> 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? . . . . .                                                                                             | <b>7a</b>  | Yes |    |  |  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                             | <b>7b</b>  | Yes |    |  |  |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                        | <b>7c</b>  |     | No |  |  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                           | <b>7d</b>  |     |    |  |  |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                       | <b>7e</b>  |     | No |  |  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .                                                                                                                                | <b>7f</b>  |     | No |  |  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                            | <b>7g</b>  |     |    |  |  |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .                                                                                                          | <b>7h</b>  |     |    |  |  |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                                     | <b>8</b>   |     |    |  |  |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                             |            |     |    |  |  |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                          | <b>9a</b>  |     |    |  |  |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                           | <b>9b</b>  |     |    |  |  |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                              |            |     |    |  |  |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                    | <b>10a</b> |     |    |  |  |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .                                                                                                                                                 | <b>10b</b> |     |    |  |  |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                             |            |     |    |  |  |
| <b>a</b> Gross income from members or shareholders . . . . .                                                                                                                                                                                                   | <b>11a</b> |     |    |  |  |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .                                                                                                               | <b>11b</b> |     |    |  |  |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                          | <b>12a</b> |     |    |  |  |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .                                                                                                                                                        | <b>12b</b> |     |    |  |  |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                     |            |     |    |  |  |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                            | <b>13a</b> |     |    |  |  |
| <b>b</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 . . . . .                                                                                   | <b>13b</b> |     |    |  |  |
| <b>c</b> Enter the amount of reserves on hand . . . . .                                                                                                                                                                                                        | <b>13c</b> |     |    |  |  |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                                | <b>14a</b> |     | No |  |  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                   | <b>14b</b> |     |    |  |  |
| <b>15</b> 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? . . . . .<br>If "Yes," see the instructions and file Form 4720, Schedule N.                                                                                                                                      | <b>15</b> |  | No |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . .<br>If "Yes," complete Form 4720, Schedule O.                                                                           | <b>16</b> |  | No |
| <b>17 Section 501(c)(21) organizations.</b> 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? . . .<br>If "Yes," complete Form 6069. | <b>17</b> |  |    |

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Part VI **Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 ☒

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                                                                                                    |              | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year<br>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>1a</b> 41 |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                                                                                                        | <b>1b</b> 41 |     |    |
| <b>2</b> 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? . . . . .                                                                                                                           | <b>2</b>     | Yes |    |
| <b>3</b> 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? . . . . .                                                                             | <b>3</b>     |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                                                                                                | <b>4</b>     |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                                                                                                      | <b>5</b>     |     | No |
| <b>6</b> Did the organization have members or stockholders? . . . . .                                                                                                                                                                                                                                              | <b>6</b>     |     | No |
| <b>7a</b> 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? . . . . .                                                                                                                                             | <b>7a</b>    |     | No |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                                                                                                       | <b>7b</b>    |     | No |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                         |              |     |    |
| <b>a</b> The governing body? . . . . .                                                                                                                                                                                                                                                                             | <b>8a</b>    | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                                                                                                           | <b>8b</b>    | Yes |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .                                                                                    | <b>9</b>     |     | No |

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

|                                                                                                                                                                                                                                                                                                                 | Yes        | No  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                         | <b>10a</b> | No  |
| <b>b</b> 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?                                                                             | <b>10b</b> |     |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                | <b>11a</b> | Yes |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .                                                                                                                                                                                                  |            |     |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                    | <b>12a</b> | Yes |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                          | <b>12b</b> | Yes |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .                                                                                                                                           | <b>12c</b> | Yes |
| <b>13</b> Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                   | <b>13</b>  | Yes |
| <b>14</b> Did the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                              | <b>14</b>  | Yes |
| <b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                                  |            |     |
| <b>a</b> The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                       | <b>15a</b> | Yes |
| <b>b</b> Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                          | <b>15b</b> | Yes |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                                                                                                              |            |     |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                      | <b>16a</b> | No  |
| <b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | <b>16b</b> |     |

**Section C. Disclosure****17** List the states with which a copy of this Form 990 is required to be filed

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA, RI, SC, TN, VA, WV, WI

**18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
GREG TAYLOR 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003 (212) 227-6601Form **990** (2023)

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Page **7****Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                            |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                               |                                                                                    |                                                                                               |
| (1) RICHARD BUERY JR<br>.....<br>CEO / NON-VOTING DIRECTOR | 60.00<br>.....<br>0.00                                                                     | X                                                                                                         |                       | X       |              |                              |        | 943,718                                                                       | 0                                                                                  | 71,753                                                                                        |
| (2) DINA POWELL MCCORMICK<br>.....<br>CHAIR                | 1.50<br>.....<br>0.00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (3) PETER F BORISH<br>.....<br>SECRETARY AND TREASURER     | 1.50<br>.....<br>0.00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (4) LEE AINSLIE III<br>.....<br>DIRECTOR                   | 1.50<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (5) JACKLYN BEZOS<br>.....<br>DIRECTOR (THRU 10/2023)      | 1.50<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (6) MARK BEZOS<br>.....<br>DIRECTOR (AS OF 10/2023)        | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (7) VICTORIA BJORKLUND<br>.....<br>DIRECTOR                | 10.00<br>.....<br>0.00                                                                     | X                                                                                                         |                       |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (8) ANGELA BLACKWELL<br>.....<br>DIRECTOR                  | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |

|                            |      |   |  |  |  |  |  |   |   |   |  |
|----------------------------|------|---|--|--|--|--|--|---|---|---|--|
| DIRECTOR                   | 0.00 |   |  |  |  |  |  |   |   |   |  |
| (9) JEFF BLAU              | 1.00 |   |  |  |  |  |  |   |   |   |  |
| DIRECTOR                   | 0.00 | X |  |  |  |  |  | 0 | 0 | 0 |  |
| (10) SCOTT BOMMER          | 1.00 |   |  |  |  |  |  |   |   |   |  |
| DIRECTOR                   | 0.00 | X |  |  |  |  |  | 0 | 0 | 0 |  |
| (11) GEOFFREY CANADA       | 1.00 |   |  |  |  |  |  |   |   |   |  |
| DIRECTOR                   | 0.00 | X |  |  |  |  |  | 0 | 0 | 0 |  |
| (12) CECILY CARSON         | 1.50 |   |  |  |  |  |  |   |   |   |  |
| DIRECTOR                   | 0.00 | X |  |  |  |  |  | 0 | 0 | 0 |  |
| (13) MICHAEL CHAE          | 1.00 |   |  |  |  |  |  |   |   |   |  |
| DIRECTOR                   | 0.00 | X |  |  |  |  |  | 0 | 0 | 0 |  |
| (14) ANNE DINNING          | 1.50 |   |  |  |  |  |  |   |   |   |  |
| DIRECTOR                   | 0.00 | X |  |  |  |  |  | 0 | 0 | 0 |  |
| (15) GLENN R DUBIN         | 1.50 |   |  |  |  |  |  |   |   |   |  |
| DIRECTOR                   | 0.00 | X |  |  |  |  |  | 0 | 0 | 0 |  |
| (16) MARIAN WRIGHT EDELMAN | 1.00 |   |  |  |  |  |  |   |   |   |  |
| DIRECTOR (THRU 10/2023)    | 0.00 | X |  |  |  |  |  | 0 | 0 | 0 |  |
| (17) DAVID EINHORN         | 1.00 |   |  |  |  |  |  |   |   |   |  |
| DIRECTOR                   | 0.00 | X |  |  |  |  |  | 0 | 0 | 0 |  |

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

| (A)<br>Name and title    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                          |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                               |                                                                                    |                                                                                               |
| (18) MARY ERDOES         | 1.00                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| DIRECTOR                 | 0.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (19) ROLAND FRYER        | 1.00                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| DIRECTOR                 | 0.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (20) JOHN GRIFFIN        | 3.00                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| DIRECTOR                 | 0.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (21) DOUG HAYNES         | 1.50                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| DIRECTOR                 | 0.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (22) KAYA HENDERSON      | 1.50                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| DIRECTOR                 | 0.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (23) JEFFREY R IMMELT    | 1.00                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| DIRECTOR                 | 0.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (24) PAUL TUDOR JONES II | 1.50                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| DIRECTOR                 | 0.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (25) PETER D KIERNAN III | 1.50                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| DIRECTOR                 | 0.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (26) JOHN KING           | 1.50                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| DIRECTOR                 | 0.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (27) MONTE LIPMAN        | 1.00                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |

|                                      |       |   |  |  |   |   |   |  |         |   |        |
|--------------------------------------|-------|---|--|--|---|---|---|--|---------|---|--------|
| DIRECTOR                             | 0.00  | X |  |  |   |   |   |  | 0       | 0 | 0      |
| (28) CRAIG NEVILL-MANNING            | 1.00  |   |  |  |   |   |   |  | 0       | 0 | 0      |
| DIRECTOR                             | 0.00  | X |  |  |   |   |   |  | 0       | 0 | 0      |
| (29) MICHAEL NOVOGRATZ               | 1.00  |   |  |  |   |   |   |  | 0       | 0 | 0      |
| DIRECTOR                             | 0.00  | X |  |  |   |   |   |  | 0       | 0 | 0      |
| (30) DANIEL S OCH                    | 1.00  |   |  |  |   |   |   |  | 0       | 0 | 0      |
| DIRECTOR                             | 0.00  | X |  |  |   |   |   |  | 0       | 0 | 0      |
| (31) ALEXIS OHANIAN                  | 1.00  |   |  |  |   |   |   |  | 0       | 0 | 0      |
| DIRECTOR                             | 0.00  | X |  |  |   |   |   |  | 0       | 0 | 0      |
| (32) JOHN OVERDECK                   | 1.00  |   |  |  |   |   |   |  | 0       | 0 | 0      |
| DIRECTOR                             | 0.00  | X |  |  |   |   |   |  | 0       | 0 | 0      |
| (33) ROBERT PITTMAN                  | 1.00  |   |  |  |   |   |   |  | 0       | 0 | 0      |
| DIRECTOR                             | 0.00  | X |  |  |   |   |   |  | 0       | 0 | 0      |
| (34) DAVID PUTH                      | 1.50  |   |  |  |   |   |   |  | 0       | 0 | 0      |
| DIRECTOR                             | 0.00  | X |  |  |   |   |   |  | 0       | 0 | 0      |
| (35) LARRY ROBBINS                   | 1.00  |   |  |  |   |   |   |  | 0       | 0 | 0      |
| DIRECTOR                             | 0.00  | X |  |  |   |   |   |  | 0       | 0 | 0      |
| (36) DAVID SALTZMAN                  | 1.50  |   |  |  |   |   |   |  | 0       | 0 | 0      |
| DIRECTOR                             | 0.00  | X |  |  |   |   |   |  | 0       | 0 | 0      |
| (37) ALAN D SCHWARTZ                 | 1.00  |   |  |  |   |   |   |  | 0       | 0 | 0      |
| DIRECTOR                             | 0.00  | X |  |  |   |   |   |  | 0       | 0 | 0      |
| (38) DAVID SOLOMON                   | 1.50  |   |  |  |   |   |   |  | 0       | 0 | 0      |
| DIRECTOR                             | 0.00  | X |  |  |   |   |   |  | 0       | 0 | 0      |
| (39) BARRY STERNLICHT                | 1.00  |   |  |  |   |   |   |  | 0       | 0 | 0      |
| DIRECTOR                             | 0.00  | X |  |  |   |   |   |  | 0       | 0 | 0      |
| (40) STEVE STOUTE                    | 1.00  |   |  |  |   |   |   |  | 0       | 0 | 0      |
| DIRECTOR                             | 0.00  | X |  |  |   |   |   |  | 0       | 0 | 0      |
| (41) JOHN SYKES                      | 1.00  |   |  |  |   |   |   |  | 0       | 0 | 0      |
| DIRECTOR                             | 0.00  | X |  |  |   |   |   |  | 0       | 0 | 0      |
| (42) DAVID TEPPER                    | 1.00  |   |  |  |   |   |   |  | 0       | 0 | 0      |
| DIRECTOR                             | 0.00  | X |  |  |   |   |   |  | 0       | 0 | 0      |
| (43) MARTA TIENDA                    | 1.00  |   |  |  |   |   |   |  | 0       | 0 | 0      |
| DIRECTOR                             | 0.00  | X |  |  |   |   |   |  | 0       | 0 | 0      |
| (44) KENNETH TROPIN                  | 1.50  |   |  |  |   |   |   |  | 0       | 0 | 0      |
| DIRECTOR                             | 0.00  | X |  |  |   |   |   |  | 0       | 0 | 0      |
| (45) JOANNA PRESSMAN                 | 60.00 |   |  |  | X |   |   |  | 348,849 | 0 | 69,710 |
| GENERAL COUNSEL/ASST. SECR           | 0.00  |   |  |  |   |   |   |  |         |   |        |
| (46) DARYL MINTZ THRU 042023         | 60.00 |   |  |  | X |   |   |  | 181,816 | 0 | 25,252 |
| CHIEF FINANCIAL & ADMIN OFFICER      | 0.00  |   |  |  |   |   |   |  |         |   |        |
| (47) KEN LAU AS OF 052023            | 60.00 |   |  |  | X |   |   |  | 316,114 | 0 | 28,267 |
| INTERIM CHIEF FINANCIAL & ADMIN OFF. | 0.00  |   |  |  |   |   |   |  |         |   |        |
| (48) EMARY ARONSON                   | 60.00 |   |  |  |   | X |   |  | 447,846 | 0 | 47,142 |
| CHIEF KNOWLEDGE OFFICER              | 0.00  |   |  |  |   |   |   |  |         |   |        |
| (49) CAROLYN VINE                    | 60.00 |   |  |  |   | X |   |  | 391,097 | 0 | 47,709 |
| CHIEF DEVELOPMENT OFFICER            | 0.00  |   |  |  |   |   |   |  |         |   |        |
| (50) JASON CONE                      | 60.00 |   |  |  |   | X |   |  | 322,524 | 0 | 70,150 |
| CHIEF PUBLIC POLICY OFFICER          | 0.00  |   |  |  |   |   |   |  |         |   |        |
| (51) SARAH OLTMANS                   | 60.00 |   |  |  |   | X |   |  | 328,289 | 0 | 35,004 |
| CHIEF OF GRANT STRATEGY              | 0.00  |   |  |  |   |   |   |  |         |   |        |
| (52) MATTHEW KLEIN                   | 60.00 |   |  |  |   | X |   |  | 388,168 | 0 | 58,611 |
| CHIEF IMPACT & PROGRAM OFFICER       | 0.00  |   |  |  |   |   |   |  |         |   |        |
| (53) SUSAN SACK                      | 60.00 |   |  |  |   |   | X |  | 373,704 | 0 | 53,617 |
| MD, REAL ESTATE                      | 0.00  |   |  |  |   |   |   |  |         |   |        |
| (54) STEPHANIE ROYAL                 | 60.00 |   |  |  |   |   | X |  | 335,335 | 0 | 74,441 |
| CHIEF PEOPLE & CULTURE OFFICER       | 0.00  |   |  |  |   |   |   |  |         |   |        |
| (55) DEBORAH MCCOY                   | 60.00 |   |  |  |   |   | X |  | 306,323 | 0 | 62,282 |
| MD, YOUNG ADULTS                     | 0.00  |   |  |  |   |   |   |  |         |   |        |
| (56) SUSAN EPSTEIN                   | 60.00 |   |  |  |   |   | X |  | 312,242 | 0 | 79,005 |

|                                                                |       |  |  |  |  |   |  |           |   |         |  |
|----------------------------------------------------------------|-------|--|--|--|--|---|--|-----------|---|---------|--|
| MD, FIELD BUILDING AND PUB                                     | 0.00  |  |  |  |  |   |  |           |   |         |  |
| (57) KYLE FERRARA                                              | 60.00 |  |  |  |  |   |  |           |   |         |  |
| CORPORATE SPONSORSHIP DIRECTOR                                 | 0.00  |  |  |  |  | X |  | 260,725   | 0 | 39,711  |  |
| <b>1b Sub-Total</b>                                            |       |  |  |  |  |   |  |           |   |         |  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |       |  |  |  |  |   |  |           |   |         |  |
| <b>d Total (add lines 1b and 1c)</b>                           |       |  |  |  |  |   |  | 5,256,750 | 0 | 762,654 |  |

- 2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **74**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                                                 | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------------------------------------------------------|--------------------------------|---------------------|
| NIMBLIST LLC<br>533 JANET AVE STE 5<br>LANCASTER, PA 17601                       | EVENT PRODUCTION               | 1,330,028           |
| DAVID STARK INC<br>219 36 ST 3A<br>BROOKLYN, NY 11232                            | DESIGN CONSULTANT              | 1,259,040           |
| PAUL THE ARTIST TOURING LLC<br>16217 KITTRIDGE STREET<br>BEVERLY HILLS, CA 90212 | DESIGN CONSULTANT              | 1,147,177           |
| 4WALL ENTERTAINMENT INC<br>3165 W SUNSET ROAD SUITE 100<br>LAS VEGAS, NV 89118   | DESIGN CONSULTANT              | 881,552             |
| JESSICA STUART MEDIA INC<br>2830 GEORGIA AVENUE NW<br>WASHINGTON, DC 20001       | DESIGN CONSULTANT              | 730,871             |

- 2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **48**

Form **990** (2023)**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|                                                                                          | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|
| <b>1a</b> Federated campaigns                                                            |                      |                                                    |                                         |                                                                    |
| <b>1b</b> Contributions, gifts, grants, and membership dues                              |                      |                                                    |                                         |                                                                    |
| <b>1c</b> Other amounts from fundraising events                                          | 36,415,680           |                                                    |                                         |                                                                    |
| <b>1d</b> Related organizations                                                          |                      |                                                    |                                         |                                                                    |
| <b>1e</b> Government grants (contributions)                                              |                      |                                                    |                                         |                                                                    |
| <b>1f</b> All other contributions, gifts, grants, and similar amounts not included above | 107,025,878          |                                                    |                                         |                                                                    |
| <b>a</b> Noncash contributions included in                                               |                      |                                                    |                                         |                                                                    |

lines 1a - 1f:\$

**1g**

49,452,919

**h Total.** Add lines 1a-1f . . . . . **143,441,558**

|                                                                               |                                             |                                                                                                                                                  |                                                       |               |             |     |           |  |
|-------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------|-------------|-----|-----------|--|
| <b>Program Service Revenue</b>                                                |                                             | <b>2a</b>                                                                                                                                        | Business Code                                         |               |             |     |           |  |
|                                                                               |                                             |                                                                                                                                                  |                                                       |               |             |     |           |  |
|                                                                               |                                             |                                                                                                                                                  |                                                       |               |             |     |           |  |
|                                                                               |                                             |                                                                                                                                                  |                                                       |               |             |     |           |  |
|                                                                               |                                             |                                                                                                                                                  |                                                       |               |             |     |           |  |
|                                                                               |                                             |                                                                                                                                                  |                                                       |               |             |     |           |  |
|                                                                               |                                             |                                                                                                                                                  |                                                       |               |             |     |           |  |
|                                                                               |                                             |                                                                                                                                                  |                                                       |               |             |     |           |  |
|                                                                               |                                             | <b>f</b> All other program service revenue.                                                                                                      |                                                       |               |             |     |           |  |
|                                                                               |                                             | <b>g Total.</b> Add lines 2a-2f. . . . .                                                                                                         |                                                       |               |             |     |           |  |
| <b>Other Revenue</b>                                                          |                                             | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .                                                  |                                                       | 2,469,973     |             | 517 | 2,469,456 |  |
|                                                                               |                                             | <b>4</b> Income from investment of tax-exempt bond proceeds                                                                                      |                                                       |               |             |     |           |  |
|                                                                               |                                             | <b>5</b> Royalties . . . . .                                                                                                                     |                                                       |               |             |     |           |  |
|                                                                               |                                             | <b>6a</b> Gross rents                                                                                                                            | (i) Real                                              | (ii) Personal |             |     |           |  |
|                                                                               |                                             |                                                                                                                                                  | <b>6a</b>                                             |               |             |     |           |  |
|                                                                               |                                             |                                                                                                                                                  | <b>b</b> Less: rental expenses                        | <b>6b</b>     |             |     |           |  |
|                                                                               |                                             | <b>c</b> Rental income or (loss)                                                                                                                 | <b>6c</b>                                             |               |             |     |           |  |
|                                                                               |                                             | <b>d</b> Net rental income or (loss) . . . . .                                                                                                   |                                                       |               |             |     |           |  |
|                                                                               |                                             | <b>7a</b> Gross amount from sales of assets other than inventory                                                                                 | (i) Securities                                        | (ii) Other    |             |     |           |  |
|                                                                               |                                             |                                                                                                                                                  | <b>7a</b>                                             | 58,556,224    |             |     |           |  |
|                                                                               |                                             |                                                                                                                                                  | <b>b</b> Less: cost or other basis and sales expenses | <b>7b</b>     | 54,276,019  |     |           |  |
|                                                                               |                                             | <b>c</b> Gain or (loss)                                                                                                                          | <b>7c</b>                                             | 4,280,205     |             |     |           |  |
|                                                                               |                                             | <b>d</b> Net gain or (loss) . . . . .                                                                                                            |                                                       | 4,280,205     |             |     | 4,280,205 |  |
|                                                                               |                                             | <b>a</b> Gross income from fundraising events (not including \$ 36,415,680 of contributions reported on line 1c). See Part IV, line 18 . . . . . |                                                       |               |             |     |           |  |
|                                                                               |                                             |                                                                                                                                                  | <b>8a</b>                                             | 1,221,529     |             |     |           |  |
| <b>b</b> Less: direct expenses . . . . .                                      | <b>8b</b>                                   |                                                                                                                                                  | 16,968,845                                            |               |             |     |           |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .               |                                             | -15,747,316                                                                                                                                      |                                                       |               | -15,747,316 |     |           |  |
| <b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . |                                             |                                                                                                                                                  |                                                       |               |             |     |           |  |
|                                                                               | <b>9a</b>                                   |                                                                                                                                                  |                                                       |               |             |     |           |  |
|                                                                               | <b>b</b> Less: direct expenses . . . . .    | <b>9b</b>                                                                                                                                        |                                                       |               |             |     |           |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                |                                             |                                                                                                                                                  |                                                       |               |             |     |           |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .    |                                             |                                                                                                                                                  |                                                       |               |             |     |           |  |
|                                                                               | <b>10a</b>                                  |                                                                                                                                                  |                                                       |               |             |     |           |  |
|                                                                               | <b>b</b> Less: cost of goods sold . . . . . | <b>10b</b>                                                                                                                                       |                                                       |               |             |     |           |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .               |                                             |                                                                                                                                                  |                                                       |               |             |     |           |  |
| <b>11a</b> MISCELLANEOUS INCOME                                               |                                             | Business Code                                                                                                                                    |                                                       |               |             |     |           |  |
|                                                                               |                                             | 900099                                                                                                                                           | 11,477                                                |               | 11,477      |     |           |  |
|                                                                               |                                             | <b>b</b>                                                                                                                                         |                                                       |               |             |     |           |  |
| <b>c</b>                                                                      |                                             |                                                                                                                                                  |                                                       |               |             |     |           |  |
| <b>f</b>                                                                      |                                             |                                                                                                                                                  |                                                       |               |             |     |           |  |



OtherRevenueMiscAmt

|                                                     |  |             |   |     |            |
|-----------------------------------------------------|--|-------------|---|-----|------------|
| <b>d</b> All other revenue . . . . .                |  |             |   |     |            |
| <b>e Total.</b> Add lines 11a-11d . . . . .         |  | 11,477      |   |     |            |
| <b>12 Total revenue.</b> See instructions . . . . . |  | 134,455,897 | 0 | 517 | -8,986,178 |

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**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>                                                                                                                       | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                                                                     | 115,649,225                  | 115,649,225                            |                                               |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                |                              |                                        |                                               |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .                                                          |                              |                                        |                                               |                                    |
| <b>4</b> Benefits paid to or for members . . . . .                                                                                                                                                          |                              |                                        |                                               |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                 | 3,668,421                    | 1,694,943                              | 801,168                                       | 1,172,310                          |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                            |                              |                                        |                                               |                                    |
| <b>7</b> Other salaries and wages . . . . .                                                                                                                                                                 | 14,430,259                   | 6,667,301                              | 3,151,509                                     | 4,611,449                          |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                                                                       | 2,124,860                    | 1,051,374                              | 347,308                                       | 726,178                            |
| <b>9</b> Other employee benefits . . . . .                                                                                                                                                                  | 2,686,261                    | 1,409,671                              | 445,534                                       | 831,056                            |
| <b>10</b> Payroll taxes . . . . .                                                                                                                                                                           | 1,221,341                    | 561,471                                | 234,820                                       | 425,050                            |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                |                              |                                        |                                               |                                    |
| <b>a</b> Management . . . . .                                                                                                                                                                               |                              |                                        |                                               |                                    |
| <b>b</b> Legal . . . . .                                                                                                                                                                                    | 115,159                      | 5,232                                  | 105,828                                       | 4,099                              |
| <b>c</b> Accounting . . . . .                                                                                                                                                                               | 153,164                      |                                        | 153,164                                       |                                    |
| <b>d</b> Lobbying . . . . .                                                                                                                                                                                 |                              |                                        |                                               |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                            | 76,667                       |                                        |                                               | 76,667                             |
| <b>f</b> Investment management fees . . . . .                                                                                                                                                               | 345,096                      |                                        | 345,096                                       |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)                                                                                        | 2,421,230                    | 1,904,934                              | 260,407                                       | 255,889                            |
| <b>12</b> Advertising and promotion . . . . .                                                                                                                                                               |                              |                                        |                                               |                                    |
| <b>13</b> Office expenses . . . . .                                                                                                                                                                         | 289,163                      | 78,485                                 | 49,272                                        | 161,406                            |
| <b>14</b> Information technology . . . . .                                                                                                                                                                  | 1,080,117                    | 433,380                                | 302,279                                       | 344,458                            |
| <b>15</b> Royalties . . . . .                                                                                                                                                                               |                              |                                        |                                               |                                    |
| <b>16</b> Occupancy . . . . .                                                                                                                                                                               | 2,884,572                    | 1,399,506                              | 619,101                                       | 865,965                            |
| <b>17</b> Travel . . . . .                                                                                                                                                                                  | 58,394                       | 25,993                                 | 24,924                                        | 7,477                              |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                          |                              |                                        |                                               |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .                                                                                                                                                  | 166,257                      | 75,498                                 | 68,001                                        | 22,758                             |
| <b>20</b> Interest . . . . .                                                                                                                                                                                |                              |                                        |                                               |                                    |
| <b>21</b> Payments to affiliates . . . . .                                                                                                                                                                  |                              |                                        |                                               |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .                                                                                                                                               | 455,854                      | 194,675                                | 111,853                                       | 149,326                            |
| <b>23</b> Insurance . . . . .                                                                                                                                                                               | 336,754                      | 143,693                                | 80,484                                        | 112,577                            |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                              |                                        |                                               |                                    |
| <b>a</b> CONTRACTED MGMT. ASST.                                                                                                                                                                             | 1,336,847                    | 1,336,847                              |                                               |                                    |
| <b>b</b> MARKETING & COMMUN.                                                                                                                                                                                | 726,950                      | 106,759                                | 3,640                                         | 616,551                            |

|                                                                                                                                                                                                                                                      |             |             |           |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-----------|------------|
| <b>c</b> FILING/REGISTRATION FEE                                                                                                                                                                                                                     | 230,694     |             | 8,913     | 221,781    |
| <b>d</b> INDIRECT EVENT COSTS                                                                                                                                                                                                                        | 168,091     |             |           | 168,091    |
| <b>e</b> All other expenses                                                                                                                                                                                                                          |             |             |           |            |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                                                                         | 150,625,376 | 132,738,987 | 7,113,301 | 10,773,088 |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here<br><input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |             |             |           |            |

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Page **11****Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

|                                                                                     |                                                                                                                                                                                                                                | (A)<br>Beginning of year |             | (B)<br>End of year   |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------|----------------------|
| <b>Assets</b>                                                                       | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                   | 528,682                  | <b>1</b>    | 528,682              |
|                                                                                     | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                      | 87,948,208               | <b>2</b>    | 61,296,589           |
|                                                                                     | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                          | 43,236,271               | <b>3</b>    | 30,152,595           |
|                                                                                     | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                    |                          | <b>4</b>    | 47,931               |
|                                                                                     | <b>5</b> 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       |                          | <b>5</b>    |                      |
|                                                                                     | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . .                                                             |                          | <b>6</b>    |                      |
|                                                                                     | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                             | 4,000,000                | <b>7</b>    | 4,000,000            |
|                                                                                     | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                 |                          | <b>8</b>    |                      |
|                                                                                     | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                       | 544,291                  | <b>9</b>    | 915,187              |
|                                                                                     | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                 | <b>10a</b> 13,025,458    |             |                      |
|                                                                                     | <b>b</b> Less: accumulated depreciation                                                                                                                                                                                        | <b>10b</b> 10,059,878    | 2,443,085   | <b>10c</b> 2,965,580 |
|                                                                                     | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                     | 553,353                  | <b>11</b>   | 49,607,143           |
|                                                                                     | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                         | 162,156,532              | <b>12</b>   | 148,370,370          |
|                                                                                     | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                          | 2,553,268                | <b>13</b>   | 2,976,553            |
|                                                                                     | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                          |                          | <b>14</b>   |                      |
|                                                                                     | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                         | 16,370,174               | <b>15</b>   | 7,940,489            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . .         | 320,333,864                                                                                                                                                                                                                    | <b>16</b>                | 308,801,119 |                      |
| <b>Liabilities</b>                                                                  | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                      | 6,347,776                | <b>17</b>   | 6,727,634            |
|                                                                                     | <b>18</b> Grants payable . . . . .                                                                                                                                                                                             | 86,015,391               | <b>18</b>   | 81,721,993           |
|                                                                                     | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                           | 351,416                  | <b>19</b>   | 653,506              |
|                                                                                     | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                |                          | <b>20</b>   |                      |
|                                                                                     | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                |                          | <b>21</b>   |                      |
|                                                                                     | <b>22</b> 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 . . . . . |                          | <b>22</b>   |                      |
|                                                                                     | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . .                                                                                                                                               |                          | <b>23</b>   |                      |
|                                                                                     | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . .                                                                                                                                                 |                          | <b>24</b>   |                      |
|                                                                                     | <b>25</b> 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                                              | 8,721,950                | <b>25</b>   | 6,558,501            |
|                                                                                     | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                 | 101,436,533              | <b>26</b>   | 95,661,634           |
| <b>Assets or Fund Balances</b>                                                      | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>                                                                                           |                          |             |                      |
|                                                                                     | <b>27</b> Net assets without donor restrictions . . . . .                                                                                                                                                                      | 122,033,588              | <b>27</b>   | 115,386,277          |
|                                                                                     | <b>28</b> Net assets with donor restrictions . . . . .                                                                                                                                                                         | 96,863,743               | <b>28</b>   | 97,753,208           |
|                                                                                     | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>                                                                                                    |                          |             |                      |
| <b>29</b> Capital stock or trust principal, or current funds . . . . .              |                                                                                                                                                                                                                                | <b>29</b>                |             |                      |
| <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . . |                                                                                                                                                                                                                                | <b>30</b>                |             |                      |

|            |    |                                                                  |             |    |             |
|------------|----|------------------------------------------------------------------|-------------|----|-------------|
| Net Assets | 31 | Retained earnings, endowment, accumulated income, or other funds |             | 31 |             |
|            | 32 | Total net assets or fund balances                                | 218,897,331 | 32 | 213,139,485 |
|            | 33 | Total liabilities and net assets/fund balances                   | 320,333,864 | 33 | 308,801,119 |
|            |    |                                                                  |             |    |             |

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## Part XI Reconciliation of Net Assets

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



|    |                                                                                                                |    |             |
|----|----------------------------------------------------------------------------------------------------------------|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | 1  | 134,455,897 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2  | 150,625,376 |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | 3  | -16,169,479 |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 218,897,331 |
| 5  | Net unrealized gains (losses) on investments                                                                   | 5  | 9,044,114   |
| 6  | Donated services and use of facilities                                                                         | 6  |             |
| 7  | Investment expenses                                                                                            | 7  |             |
| 8  | Prior period adjustments                                                                                       | 8  |             |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)                                           | 9  | 1,367,519   |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 213,139,485 |

## Part XII Financial Statements and Reporting

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



|                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                        |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| b Were the organization's financial statements audited by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                     | Yes |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?                                                                                                                                                                                                                                                           |     | No |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                                                                                                                                                                                                      |     |    |

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Form 990 (2023)

## Additional Data

Return to Form

Software ID:

Software Version:

## Form 990, Special Condition Description:

Special Condition Description

**SCHEDULE A**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection**Name of the organization**  
ROBIN HOOD FOUNDATION**Employer identification number**

13-3441066

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

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

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

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

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

Cat. No. 11285F

**Schedule A (Form 990) 2023****Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
If the organization failed to qualify under the tests listed below, please complete Part III.)**Section A. Public Support**

Calendar year

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                                       | (a) 2019    | (b) 2020    | (c) 2021    | (d) 2022    | (e) 2023    | (f) Total   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . . .                                                                                                   | 156,950,210 | 201,641,662 | 146,804,067 | 140,856,197 | 143,441,558 | 789,693,694 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                     |             |             |             |             |             |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .                                                                                               |             |             |             |             |             |             |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                        | 156,950,210 | 201,641,662 | 146,804,067 | 140,856,197 | 143,441,558 | 789,693,694 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |             |             |             |             |             | 242,865,351 |
| <b>6 Public support.</b> Subtract line 5 from line 4. . . . .                                                                                                                                                          |             |             |             |             |             | 546,828,343 |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                  | (a) 2019    | (b) 2020    | (c) 2021    | (d) 2022    | (e) 2023    | (f) Total   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>7</b> Amounts from line 4. . . . .                                                                                                             | 156,950,210 | 201,641,662 | 146,804,067 | 140,856,197 | 143,441,558 | 789,693,694 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . | 3,635,581   | 1,206,004   | 132,155     | 232,634     | 2,469,973   | 7,676,347   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                             |             |             |             |             |             |             |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                               | 1,059,949   | 339,471     | 649,029     | 1,436,514   | 1,233,006   | 4,717,969   |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .                                                                                         |             |             |             |             |             | 802,088,010 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                               |             |             |             |             | <b>12</b>   |             |

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

**Section C. Computation of Public Support Percentage**

|                                                                                                            |           |          |
|------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) . . . . . | <b>14</b> | 68.180 % |
| <b>15</b> Public support percentage for 2022 Schedule A, Part II, line 14 . . . . .                        | <b>15</b> | 71.850 % |

**16a 33 1/3% support test—2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☒

**b 33 1/3% support test—2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

**17a 10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐

**b 10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐

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

instructions . . . . . ☐

**Schedule A (Form 990) 2023**

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                            | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                       |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not related to the organization's tax-exempt purpose . . . . .                                                                             |          |          |          |          |          |           |

|                                                                                                                                                                          |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| not an unrelated trade or business under section 513 . . . . .                                                                                                           |  |  |  |  |  |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .                                                            |  |  |  |  |  |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                         |  |  |  |  |  |
| <b>6</b> <b>Total.</b> Add lines 1 through 5                                                                                                                             |  |  |  |  |  |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                       |  |  |  |  |  |
| <b>b</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. |  |  |  |  |  |
| <b>c</b> Add lines 7a and 7b. . .                                                                                                                                        |  |  |  |  |  |
| <b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.)                                                                                                          |  |  |  |  |  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                                            | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . .                                                                                                                                                                                                        |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .                                                                                             |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                                                                                                                        |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.                                                                                                                                                                                                          |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.                                                                                                   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .                                                                                                                            |          |          |          |          |          |           |
| <b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . .                                                                                                                                                                      |          |          |          |          |          |           |
| <b>14</b> <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . ► <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                            |           |  |
|------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                                                                                                                                                                                                                              |           |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .                                                                                                                                                                                                       | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .                                                                                                                                                                                                                              | <b>18</b> |  |
| <b>19a</b> <b>33 1/3% support tests-2023.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>        |           |  |
| <b>b</b> <b>33 1/3% support tests-2022.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/> |           |  |
| <b>20</b> <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input type="checkbox"/>                                                                                                                                               |           |  |

**Schedule A (Form 990) 2023****Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                             | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                              |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.                                                                                                                                                                           |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the                                                           |     |    |

determination.

- 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.
- 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.
- 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.
- 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 to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a** 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).
- b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 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).
- 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).
- 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**.
- c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 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.
- 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).

|            |  |  |
|------------|--|--|
| <b>3b</b>  |  |  |
| <b>3c</b>  |  |  |
| <b>4a</b>  |  |  |
| <b>4b</b>  |  |  |
| <b>4c</b>  |  |  |
| <b>5a</b>  |  |  |
| <b>5b</b>  |  |  |
| <b>5c</b>  |  |  |
| <b>6</b>   |  |  |
| <b>7</b>   |  |  |
| <b>8</b>   |  |  |
| <b>9a</b>  |  |  |
| <b>9b</b>  |  |  |
| <b>9c</b>  |  |  |
| <b>10a</b> |  |  |
| <b>10b</b> |  |  |

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**Part IV Supporting Organizations** (continued)

|                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |     |    |
| <b>a</b> 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>11a</b>                                                                                                                                                                         |     |    |
| <b>b</b> A family member of a person described on 11a above?                                                                                                                       |     |    |
| <b>11b</b>                                                                                                                                                                         |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .                                  |     |    |
| <b>11c</b>                                                                                                                                                                         |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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 <b>Part VI</b> 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. |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.                                                                                                                                                                                                                                                                                        |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test. **Answer lines 2a and 2b below.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |     |    |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>                                                                                                                   |     |    |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>                                                                                                                                                                                                                                                                                    |     |    |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |

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

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

| Section A - Adjusted Net Income                                                                                                                                                                                   |           | (A) Prior Year | (B) Current Year (optional) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain                                                                                                                                                                              | <b>1</b>  |                |                             |
| <b>2</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>  |                |                             |
| <b>3</b> Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>  |                |                             |
| <b>4</b> Add lines 1 through 3                                                                                                                                                                                    | <b>4</b>  |                |                             |
| <b>5</b> Depreciation and depletion                                                                                                                                                                               | <b>5</b>  |                |                             |
| <b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>  |                |                             |
| <b>7</b> Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>  |                |                             |
| <b>8</b> Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)                                                                                                                                              | <b>8</b>  |                |                             |
| Section B - Minimum Asset Amount                                                                                                                                                                                  |           | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):                                                                          | <b>1</b>  |                |                             |
| <b>a</b> Average monthly value of securities                                                                                                                                                                      | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances                                                                                                                                                                            | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets                                                                                                                                                         | <b>1c</b> |                |                             |

|                                                                                                                                                                                   |           |  |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--------------|
| <b>d Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                         | <b>1d</b> |  |              |
| <b>e Discount</b> claimed for blockage or other factors<br>(explain in detail in <b>Part VI</b> ):                                                                                |           |  |              |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets                                                                                                             | <b>2</b>  |  |              |
| <b>3</b> Subtract line 2 from line 1d                                                                                                                                             | <b>3</b>  |  |              |
| <b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                                                           | <b>4</b>  |  |              |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                         | <b>5</b>  |  |              |
| <b>6</b> Multiply line 5 by 0.035                                                                                                                                                 | <b>6</b>  |  |              |
| <b>7</b> Recoveries of prior-year distributions                                                                                                                                   | <b>7</b>  |  |              |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                              | <b>8</b>  |  |              |
| <b>Section C - Distributable Amount</b>                                                                                                                                           |           |  | Current Year |
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                    | <b>1</b>  |  |              |
| <b>2</b> Enter 85% of line 1                                                                                                                                                      | <b>2</b>  |  |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                   | <b>3</b>  |  |              |
| <b>4</b> Enter greater of line 2 or line 3                                                                                                                                        | <b>4</b>  |  |              |
| <b>5</b> Income tax imposed in prior year                                                                                                                                         | <b>5</b>  |  |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                                    | <b>6</b>  |  |              |
| <b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) |           |  |              |

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

| <b>Section D - Distributions</b>                                                                                                                           |                             |                                        | Current Year                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                             | <b>1</b>                    |                                        |                                           |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             | <b>2</b>                    |                                        |                                           |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                             | <b>3</b>                    |                                        |                                           |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                         | <b>4</b>                    |                                        |                                           |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )                                                    | <b>5</b>                    |                                        |                                           |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions                                                                               | <b>6</b>                    |                                        |                                           |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.                                                                                                | <b>7</b>                    |                                        |                                           |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions | <b>8</b>                    |                                        |                                           |
| <b>9</b> Distributable amount for 2023 from Section C, line 6                                                                                              | <b>9</b>                    |                                        |                                           |
| <b>10</b> Line 8 amount divided by Line 9 amount                                                                                                           | <b>10</b>                   |                                        |                                           |
| <b>Section E - Distribution Allocations</b><br>(see instructions)                                                                                          | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
| <b>1</b> Distributable amount for 2023 from Section C, line 6                                                                                              |                             |                                        |                                           |
| <b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.                   |                             |                                        |                                           |
| <b>3</b> Excess distributions carryover, if any, to 2023:                                                                                                  |                             |                                        |                                           |
| <b>a</b> From 2018. . . . .                                                                                                                                |                             |                                        |                                           |
| <b>b</b> From 2019. . . . .                                                                                                                                |                             |                                        |                                           |
| <b>c</b> From 2020. . . . .                                                                                                                                |                             |                                        |                                           |
| <b>d</b> From 2021. . . . .                                                                                                                                |                             |                                        |                                           |
| <b>e</b> From 2022. . . . .                                                                                                                                |                             |                                        |                                           |
| <b>f Total</b> of lines 3a through e                                                                                                                       |                             |                                        |                                           |
| <b>g</b> Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| <b>h</b> Applied to 2023 distributable amount                                                                                                              |                             |                                        |                                           |
| <b>i</b> Carryover from 2018 not applied (see instructions)                                                                                                |                             |                                        |                                           |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                            |                             |                                        |                                           |
| <b>4</b> Distributions for 2023 from Section D, line 7:                                                                                                    |                             |                                        |                                           |

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|                                                                                                                                                                                         |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| \$                                                                                                                                                                                      |  |  |  |
| a Applied to underdistributions of prior years                                                                                                                                          |  |  |  |
| b Applied to 2023 distributable amount                                                                                                                                                  |  |  |  |
| c Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                      |  |  |  |
| 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions. |  |  |  |
| 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.                        |  |  |  |
| 7 Excess distributions carryover to 2024. Add lines 3j and 4c.                                                                                                                          |  |  |  |
| 8 Breakdown of line 7:                                                                                                                                                                  |  |  |  |
| a Excess from 2019. . . .                                                                                                                                                               |  |  |  |
| b Excess from 2020. . . .                                                                                                                                                               |  |  |  |
| c Excess from 2021. . . .                                                                                                                                                               |  |  |  |
| d Excess from 2022. . . .                                                                                                                                                               |  |  |  |
| e Excess from 2023. . . .                                                                                                                                                               |  |  |  |

Schedule A (Form 990) (2023)

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

|                              |
|------------------------------|
| Facts And Circumstances Test |
|                              |

| Return Reference                                           | Explanation                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME: | FUNDRAISING EVENTS - 2019 AMOUNT: \$ 1,059,682. 2020 AMOUNT: \$ 337,754. 2021 AMOUNT: \$ 649,029. 2022 AMOUNT: \$ 1,436,514. 2023 AMOUNT: \$ 1,221,529. MISCELLANEOUS - 2019 AMOUNT: \$ 267. 2020 AMOUNT: \$ 1,717. 2021 AMOUNT: \$ 0. 2022 AMOUNT: \$ 0. 2023 AMOUNT: \$ 11,477. |

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TIN: 13-3441066

## Schedule B

(Form 990)

Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

OMB No. 1545-0047

2023

▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for the latest information.Name of the organization  
ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- ☐ 501(c)( ) (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

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

## General Rule

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

## Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

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

Cat. No. 30613X

Schedule B (Form 990) (2023)

## Part I

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|------------|-----------------------------------|----------------------------|-----------------------------------------------------------------------------------|
| RESTRICTED |                                   | \$ RESTRICTED              | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

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Name of organization  
ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|

|                           |                                              |                                                |                      |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| -                         |                                              |                                                |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                              |                                                |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                              |                                                |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                              |                                                |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                              |                                                |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                              |                                                |                      |

Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

Page 4

|                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| Name of organization<br>ROBIN HOOD FOUNDATION | Employer identification number<br>13-3441066 |
|-----------------------------------------------|----------------------------------------------|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

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

10/14/25, 7:01 AM

Robin Hood Foundation - Full Filing - Nonprofit Explorer - ProPublica

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

Schedule B (Form 990) (2023)

Additional Data

Return to Form

Software ID:  
Software Version:

|                                                                                                      |                                                                                                                                                                                                                             |                           |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>efile Public Visual Render</b>                                                                    | <b>ObjectID: 202403209349302550 - Submission: 2024-11-15</b>                                                                                                                                                                | <b>TIN: 13-3441066</b>    |
| <b>SCHEDULE C</b><br><b>(Form 990)</b><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Political Campaign and Lobbying Activities</b>                                                                                                                                                                           | OMB No. 1545-0047         |
|                                                                                                      | <b>For Organizations Exempt From Income Tax Under section 501(c) and section 527</b>                                                                                                                                        | <b>2022</b>               |
|                                                                                                      | ▶ <b>Complete if the organization is described below.</b> ▶ <b>Attach to Form 990 or Form 990-EZ.</b><br>▶ Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. | 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.

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

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

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

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

|                                                   |                                              |
|---------------------------------------------------|----------------------------------------------|
| Name of the organization<br>ROBIN HOOD FOUNDATION | Employer identification number<br>13-3441066 |
|---------------------------------------------------|----------------------------------------------|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

Cat. No. 50084S

Schedule C (Form 990) 2022

**Section 501(h).**

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (a) Filing organization's totals                   | (b) Affiliated group totals                              |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|--------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 17,043                                             |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 101,623                                            |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 118,666                                            |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 150,506,710                                        |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 150,625,376                                        |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1,000,000                                          |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:    | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | The lobbying nontaxable amount is:                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20% of the amount on line 1e.                      |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$100,000 plus 15% of the excess over \$500,000.   |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$175,000 plus 10% of the excess over \$1,000,000. |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$225,000 plus 5% of the excess over \$1,500,000.  |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$1,000,000.                                       |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 250,000                                            |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0                                                  |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0                                                  |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |           |           |           |           |           |
|------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2019  | (b) 2020  | (c) 2021  | (d) 2022  | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |           |           |           |           | 6,000,000 |
| <b>c</b> Total lobbying expenditures                             | 214,743   | 86,720    | 425,162   | 118,666   | 845,291   |
| <b>d</b> Grassroots nontaxable amount                            | 250,000   | 250,000   | 250,000   | 250,000   | 1,000,000 |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |           |           |           |           | 1,500,000 |
| <b>f</b> Grassroots lobbying expenditures                        | 132,000   | 22,953    | 34,896    | 17,043    | 206,892   |

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022

Page 3

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|                                                                                                                                                                                                                                        | (a) |    | (b)    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                        | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers? .....                                                                                                                                                                                                             |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....                                                                                                                            |     |    |        |
| <b>c</b> Media advertisements? .....                                                                                                                                                                                                   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? .....                                                                                                                                                                        |     |    |        |
| <b>e</b> Publications or published or broadcast statements?                                                                                                                                                                            |     |    |        |

|           |                                                                                                     |  |  |  |
|-----------|-----------------------------------------------------------------------------------------------------|--|--|--|
| <b>c</b>  | Publications, or published or broadcast statements? .....                                           |  |  |  |
| <b>f</b>  | Grants to other organizations for lobbying purposes? .....                                          |  |  |  |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body? .....   |  |  |  |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....     |  |  |  |
| <b>i</b>  | Other activities? .....                                                                             |  |  |  |
| <b>j</b>  | Total. Add lines 1c through 1i .....                                                                |  |  |  |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? ..... |  |  |  |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912 .....                             |  |  |  |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....    |  |  |  |
| <b>d</b>  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....  |  |  |  |

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

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

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

|          |                                                                                                                                                                                                                                                  |           |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> | Dues, assessments and similar amounts from members .....                                                                                                                                                                                         | <b>1</b>  |  |
| <b>2</b> | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                       |           |  |
| <b>a</b> | Current year .....                                                                                                                                                                                                                               | <b>2a</b> |  |
| <b>b</b> | Carryover from last year .....                                                                                                                                                                                                                   | <b>2b</b> |  |
| <b>c</b> | Total .....                                                                                                                                                                                                                                      | <b>2c</b> |  |
| <b>3</b> | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .                                                                                                                                                | <b>3</b>  |  |
| <b>4</b> | 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? ..... | <b>4</b>  |  |
| <b>5</b> | Taxable amount of lobbying and political expenditures. See Instructions .....                                                                                                                                                                    | <b>5</b>  |  |

**Part IV Supplemental Information**

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

| Return Reference | Explanation |  |
|------------------|-------------|--|
|------------------|-------------|--|

Schedule C (Form 990) 2022

Additional Data

Return to Form

Software ID:  
Software Version:

efile Public Visual Render

ObjectID: 202403209349302550 - Submission: 2024-11-15

TIN: 13-3441066

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

OMB No. 1545-0047

**2022**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
 ► **Attach to Form 990.**  
 ► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization  
ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

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

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

|                                                            | (a) Donor advised funds | (b) Funds and other accounts |
|------------------------------------------------------------|-------------------------|------------------------------|
| <b>1</b> Total number at end of year . . . . .             |                         |                              |
| <b>2</b> Aggregate value of contributions to (during year) |                         |                              |
| <b>3</b> Aggregate value of grants from (during year)      |                         |                              |
| <b>4</b> Aggregate value at end of year . . . . .          |                         |                              |

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . ☐ Yes ☐ No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . ☐ Yes ☐ No

**Part II Conservation Easements.**

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|                                                                                                                                                                   | Held at the End of the Year |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>a</b> Total number of conservation easements . . . . .                                                                                                         | <b>2a</b>                   |
| <b>b</b> Total acreage restricted by conservation easements . . . . .                                                                                             | <b>2b</b>                   |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .                                                             | <b>2c</b>                   |
| <b>d</b> Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . . | <b>2d</b>                   |

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

**1a** If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

**b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

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Schedule D (Form 990) 2022

## Schedule D (Form 990) 2022

Page 2

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other .....
- c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds.**

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

|                                                                   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|-------------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ .....
- b** Permanent endowment ▶ .....
- c** Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) Unrelated organizations . . . . .

(ii) Related organizations . . . . .

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

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

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

**Part VI Land, Buildings, and Equipment.**

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

| Description of property                                                                                          | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .                                                                                         |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .                                                                                     |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements                                                                                  |                                      | 5,800,800                       | 4,669,378                    | 1,131,422      |
| <b>d</b> Equipment . . . . .                                                                                     |                                      | 1,857,467                       | 1,594,005                    | 263,462        |
| <b>e</b> Other . . . . .                                                                                         |                                      | 5,367,191                       | 3,796,495                    | 1,570,696      |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 2,965,580      |

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Page **3****Part VII Investments - Other Securities.**

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

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                       |                |                                                              |
| (2) Closely-held equity interests . . . . .                               |                |                                                              |
| (3) Other _____                                                           |                |                                                              |
| (A) CREDIT OPPORTUNITIES (DISTRESSED)                                     | 62,971,835     | F                                                            |
| (B) LONG/SHORT EQUITY                                                     | 44,051,955     | F                                                            |
| (C) GLOBAL MACRO                                                          | 19,343,534     | F                                                            |
| (D) UNCORRELATED EQUITY                                                   | 12,789,284     | F                                                            |
| (E) PRIVATE EQUITY                                                        | 7,768,589      | F                                                            |
| (F) LIQUIDATING STUBS                                                     | 1,436,180      | F                                                            |
| (G) OTHER                                                                 | 8,993          | F                                                            |
| (G)                                                                       |                |                                                              |
| (H)                                                                       |                |                                                              |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 148,370,370    |                                                              |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

| (a) Description                                                          | (b) Book value |
|--------------------------------------------------------------------------|----------------|
| (1)                                                                      |                |
| (2)                                                                      |                |
| (3)                                                                      |                |
| (4)                                                                      |                |
| (5)                                                                      |                |
| (6)                                                                      |                |
| (7)                                                                      |                |
| (8)                                                                      |                |
| (9)                                                                      |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) |                |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability | (b) Book value |
|---------------------------------|----------------|
| (1) Federal income taxes        |                |

## OPERATING LEASE LIABILITY

6,558,501

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)

6,558,501

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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Page 4

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

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

|          |                                                                                                          |           |             |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | 143,462,570 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                                   | <b>2a</b> | 9,044,114   |
| <b>b</b> | Donated services and use of facilities . . . . .                                                         | <b>2b</b> | 307,655     |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                                | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>2d</b> |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          | <b>2e</b> | 9,351,769   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     | <b>3</b>  | 134,110,801 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                             |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 345,096     |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              | <b>4c</b> | 345,096     |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . | <b>5</b>  | 134,455,897 |

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

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

|          |                                                                                                           |           |             |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 149,220,416 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                         |           |             |
| <b>a</b> | Donated services and use of facilities . . . . .                                                          | <b>2a</b> | 307,655     |
| <b>b</b> | Prior year adjustments . . . . .                                                                          | <b>2b</b> |             |
| <b>c</b> | Other losses . . . . .                                                                                    | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                  | <b>2d</b> |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                           | <b>2e</b> | 307,655     |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                      | <b>3</b>  | 148,912,761 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | 345,096     |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                  | <b>4b</b> | 1,367,519   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                               | <b>4c</b> | 1,712,615   |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . | <b>5</b>  | 150,625,376 |

**Part XIII Supplemental Information**

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

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART X, LINE 2:  | FIN 48 ROBIN HOOD FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. ROBIN HOOD IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3). THOUGH IT |

IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. ROBIN HOOD HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED BUSINESS INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT 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 XII, LINE 4B - OTHER ADJUSTMENTS: RESCINDED GRANTS 1,367,519.

Schedule D (Form 990) 2022

Additional Data

Return to Form

Software ID:  
Software Version:

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region                                                             | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0                                   | 0                                                                          | INVESTMENTS                                                                                                                                    |                                                                                                        | 131,977,949                                              |
|                                                                        |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                                        |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
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|                                                                        |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
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|                                                                        |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
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|                                                                        |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                                        |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                                        |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                                        |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                                        |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                                        |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                                        |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                                                        |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| <b>3a</b> Sub-total . . . . .                                          | 0                                   | 0                                                                          |                                                                                                                                                |                                                                                                        | 131,977,949                                              |
| <b>b</b> Total from continuation sheets to Part I . . . . .            | 0                                   | 0                                                                          |                                                                                                                                                |                                                                                                        | 0                                                        |
| <b>c Totals</b> (add lines 3a and 3b)                                  | 0                                   | 0                                                                          |                                                                                                                                                |                                                                                                        | 131,977,949                                              |

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Schedule F (Form 990) 2023

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

[illegible]

3 Enter total number of other organizations or entities . . . . .

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

[illegible]

## Part IV Foreign Forms

- |   |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                        |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i> . . . . .                                                                                                                                                | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| 2 | Did the organization have an interest in a foreign trust during the tax year? <i>If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i> . . . . . | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)</i> . . . . .                                                                                                                                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)</i> .                                                                | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i> . . . . .                                                                                                                                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).</i> . . . . .                                                                                                                                     | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

## Part V Supplemental Information

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

| ReturnReference           | Explanation                                                                                                                                                                                                                                                                                                                           |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART VI, LINE 1, 3, 4 & 5 | ROBIN HOOD OWNS A VARIETY OF ALTERNATIVE INVESTMENTS THAT MAY BE DOMICILED WITHIN THE UNITED STATES OR IN FOREIGN JURISDICTIONS. ROBIN HOOD'S INVESTMENTS IN FOREIGN JURISDICTIONS MAY BE DIRECT OR VIA AN INTERMEDIARY, SUCH AS A DOMESTIC LIMITED PARTNERSHIP. TO THE EXTENT ROBIN HOOD'S INVESTMENTS IN THESE VEHICLES REACHED THE |

[illegible]

### Additional Data

<https://projects.propublica.org/nonprofits/organizations/133441066/202403209349302550/full>

|                                                        |  |                                                                                                                                                                                                                                                                                                                                 |  |                                              |                                   |
|--------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|-----------------------------------|
| efile Public Visual Render                             |  | ObjectID: 202403209349302550 - Submission: 2024-11-15                                                                                                                                                                                                                                                                           |  | TIN: 13-3441066                              |                                   |
| SCHEDULE G<br>(Form 990)                               |  | Supplemental Information Regarding<br>Fundraising or Gaming Activities                                                                                                                                                                                                                                                          |  |                                              | OMB No. 1545-0047                 |
| Department of the Treasury<br>Internal Revenue Service |  | 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.<br>▶ Attach to Form 990 or Form 990-EZ.<br>▶ Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. |  |                                              | 2023<br>Open to Public Inspection |
| Name of the organization<br>ROBIN HOOD FOUNDATION      |  |                                                                                                                                                                                                                                                                                                                                 |  | Employer identification number<br>13-3441066 |                                   |

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☐ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser)                | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--------------------------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
|                                                                          |               | Yes                                                            | No |                                   |                                                                   |                                                   |
| ORR GROUP INC<br>3000 K STREET NW SUITE E280<br><br>WASHINGTON, DC 20007 | CAMPAIGN      |                                                                | No | 0                                 | 34,667                                                            | -34,667                                           |
| GRIFFIN PARTNERS LLC<br>100 BARROW STREET 10B<br><br>NEW YORK, NY 10014  | CAMPAIGN      |                                                                | No | 0                                 | 42,000                                                            | -42,000                                           |
|                                                                          |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                                          |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                                          |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                                          |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                                          |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                                          |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                                          |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                                          |               |                                                                |    |                                   |                                                                   |                                                   |
| Total . . . . . ▶                                                        |               |                                                                |    |                                   | 76,667                                                            | -76,667                                           |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AK, AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, VA, WA, WI, WV

## Schedule G (Form 990) 2023

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

|                 |                                                                           | (a) Event #1                       | (b) Event #2                      | (c) Other events           | (d) Total events                |
|-----------------|---------------------------------------------------------------------------|------------------------------------|-----------------------------------|----------------------------|---------------------------------|
|                 |                                                                           | <b>BIG BENEFIT</b><br>(event type) | <b>INV. CONF.</b><br>(event type) | <b>9</b><br>(total number) | (add col. (a) through col. (c)) |
| Revenue         |                                                                           |                                    |                                   |                            |                                 |
|                 | 1 Gross receipts . . . . .                                                | 34,234,239                         | 2,790,561                         | 612,409                    | 37,637,209                      |
|                 | 2 Less: Contributions . . . . .                                           | 33,581,739                         | 2,228,876                         | 605,065                    | 36,415,680                      |
|                 | 3 Gross income (line 1 minus line 2) . . . . .                            | 652,500                            | 561,685                           | 7,344                      | 1,221,529                       |
| Direct Expenses | 4 Cash prizes . . . . .                                                   |                                    |                                   |                            |                                 |
|                 | 5 Noncash prizes . . . . .                                                |                                    |                                   |                            |                                 |
|                 | 6 Rent/facility costs . . . . .                                           | 3,545,012                          | 449,059                           | 56,544                     | 4,050,615                       |
|                 | 7 Food and beverages . . . . .                                            | 995,030                            | 261,805                           | 41,867                     | 1,298,702                       |
|                 | 8 Entertainment . . . . .                                                 | 304,406                            | 139,270                           | 0                          | 443,676                         |
|                 | 9 Other direct expenses . . . . .                                         | 9,447,073                          | 1,429,125                         | 299,654                    | 11,175,852                      |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .  |                                    |                                   |                            | 16,968,845                      |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . |                                    |                                   |                            | -15,747,316                     |

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

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

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

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

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | <b>a</b> The organization's facility | <b>13a</b> | % |
|--------------------------------------|------------|---|
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:
- Name ▶ \_\_\_\_\_
- Address ▶ \_\_\_\_\_
- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:
- Name ▶ \_\_\_\_\_
- Address ▶ \_\_\_\_\_
- 16** Gaming manager information:
- Name ▶ \_\_\_\_\_
- Gaming manager compensation ▶ \$ \_\_\_\_\_
- Description of services provided ▶ \_\_\_\_\_
- ☐ Director/officer ☐ Employee ☐ Independent contractor
- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

| Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                        |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE G, PART 1, LINE 2B, ACTIVITY: | THE ROBIN HOOD FOUNDATION CONTRACTED WITH THE ORR GROUP TO PROVIDE CAMPAIGN ADVISORY AND PLANNING SERVICES. SINCE THE ORR GROUP IS A PROFESSIONAL FUNDRAISER, THE FOUNDATION IS DISCLOSING THEM IN SCHEDULE G TO COMPLY WITH IRS REQUIREMENTS, EVEN THOUGH THE ORR GROUP DID NOT PROVIDE ANY FUNDRAISING SERVICES. |

Schedule G (Form 990) 2023

## Additional Data

Return to Form

Software ID:  
Software Version:

|                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                              |  |                 |                                              |
|---------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|----------------------------------------------|
| efile Public Visual Render                                                                                          |  | ObjectID: 202403209349302550 - Submission: 2024-11-15                                                                                                                                                                                                                                                                        |  | TIN: 13-3441066 |                                              |
| <b>Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.</b> |  |                                                                                                                                                                                                                                                                                                                              |  |                 |                                              |
| <b>Schedule I<br/>(Form 990)</b>                                                                                    |  | <b>Grants and Other Assistance to Organizations,<br/>Governments and Individuals in the United States</b><br>Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.<br>▶ Attach to Form 990.<br>▶ Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information. |  |                 | OMB No. 1545-0047                            |
|                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                              |  |                 | <b>2023</b><br>Open to Public<br>Inspection  |
| Department of the Treasury<br>Internal Revenue Service<br>Name of the organization<br>ROBIN HOOD FOUNDATION         |  |                                                                                                                                                                                                                                                                                                                              |  |                 | Employer identification number<br>13-3441066 |

Part I General Information on Grants and Assistance

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

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

| (a) Name and address of organization or government                                                                    | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) 50CAN INC<br>1380 MONROE STREET NW 413<br>WASHINGTON, DC 20010                                                    | 27-3069592 | 501C3                           | 500,000                  | 0                                 |                                                       |                                       | POVERTY RELIEF                     |
| (2) A BETTER BALANCE<br>40 WORTH STREET 10TH<br>FLOOR<br>NEW YORK, NY 10013                                           | 20-3664771 | 501C3                           | 300,000                  | 0                                 |                                                       |                                       | POVERTY RELIEF                     |
| (3) ACHIEVEMENT FIRST<br>370 JAMES STREET SUITE 404<br>NEW HAVEN, CT 06513                                            | 65-1203744 | 501C3                           | 1,940,000                | 0                                 |                                                       |                                       | POVERTY RELIEF                     |
| (4) ADAMS STREET<br>FOUNDATION INC<br>283 ADAMS STREET<br>BROOKLYN, NY 11201                                          | 90-0394877 | 501C3                           | 175,000                  | 0                                 |                                                       |                                       | POVERTY RELIEF                     |
| (5) ADVOCATES FOR<br>CHILDREN OF NEW YORK INC<br>151 WEST 30TH STREET 5TH<br>FLOOR<br>NEW YORK, NY 10001              | 11-2247307 | 501C3                           | 670,000                  | 0                                 |                                                       |                                       | POVERTY RELIEF                     |
| (6) AFRICAN COMMUNITIES<br>TOGETHER<br>127 WEST 127TH ST SUITE<br>221<br>NEW YORK, NY 10027                           | 46-1689772 | 501C3                           | 250,000                  | 0                                 |                                                       |                                       | POVERTY RELIEF                     |
| (7) ALI FORNEY CENTER<br>224 WEST 35TH STREET 15TH<br>FLOOR<br>NEW YORK, NY 10001                                     | 30-0104507 | 501C3                           | 150,000                  | 0                                 |                                                       |                                       | POVERTY RELIEF                     |
| (8) AMALGAMATED<br>CHARITABLE FOUNDATION INC<br>1825 K STREET NW<br>WASHINGTON, DC 20006                              | 82-1517696 | 501C3                           | 536,000                  | 0                                 |                                                       |                                       | POVERTY RELIEF                     |
| (9) ANTHOS HOME INC<br>169 MADISON AVE 2285<br>NEW YORK, NY 10016                                                     | 88-3100968 | 501C3                           | 22,500                   | 0                                 |                                                       |                                       | POVERTY RELIEF                     |
| (10) ARIVA INC<br>69 E 167TH STREET<br>BRONX, NY 10452                                                                | 32-0028598 | 501C3                           | 75,000                   | 0                                 |                                                       |                                       | POVERTY RELIEF                     |
| (11) ASSOCIATION FOR<br>NEIGHBORHOOD & HOUSING<br>DEVELOPMENT INC<br>50 BROAD STREET SUITE 1402<br>NEW YORK, NY 10004 | 13-2775999 | 501C3                           | 300,000                  | 0                                 |                                                       |                                       | POVERTY RELIEF                     |
| (12) ASSOCIATION TO<br>BENEFIT CHILDREN<br>419 EAST 86TH STREET<br>NEW YORK, NY 10028                                 | 13-3303089 | 501C3                           | 550,000                  | 0                                 |                                                       |                                       | POVERTY RELIEF                     |
| (13) ASYLUM SEEKER<br>ADVOCACY PROJECT INC<br>228 PARK AVE S 84810<br>NEW YORK, NY 10003                              | 83-3011862 | 501C3                           | 250,000                  | 0                                 |                                                       |                                       | POVERTY RELIEF                     |
| (14) AVENUES FOR JUSTICE<br>INC<br>100 CENTRE STREET ROOM<br>1541<br>NEW YORK, NY 10013                               | 13-3267496 | 501C3                           | 490,000                  | 0                                 |                                                       |                                       | POVERTY RELIEF                     |
| (15) BANK STREET COLLEGE<br>OF EDUCATION<br>610 WEST 112TH STREET<br>NEW YORK, NY 10025                               | 13-5562167 | 501C3                           | 824,000                  | 0                                 |                                                       |                                       | POVERTY RELIEF                     |
| (16) BARBERSHOP BOOKS INC<br>57 WEST 57TH STREET 4TH<br>FLOOR<br>NEW YORK, NY 10019                                   | 46-4377279 | 501C3                           | 250,000                  | 0                                 |                                                       |                                       | POVERTY RELIEF                     |
| (17) BEAM CENTER INC<br>60 SACKETT ST<br>BROOKLYN, NY 11231                                                           | 45-4273449 | 501C3                           | 392,000                  | 0                                 |                                                       |                                       | POVERTY RELIEF                     |
| (18) BEDFORD STUYVESANT<br>RESTORATION CORPORATION<br>1368 FULTON STREET<br>BROOKLYN, NY 11216                        | 11-6083182 | 501C3                           | 225,000                  | 0                                 |                                                       |                                       | POVERTY RELIEF                     |
| (19) BEGINNING WITH<br>CHILDREN FOUNDATION INC<br>185 BROADWAY 2ND FLOOR<br>BROOKLYN, NY 11211                        | 13-3593810 | 501C3                           | 325,000                  | 0                                 |                                                       |                                       | POVERTY RELIEF                     |
| (20) BENEFITS DATA TRUST<br>CENTRE SQUARE WEST 1500<br>MARKET ST<br>SUITE 2800<br>PHILADELPHIA, PA 19102              | 20-3455598 | 501C3                           | 1,620,000                | 0                                 |                                                       |                                       | POVERTY RELIEF                     |

|                                                                                                                                   |            |       |           |   |  |                |
|-----------------------------------------------------------------------------------------------------------------------------------|------------|-------|-----------|---|--|----------------|
| (21) BLACK WOMEN'S BLUEPRINT INC<br>PO BOX 24713<br>BROOKLYN, NY 11201                                                            | 21-1308862 | 501C3 | 250,000   | 0 |  | POVERTY RELIEF |
| (22) BOROUGH OF MANHATTAN COMMUNITY COLLEGE FOUNDATION INC<br>199 CHAMBERS ST S747<br>NEW YORK, NY 10007                          | 51-0187969 | 501C3 | 500,000   | 0 |  | POVERTY RELIEF |
| (23) BOTTOM LINE INC<br>44 COURT STREET SUITE 300<br>BROOKLYN, NY 11201                                                           | 04-3351427 | 501C3 | 316,500   | 0 |  | POVERTY RELIEF |
| (24) BOWERY RESIDENTS COMMITTEE<br>131 WEST 25TH STREET 12TH FLOOR<br>NEW YORK, NY 10001                                          | 13-2736659 | 501C3 | 400,000   | 0 |  | POVERTY RELIEF |
| (25) BRONX DEFENDERS<br>360 EAST 161ST STREET<br>BRONX, NY 10451                                                                  | 13-3931074 | 501C3 | 325,000   | 0 |  | POVERTY RELIEF |
| (26) BRONXCARE HEALTH SYSTEM<br>1650 GRAND CONCORSE<br>BRONX, NY 10457                                                            | 13-1974191 | 501C3 | 255,000   | 0 |  | POVERTY RELIEF |
| (27) BRONXWORKS<br>60 EAST TREMONT AVENUE<br>BRONX, NY 10453                                                                      | 13-3254484 | 501C3 | 1,135,000 | 0 |  | POVERTY RELIEF |
| (28) BROOKLYN LEGAL SERVICES<br>105 COURT STREET<br>BROOKLYN, NY 11201                                                            | 13-2605605 | 501C3 | 435,000   | 0 |  | POVERTY RELIEF |
| (29) BROOKLYN NAVY YARD DEVELOPMENT CORPORATION<br>63 FLUSHING AVENUE UNIT 300<br>BUILDING 92<br>BROOKLYN, NY 11205               | 11-2137138 | 501C3 | 150,000   | 0 |  | POVERTY RELIEF |
| (30) BROWNSVILLE PARTNERSHIP INC<br>519 ROCKAWAY AVENUE 4TH FLOOR<br>BROOKLYN, NY 11212                                           | 83-2855003 | 501C3 | 28,800    | 0 |  | POVERTY RELIEF |
| (31) BUILDING SKILLS NY<br>570 LEXINGTON AVENUE 2ND FLOOR<br>NEW YORK, NY 10022                                                   | 45-5146915 | 501C3 | 200,000   | 0 |  | POVERTY RELIEF |
| (32) CAMBA INC<br>1720 CHURCH AVENUE 2ND FLOOR<br>BROOKLYN, NY 11226                                                              | 11-2480339 | 501C3 | 300,000   | 0 |  | POVERTY RELIEF |
| (33) CAREERWISE NEW YORK<br>349A STATE STREET<br>BROOKLYN, NY 11217                                                               | 85-1715974 | 501C3 | 375,000   | 0 |  | POVERTY RELIEF |
| (34) CENTER FOR ALTERNATIVE SENTENCING AND EMPLOYMENT SERVICES INC (CASES)<br>151 LAWRENCE STREET 3RD FLOOR<br>BROOKLYN, NY 11201 | 13-2668080 | 501C3 | 460,000   | 0 |  | POVERTY RELIEF |
| (35) CENTER FOR EMPLOYMENT OPPORTUNITIES<br>50 BROADWAY SUITE 1604<br>NEW YORK, NY 10004                                          | 13-3843322 | 501C3 | 575,000   | 0 |  | POVERTY RELIEF |
| (36) CENTER FOR FAMILY LIFE IN SUNSET PARK INC<br>443 39TH STREET<br>BROOKLYN, NY 11232                                           | 85-1058164 | 501C3 | 575,000   | 0 |  | POVERTY RELIEF |
| (37) CENTER FOR URBAN COMMUNITY SERVICES INC<br>198 E 121ST STREET<br>NEW YORK, NY 10032                                          | 13-3687891 | 501C3 | 1,860,000 | 0 |  | POVERTY RELIEF |
| (38) CHANCES FOR CHILDREN - NY INC<br>1178 ANDERSON AVE FLOOR SB<br>BRONX, NY 10452                                               | 47-3482005 | 501C3 | 250,000   | 0 |  | POVERTY RELIEF |
| (39) CHARLES B WANG COMMUNITY HEALTH CENTER INC<br>268 CANAL STREET<br>NEW YORK, NY 10013                                         | 13-2739694 | 501C3 | 900,000   | 0 |  | POVERTY RELIEF |
| (40) CHHAYA COMMUNITY DEVELOPMENT CORPORATION<br>37-43 77TH ST 2ND FL<br>JACKSON HEIGHTS, NY 11372                                | 11-3580935 | 501C3 | 310,000   | 0 |  | POVERTY RELIEF |
| (41) CHILD MIND INSTITUTE<br>445 PARK AVENUE<br>NEW YORK, NY 10022                                                                | 80-0478843 | 501C3 | 150,000   | 0 |  | POVERTY RELIEF |
| (42) CHILDREN'S AID SOCIETY<br>117 WEST 124TH STREET 3RD FLOOR<br>NEW YORK, NY 10027                                              | 13-5562191 | 501C3 | 2,200,000 | 0 |  | POVERTY RELIEF |
| (43) CHILDREN'S DEFENSE FUND<br>815 SECOND AVENUE 8TH FL<br>NEW YORK, NY 10017                                                    | 52-0895622 | 501C3 | 800,000   | 0 |  | POVERTY RELIEF |
| (44) CHILDREN'S MUSEUM OF MANHATTAN GROWTH THROUGH ART & MUSEUM EXPERIENCE INC<br>212 WEST 83RD STREET<br>NEW YORK, NY 10024      | 13-2761376 | 501C3 | 346,000   | 0 |  | POVERTY RELIEF |
| (45) CHINESE AMERICAN PLANNING COUNCIL INC<br>150 ELIZABETH STREET<br>NEW YORK, NY 10012                                          | 13-6202692 | 501C3 | 530,000   | 0 |  | POVERTY RELIEF |

|                                                                                                              |            |       |         |   |  |                |
|--------------------------------------------------------------------------------------------------------------|------------|-------|---------|---|--|----------------|
| (46) CITIZENS HOUSING AND PLANNING COUNCIL OF NEW YORK INC<br>42 BROADWAY 2010<br>NEW YORK, NY 10004         | 13-1782468 | 501C3 | 181,000 | 0 |  | POVERTY RELIEF |
| (47) CITY HARVEST INC<br>150 52ND STREET<br>BROOKLYN, NY 11232                                               | 13-3170676 | 501C3 | 750,000 | 0 |  | POVERTY RELIEF |
| (48) COALITION FOR THE HOMELESS INC<br>129 FULTON STREET<br>NEW YORK, NY 10038                               | 13-3072967 | 501C3 | 400,000 | 0 |  | POVERTY RELIEF |
| (49) COMMITTEE FOR HISPANIC CHILDREN AND FAMILIES INC<br>75 BROAD STREET<br>NEW YORK, NY 10004               | 13-3072967 | 501C3 | 275,000 | 0 |  | POVERTY RELIEF |
| (50) COMMONLIT INC<br>660 PENNSYLVANIA AVENUE SE 302<br>WASHINGTON, DC 20003                                 | 46-4255260 | 501C3 | 150,000 | 0 |  | POVERTY RELIEF |
| (51) COMMUNITIES RESIST INC<br>434 SOUTH 5TH STREET<br>BROOKLYN, NY 11211                                    | 11-2622003 | 501C3 | 353,500 | 0 |  | POVERTY RELIEF |
| (52) COMMUNITY DEVELOPMENT PROJECT INC<br>123 WILLIAM ST SUITE 401<br>4TH FLOOR<br>NEW YORK, NY 10038        | 83-1441257 | 501C3 | 400,000 | 0 |  | POVERTY RELIEF |
| (53) COMMUNITY FUNDS INC<br>909 THIRD AVENUE 22ND FLOOR<br>NEW YORK, NY 10022                                | 84-1899350 | 501C3 | 300,000 | 0 |  | POVERTY RELIEF |
| (54) COMMUNITY SERVICE SOCIETY OF NEW YORK<br>633 THIRD AVE 10TH FL<br>NEW YORK, NY 10017                    | 13-6089923 | 501C3 | 300,000 | 0 |  | POVERTY RELIEF |
| (55) COMPREHENSIVE DEVELOPMENT INC<br>240 SECOND AVENUE<br>NEW YORK, NY 10003                                | 13-5562202 | 501C3 | 225,000 | 0 |  | POVERTY RELIEF |
| (56) CONEY ISLAND PREP BUILDERS INC<br>294 AVENUE T<br>BROOKLYN, NY 11223                                    | 13-3861648 | 501C3 | 389,000 | 0 |  | POVERTY RELIEF |
| (57) COOPER UNION FOR THE ADVANCEMENT OF SCIENCE AND ART<br>30 COOPER SQUARE 8TH FLOOR<br>NEW YORK, NY 10003 | 26-1878521 | 501C3 | 225,000 | 0 |  | POVERTY RELIEF |
| (58) CORNELL UNIVERSITY<br>2 W LOOP RD<br>NEW YORK, NY 10044                                                 | 13-5562985 | 501C3 | 250,000 | 0 |  | POVERTY RELIEF |
| (59) CORPORATION FOR SUPPORTIVE HOUSING<br>61 BROADWAY SUITE 2300<br>NEW YORK, NY 10006                      | 15-0532082 | 501C3 | 150,000 | 0 |  | POVERTY RELIEF |
| (60) COUNSELING IN SCHOOLS INC<br>505 EIGHTH AVENUE 12A-6<br>NEW YORK, NY 10018                              | 13-3637647 | 501C3 | 300,000 | 0 |  | POVERTY RELIEF |
| (61) CYPRESS HILLS LOCAL DEVELOPMENT CORPORATION<br>3295 FULTON STREET<br>BROOKLYN, NY 11208                 | 13-2765465 | 501C3 | 600,000 | 0 |  | POVERTY RELIEF |
| (62) DAY ONE NEW YORK INC<br>PO BOX 3220 CHURCH STREET STATION<br>NEW YORK, NY 10008                         | 11-2683663 | 501C3 | 250,000 | 0 |  | POVERTY RELIEF |
| (63) DRIVE CHANGE INC<br>630 FLUSHING AVENUE<br>BROOKLYN, NY 11206                                           | 46-4691123 | 501C3 | 500,000 | 0 |  | POVERTY RELIEF |
| (64) EAST RIVER DEVELOPMENT ALLIANCE<br>12-11 40TH AVENUE<br>LONG ISLAND CITY, NY 11101                      | 23-7439789 | 501C3 | 150,000 | 0 |  | POVERTY RELIEF |
| (65) EAST SIDE HOUSE INC<br>337 ALEXANDER AVENUE<br>BRONX, NY 10454                                          | 86-1096987 | 501C3 | 550,000 | 0 |  | POVERTY RELIEF |
| (66) EDUCATION TRUST INC<br>1501 K STREET NW 200<br>WASHINGTON, DC 20005                                     | 52-1982223 | 501C3 | 350,000 | 0 |  | POVERTY RELIEF |
| (67) EDUCATORS FOR EXCELLENCE INC<br>80 PINE STREET 28TH FLOOR<br>NEW YORK, NY 10005                         | 13-1623989 | 501C3 | 250,000 | 0 |  | POVERTY RELIEF |
| (68) ENTERPRISE COMMUNITY PARTNERS INC<br>1 WHITEHALL STREET 11TH FLOOR<br>NEW YORK, NY 10004                | 27-3382030 | 501C3 | 350,000 | 0 |  | POVERTY RELIEF |
| (69) EXALT YOUTH<br>17 BATTERY PLACE SUITE 307<br>NEW YORK, NY 10004                                         | 06-1576405 | 501C3 | 220,000 | 0 |  | POVERTY RELIEF |
| (70) EXPANDED SCHOOLS INC<br>11 WEST 42ND STREET 3RD FLOOR<br>NEW YORK, NY 10036                             | 52-1231931 | 501C3 | 9,000   | 0 |  | POVERTY RELIEF |
| (71) FAIR HOUSING JUSTICE CENTER INC<br>30-30 NORTHERN BLVD SUITE 302<br>LONG ISLAND CITY, NY 11101          | 20-5540955 | 501C3 | 57,375  | 0 |  | POVERTY RELIEF |
| (72) FAMILY COOK                                                                                             | 13-4004600 | 501C3 | 250,000 | 0 |  | POVERTY RELIEF |

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| COMMUNITY TABLE LTD<br>330 EAST 43RD STREET STE<br>704<br>NEW YORK, NY 10017                                                 |            |       |           |   |  |                |
| (73) FAMILY LIFE ACADEMY<br>CHARTER SCHOOL<br>316 E 165TH STREET<br>NEW YORK, NY 10456                                       | 13-4170389 | 501C3 | 325,000   | 0 |  | POVERTY RELIEF |
| (74) FDNY FOUNDATION<br>9 METROTECH CENTER ROOM<br>5E-10<br>BROOKLYN, NY 11201                                               | 20-8681674 | 501C3 | 175,000   | 0 |  | POVERTY RELIEF |
| (75) FIFTH AVENUE<br>COMMITTEE<br>621 DEGRAW STREET<br>BROOKLYN, NY 11217                                                    | 27-3710500 | 501C3 | 100,000   | 0 |  | POVERTY RELIEF |
| (76) FISHTANK LEARNING INC<br>769 CENTRE STREET SUITE<br>208<br>JAMAICA PLAIN, MA 02445                                      | 85-4065590 | 501C3 | 500,000   | 0 |  | POVERTY RELIEF |
| (77) FJC<br>225 WEST 39TH STREET 12TH<br>FLOOR<br>NEW YORK, NY 10018                                                         | 13-3848582 | 501C3 | 100,000   | 0 |  | POVERTY RELIEF |
| (78) FOOD BANK FOR NEW<br>YORK CITY FOR SURVIVAL<br>39 BROADWAY 10TH FLOOR<br>NEW YORK, NY 10006                             | 11-2632404 | 501C3 | 500,000   | 0 |  | POVERTY RELIEF |
| (79) FORESTDALE INC<br>67-35 112TH STREET<br>FOREST HILL, NY 11375                                                           | 11-2475743 | 501C3 | 250,000   | 0 |  | POVERTY RELIEF |
| (80) FUND FOR PUBLIC<br>HEALTH IN NEW YORK<br>22 CORTLANDT STREET SUITE<br>802<br>NEW YORK, NY 10007                         | 05-0539199 | 501C3 | 1,680,000 | 0 |  | POVERTY RELIEF |
| (81) FUND FOR PUBLIC<br>HOUSING INC<br>200 BROADWAY 406<br>NEW YORK, NY 10038                                                | 47-4915755 | 501C3 | 100,000   | 0 |  | POVERTY RELIEF |
| (82) FUND FOR THE CITY OF<br>NEW YORK<br>121 6TH AVE<br>NEW YORK, NY 10013                                                   | 46-2740024 | 501C3 | 1,279,300 | 0 |  | POVERTY RELIEF |
| (83) FUND FOR THE CITY OF<br>NEW YORK INC<br>121 6TH AVE 6TH FL<br>NEW YORK, NY 10013                                        | 13-4185508 | 501C3 | 300,000   | 0 |  | POVERTY RELIEF |
| (84) GETTING OUT AND<br>STAYING OUT INC<br>2283 THIRD AVENUE<br>NEW YORK, NY 10035                                           | 13-2612524 | 501C3 | 250,000   | 0 |  | POVERTY RELIEF |
| (85) GODDARD RIVERSIDE<br>COMMUNITY CENTER<br>593 COLUMBUS AVENUE<br>NEW YORK, NY 10024                                      | 13-2612524 | 501C3 | 595,000   | 0 |  | POVERTY RELIEF |
| (86) GOOD SHEPHERD<br>SERVICES<br>305 SEVENTH AVENUE 9TH<br>FLOOR<br>NEW YORK, NY 10001                                      | 06-1711370 | 501C3 | 1,800,000 | 0 |  | POVERTY RELIEF |
| (87) GRAND STREET<br>SETTLEMENT<br>80 PITT STREET<br>NEW YORK, NY 10002                                                      | 13-1893908 | 501C3 | 862,000   | 0 |  | POVERTY RELIEF |
| (88) GROW BROOKLYN INC<br>315 GROVE STREET<br>BROOKLYN, NY 11237                                                             | 52-0196617 | 501C3 | 75,000    | 0 |  | POVERTY RELIEF |
| (89) HARLEM CHILDREN'S<br>ZONE INC<br>35 EAST 125TH STREET<br>NEW YORK, NY 10035                                             | 13-5562230 | 501C3 | 2,100,000 | 0 |  | POVERTY RELIEF |
| (90) HARLEM RBI INC<br>333 EAST 100TH STREET<br>GROUND FL<br>NEW YORK, NY 10029                                              | 26-1410513 | 501C3 | 560,000   | 0 |  | POVERTY RELIEF |
| (91) HENRY STREET<br>SETTLEMENT<br>265 HENRY STREET<br>NEW YORK, NY 10002                                                    | 13-4025290 | 501C3 | 435,000   | 0 |  | POVERTY RELIEF |
| (92) HERBERT H LEHMAN<br>COLLEGE FOUNDATION INC<br>250 BEDFORD PARK BLVD<br>WEST SHUSTER<br>HALL ROOM 310<br>BRONX, NY 10468 | 13-3688519 | 501C3 | 600,000   | 0 |  | POVERTY RELIEF |
| (93) HETRICK-MARTIN<br>INSTITUTE INC<br>2 ASTOR PLACE<br>NEW YORK, NY 10003                                                  | 84-4788076 | 501C3 | 375,000   | 0 |  | POVERTY RELIEF |
| (94) HOMES FOR THE<br>HOMELESS INC<br>36 COOPER SQUARE 3RD<br>FLOOR<br>NEW YORK, NY 10003                                    | 13-3150922 | 501C3 | 50,000    | 0 |  | POVERTY RELIEF |
| (95) HOPE PROGRAM INC<br>1 SMITH STREET<br>BROOKLYN, NY 11201                                                                | 13-3104537 | 501C3 | 555,000   | 0 |  | POVERTY RELIEF |
| (96) HOT BREAD KITCHEN LTD<br>75 NINTH AVE SUITE 0610<br>NEW YORK, NY 10011                                                  | 26-3332972 | 501C3 | 400,000   | 0 |  | POVERTY RELIEF |
| (97) HOUR CHILDREN INC<br>36-11 12TH STREET<br>LONG ISLAND CITY, NY 11106                                                    | 13-3351420 | 501C3 | 100,000   | 0 |  | POVERTY RELIEF |
| (98) HOUSING RIGHTS<br>INITIATIVE                                                                                            | 13-3268539 | 501C3 | 241,187   | 0 |  | POVERTY RELIEF |

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| 305 BROADWAY 9TH FLOOR<br>NEW YORK, NY 10007                                                                                    |            |       |           |   |  |                |
| (99) HUNGER FREE AMERICA<br>INC<br>50 BROAD STREET SUITE 1103<br>NEW YORK, NY 10004                                             | 81-2013546 | 501C3 | 300,000   | 0 |  | POVERTY RELIEF |
| (100) ICAHN SCHOOL OF<br>MEDICINE AT MOUNT SINAI<br>ONE GUSTAVE L LEVY PLACE<br>BOX 1075<br>NEW YORK, NY 10029                  | 13-6171197 | 501C3 | 700,000   | 0 |  | POVERTY RELIEF |
| (101) IMENTOR<br>30 BROAD STREET 10TH<br>FLOOR<br>NEW YORK, NY 10004                                                            | 13-3471350 | 501C3 | 440,000   | 0 |  | POVERTY RELIEF |
| (102) IMMIGRANT JUSTICE<br>CORPS INC<br>17 BATTERY PL SUITE 1234<br>NEW YORK, NY 10004                                          | 20-8503907 | 501C3 | 900,000   | 0 |  | POVERTY RELIEF |
| (103) IMMSCHOOLS<br>25 BROADWAY 12TH FLOOR<br>NEW YORK, NY 10001                                                                | 30-0105507 | 501C3 | 250,000   | 0 |  | POVERTY RELIEF |
| (104) INNOVATE EDU INC<br>175 PEARL STREET<br>BROOKLYN, NY 11201                                                                | 46-3636238 | 501C3 | 100,000   | 0 |  | POVERTY RELIEF |
| (105) JEWISH COMMUNITY<br>HOUSE OF BENSONHURST INC<br>7802 BAY PARKWAY<br>BENSONHURST, NY 11214                                 | 31-1675769 | 501C3 | 565,000   | 0 |  | POVERTY RELIEF |
| (106) JOBSFIRSTNYC<br>11 PARK PLACE SUITE 1106<br>NEW YORK, NY 10007                                                            | 41-2242653 | 501C3 | 450,000   | 0 |  | POVERTY RELIEF |
| (107) JOHN JAY COLLEGE<br>FOUNDATION<br>524 WEST 59TH ST<br>NEW YORK, NY 10019                                                  | 13-3213525 | 501C3 | 600,000   | 0 |  | POVERTY RELIEF |
| (108) JUSTFIX INC<br>16 W 19TH STREET 3A<br>NEW YORK, NY 10011                                                                  | 11-1633484 | 501C3 | 120,000   | 0 |  | POVERTY RELIEF |
| (109) JUSTICE INNOVATION<br>INC<br>121 AVENUE OF THE<br>AMERICAS 6TH<br>FLOOR<br>NEW YORK, NY 10013                             | 13-3683676 | 501C3 | 1,405,000 | 0 |  | POVERTY RELIEF |
| (110) KINDWORK INC<br>608 LINCOLN PL 2<br>BROOKLYN, NY 11216                                                                    | 81-3080695 | 501C3 | 200,000   | 0 |  | POVERTY RELIEF |
| (111) KIPP NEW YORK<br>1501 BROADWAY SUITE 1000<br>NEW YORK, NY 10036                                                           | 83-4131773 | 501C3 | 2,000,000 | 0 |  | POVERTY RELIEF |
| (112) LAWYERS FOR<br>CHILDREN INC<br>110 LAFAYETTE STREET 8TH<br>FLOOR<br>NEW YORK, NY 10013                                    | 13-2813809 | 501C3 | 540,000   | 0 |  | POVERTY RELIEF |
| (113) LEADING EDUCATORS<br>INC<br>3014 DAUPHINE STREET STE L<br>NEW ORLEANS, LA 70117                                           | 45-1447048 | 501C3 | 400,000   | 0 |  | POVERTY RELIEF |
| (114) LEAP INC<br>621 DEGRAU STREET<br>BROOKLYN, NY 11217                                                                       | 20-3971209 | 501C3 | 1,726,000 | 0 |  | POVERTY RELIEF |
| (115) LEGAL ACTION CENTER<br>OF THE CITY OF NEW YORK<br>225 VARICK STREET NEW<br>YORK NY<br>10014-4304<br>NEW YORK, NY 10014    | 13-2756320 | 501C3 | 50,000    | 0 |  | POVERTY RELIEF |
| (116) LEGAL SERVICES FOR<br>NEW YORK CITY<br>40 WORTH STREET SUITE 606<br>NEW YORK, NY 10013                                    | 13-3202043 | 501C3 | 450,000   | 0 |  | POVERTY RELIEF |
| (117) MAKE THE ROAD NEW<br>YORK<br>301 GROVE STREET<br>BROOKLYN, NY 11237                                                       | 51-0180665 | 501C3 | 1,192,599 | 0 |  | POVERTY RELIEF |
| (118) MAYOR'S FUND TO<br>ADVANCE NEW YORK CITY<br>253 BROADWAY 6TH FLOOR<br>NEW YORK, NY 10007                                  | 13-3833818 | 501C3 | 3,081,750 | 0 |  | POVERTY RELIEF |
| (119) MDRC<br>200 VESEY STREET 23RD<br>FLOOR<br>NEW YORK, NY 10281                                                              | 23-7379473 | 501C3 | 210,000   | 0 |  | POVERTY RELIEF |
| (120) METROPOLITAN NEW<br>YORK COORDINATING<br>COUNCIL ON JEWISH POVERTY<br>77 WATER STREET 7TH FLOOR<br>NEW YORK, NY 102710015 | 11-3640210 | 501C3 | 450,000   | 0 |  | POVERTY RELIEF |
| (121) MINKWON CENTER FOR<br>COMMUNITY ACTION INC<br>133-29 41ST AVENUE SUITE<br>202<br>FLUSHING, NY 11355                       | 11-3783906 | 501C3 | 300,000   | 0 |  | POVERTY RELIEF |
| (122) MONTEFIORE MEDICAL<br>CENTER<br>111 EAST 210TH STREET<br>BRONX, NY 10467                                                  | 11-2710506 | 501C3 | 1,931,000 | 0 |  | POVERTY RELIEF |
| (123) MRCHARITY INC<br>740 SE GREENVILLE BLVD<br>SUITE<br>400-226<br>GREENVILLE, NC 27858                                       | 85-2067214 | 501C3 | 250,000   | 0 |  | POVERTY RELIEF |
| (124) MURMURATION<br>RESEARCH INSTITUTE INC<br>11 WALL STREET 1200                                                              | 86-1626267 | 501C3 | 150,000   | 0 |  | POVERTY RELIEF |

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| 44 WALL STREET 1000<br>NEW YORK, NY 10005                                                                             |            |       |           |   |  |                |
| (125) NATIONAL LOW INCOME HOUSING COALITION AND LOW INCOME HOUSING 1000 VERMONT AVE NW SUITE 500 WASHINGTON, DC 20005 | 46-1192687 | 501C3 | 350,000   | 0 |  | POVERTY RELIEF |
| (126) NEO PHILANTHROPY INC 001 AVE OF THE AMERICAS SUITE 12FL NEW YORK, NY 10018                                      | 13-3191113 | 501C3 | 100,000   | 0 |  | POVERTY RELIEF |
| (127) NEW ECONOMY PROJECT 121 WEST 27TH STREET SUITE 804 NEW YORK, NY 10001                                           | 52-1089824 | 501C3 | 150,000   | 0 |  | POVERTY RELIEF |
| (128) NEW SETTLEMENT APARTMENTS 1512 TOWNSEND AVENUE BRONX, NY 10452                                                  | 13-5564128 | 501C3 | 590,000   | 0 |  | POVERTY RELIEF |
| (129) NEW VISIONS FOR PUBLIC SCHOOL 205 E 42ND ST 4TH FLOOR NEW YORK, NY 10017                                        | 13-3842270 | 501C3 | 475,000   | 0 |  | POVERTY RELIEF |
| (130) NEW YORK CITY CENTER FOR CHARTER SCHOOL EXCELLENCE 111 BROADWAY SUITE 604 NEW YORK, NY 10006                    | 14-1719016 | 501C3 | 500,000   | 0 |  | POVERTY RELIEF |
| (131) NEW YORK CITY HEALTH AND HOSPITALS CORPORATION 50 WATER STREET CORP COMPTROLLER 3RD FLOOR NEW YORK, NY 10004    | 13-3538961 | 501C3 | 115,000   | 0 |  | POVERTY RELIEF |
| (132) NEW YORK COMMON PANTRY 8 EAST 109TH STREET NEW YORK, NY 10029                                                   | 20-0759687 | 501C3 | 550,000   | 0 |  | POVERTY RELIEF |
| (133) NEW YORK FOCUS INC 361 WARREN STREET BROOKLYN, NY 11201                                                         | 85-3154579 | 501C3 | 100,000   | 0 |  | POVERTY RELIEF |
| (134) NEW YORK HOUSING CONFERENCE INC 247 W 37TH STREET 4TH FLOOR NEW YORK, NY 10018                                  | 13-3127972 | 501C3 | 100,000   | 0 |  | POVERTY RELIEF |
| (135) NEW YORK LEGAL ASSISTANCE GROUP INC 7 HANOVER SQUARE 18TH FLOOR NEW YORK, NY 10004                              | 23-7269678 | 501C3 | 225,000   | 0 |  | POVERTY RELIEF |
| (136) NEW YORK SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN 520 EIGHTH AVENUE SUITE 1401 NEW YORK, NY 10018      | 26-3846042 | 501C3 | 250,000   | 0 |  | POVERTY RELIEF |
| (137) NEW YORK STATE CHILD CARE COORDINATE COUNCIL INC 230 WASHINGTON AVENUE EXTENSION ALBANY, NY 12203               | 13-3505428 | 501C3 | 200,000   | 0 |  | POVERTY RELIEF |
| (138) NEW YORK UNIVERSITYNYU FURMAN CENTER ONE PARK AVENUE 5TH FLOOR NEW YORK, NY 10016                               | 13-1624134 | 501C3 | 75,000    | 0 |  | POVERTY RELIEF |
| (139) NEW YORK UNIVERSITY SCHOOL OF MEDICINE ONE PARK AVENUE 6TH FLOOR NEW YORK, NY 10016                             | 46-0985631 | 501C3 | 1,296,000 | 0 |  | POVERTY RELIEF |
| (140) NEW YORK-PRESBYTERIAN FUND INC 525 E 68TH ST BOX 123 NEW YORK, NY 10065                                         | 13-5562308 | 501C3 | 525,000   | 0 |  | POVERTY RELIEF |
| (141) NONTRADITIONAL EMPLOYMENT FOR WOMEN 243 WEST 20TH STREET NEW YORK, NY 10011                                     | 13-3160356 | 501C3 | 475,000   | 0 |  | POVERTY RELIEF |
| (142) NORTHSIDE CENTER FOR CHILD DEVELOPMENT 1301 5TH AVENUE NEW YORK, NY 10029                                       | 11-3431280 | 501C3 | 75,000    | 0 |  | POVERTY RELIEF |
| (143) NPOWER INC 55 WASHINGTON STREET SUITE 560 BROOKLYN, NY 11201                                                    | 13-2972415 | 501C3 | 200,000   | 0 |  | POVERTY RELIEF |
| (144) NYC MUSLIM CENTER 90-20 191ST STREET HOLLIS, NY 11423                                                           | 13-1656679 | 501C3 | 470,000   | 0 |  | POVERTY RELIEF |
| (145) ONE BROOKLYN HEALTH SYSTEM INC 1545 ATLANTIC AVENUE BROOKLYN, NY 11213                                          | 13-4145441 | 501C3 | 11,000    | 0 |  | POVERTY RELIEF |
| (146) ONE FAIR WAGE 3518 SOUTH EDMUNDS ST SEATTLE, NY 98118                                                           | 27-3308812 | 501C3 | 300,000   | 0 |  | POVERTY RELIEF |
| (147) ONEGOAL PO BOX 734137 CHICAGO, IL 60673                                                                         | 81-5323275 | 501C3 | 150,000   | 0 |  | POVERTY RELIEF |
| (148) OPEN NEW YORK EDUCATION INC 80 BROAD STREET 5TH FLOOR STE 3587 NEW YORK, NY 10004                               | 88-2482956 | 501C3 | 175,000   | 0 |  | POVERTY RELIEF |

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| NEW YORK, NY 10007                                                                                        |            |       |           |   |  |                |
| (149) OPPORTUNITY LABS FOUNDATION<br>630 PARK AVENUE<br>BRIDGE, NJ 08730                                  | 84-3894479 | 501C3 | 50,000    | 0 |  | POVERTY RELIEF |
| (150) PARAPROFESSIONAL HEALTHCARE INSTITUTE INC<br>400 EAST FORDHAM ROAD<br>11TH FLOOR<br>BRONX, NY 10458 | 56-2369898 | 501C3 | 300,000   | 0 |  | POVERTY RELIEF |
| (151) PART OF THE SOLUTION INC<br>2759 WEBSTER AVENUE<br>BRONX, NY 10458                                  | 11-2934620 | 501C3 | 462,500   | 0 |  | POVERTY RELIEF |
| (152) PARTNERSHIP WITH CHILDREN INC<br>299 BROADWAY SUITE 1300<br>NEW YORK, NY 10007                      | 13-3575492 | 501C3 | 650,000   | 0 |  | POVERTY RELIEF |
| (153) PER SCHOLAS INC<br>804 EAST 138TH STREET<br>BRONX, NY 10454                                         | 13-3425071 | 501C3 | 750,000   | 0 |  | POVERTY RELIEF |
| (154) PHIPPS NEIGHBORHOODS INC<br>902 BROADWAY 13TH FLOOR<br>NEW YORK, NY 10010                           | 13-5596751 | 501C3 | 250,000   | 0 |  | POVERTY RELIEF |
| (155) POWER MY LEARNING<br>228 PARK AVENUE SOUTH PMB 16373<br>NEW YORK, NY 10003                          | 13-3935309 | 501C3 | 303,000   | 0 |  | POVERTY RELIEF |
| (156) PROJECT BASTA<br>315 WEST 36TH STREET<br>NEW YORK, NY 10018                                         | 13-2707665 | 501C3 | 100,000   | 0 |  | POVERTY RELIEF |
| (157) PROJECT HOSPITALITY INC<br>100 PARK AVENUE<br>STATEN ISLAND, NY 10302                               | 11-2451752 | 501C3 | 925,000   | 0 |  | POVERTY RELIEF |
| (158) PROJECT RENEWAL INC<br>200 VARICK STREET<br>NEW YORK, NY 10014                                      | 81-5268868 | 501C3 | 280,000   | 0 |  | POVERTY RELIEF |
| (159) PROJECT TOMORROW<br>3943 IRVINE BLVD 416<br>IRVINE, CA 92602                                        | 95-4581958 | 501C3 | 200,000   | 0 |  | POVERTY RELIEF |
| (160) PUBLIC HEALTH SOLUTIONS<br>158 EAST 115TH STREET 3RD FLOOR<br>NEW YORK, NY 10029                    | 13-3234441 | 501C3 | 300,000   | 0 |  | POVERTY RELIEF |
| (161) PURSUIT TRANSFORMATION COMPANY INC<br>31-00 47TH AVENUE SUITE 1105<br>LONG ISLAND CITY, NY 11101    | 13-5669201 | 501C3 | 280,000   | 0 |  | POVERTY RELIEF |
| (162) R STREET INSTITUTE<br>1212 NEW YORK AVE SUITE 900<br>WASHINGTON, DC 20005                           | 26-3477125 | 501C3 | 150,000   | 0 |  | POVERTY RELIEF |
| (163) REBUILDING TOGETHER NYC<br>126 10TH STREET A<br>BROOKLYN, NY 11215                                  | 61-1652332 | 501C3 | 130,000   | 0 |  | POVERTY RELIEF |
| (164) RESEARCH FOUNDATION OF CITY UNIVERSITY OF NEW YORK<br>230 WEST 41ST STREET<br>NEW YORK, NY 10036    | 27-5316628 | 501C3 | 3,927,500 | 0 |  | POVERTY RELIEF |
| (165) RESULTS EDUCATIONAL FUND INC<br>1101 15TH STREET NW SUITE 1200<br>WASHINGTON, DC 20005              | 13-1988190 | 501C3 | 550,000   | 0 |  | POVERTY RELIEF |
| (166) RIVER FUND NEW YORK INC<br>89-11 LEFFERTS BLVD<br>RICHMOND, NY 11418                                | 95-3747267 | 501C3 | 250,000   | 0 |  | POVERTY RELIEF |
| (167) SAFE HORIZON INC<br>2 LAFAYETTE ST<br>NEW YORK, NY 10007                                            | 11-3450363 | 501C3 | 640,000   | 0 |  | POVERTY RELIEF |
| (168) SAMARITAN FOUNDATION INCORPORATED<br>2101 MAGNOLIA AVENUE<br>SOUTH 420<br>BIRMINGHAM, AL 35205      | 20-0944048 | 501C3 | 50,000    | 0 |  | POVERTY RELIEF |
| (169) SCO FAMILY OF SERVICES<br>1415 KELLUM PLACE SUITE 140<br>GARDEN CITY, NY 11530                      | 13-3193119 | 501C3 | 875,000   | 0 |  | POVERTY RELIEF |
| (170) SOCIAL CREATURES INC<br>83 POWERS ST 2ND FLOOR<br>BROOKLYN, NY 11211                                | 85-1248669 | 501C3 | 283,784   | 0 |  | POVERTY RELIEF |
| (171) SOUTH CAROLINA INSTITUTE FOR CHILD SUCCESS INC<br>613 EAST MCBEE AVE<br>GREENVILLE, SC 29601        | 11-2777066 | 501C3 | 10,000    | 0 |  | POVERTY RELIEF |
| (172) SPONSORS FOR EDUCATIONAL OPPORTUNITY<br>55 EXCHANGE PLACE SUITE 601<br>NEW YORK, NY 10005           | 13-3709095 | 501C3 | 120,000   | 0 |  | POVERTY RELIEF |
| (173) ST NICKS ALLIANCE CORP<br>2 KINGSLAND AVENUE<br>BROOKLYN, NY 11211                                  | 27-1904900 | 501C3 | 225,000   | 0 |  | POVERTY RELIEF |
| (174) ST JOHN'S BREAD AND LIFE PROGRAM INC                                                                | 13-2578670 | 501C3 | 425,000   | 0 |  | POVERTY RELIEF |

|                                                                                                                             |            |       |           |   |  |                |
|-----------------------------------------------------------------------------------------------------------------------------|------------|-------|-----------|---|--|----------------|
| 795 LEXINGTON AVE<br>BROOKLYN, NY 11221                                                                                     |            |       |           |   |  |                |
| (175) ST LOUIS CIVIC TECH<br>AND DATA COLLABORATIVE<br>2131 RUSSELL BLVD<br>SAINT LOUIS, MO 63104                           | 37-1871086 | 501C3 | 250,000   | 0 |  | POVERTY RELIEF |
| (176) STRIVE INTERNATIONAL<br>INC<br>240 EAST 123RD STREET<br>NEW YORK, NY 10035                                            | 47-2787706 | 501C3 | 268,000   | 0 |  | POVERTY RELIEF |
| (177) STUDENT LEADERSHIP<br>NETWORK INC<br>322 8TH AVENUE 4TH FLOOR<br>NEW YORK, NY 10001                                   | 47-1291998 | 501C3 | 580,000   | 0 |  | POVERTY RELIEF |
| (178) SUCCESS ACADEMY<br>CHARTER NETWORK INC<br>95 PINE STREET 6TH FLOOR<br>NEW YORK, NY 10005                              | 13-3255679 | 501C3 | 1,500,000 | 0 |  | POVERTY RELIEF |
| (179) SUNSET PARK HEALTH<br>COUNCIL<br>6025 6TH AVENUE<br>BROOKLYN, NY 11220                                                | 06-1517218 | 501C3 | 100,000   | 0 |  | POVERTY RELIEF |
| (180) SUNY IMPACT<br>FOUNDATION<br>116 EAST 55TH STREET<br>NEW YORK, NY 10022                                               | 81-4591892 | 501C3 | 1,500,000 | 0 |  | POVERTY RELIEF |
| (181) SUPPORTIVE HOUSING<br>NETWORK OF NEW YORK INC<br>247 W 37TH STREET 18TH<br>FLOOR<br>NEW YORK, NY 10018                | 20-5298861 | 501C3 | 100,000   | 0 |  | POVERTY RELIEF |
| (182) TEACH FOR AMERICA<br>INC<br>519 8TH AVENUE 15TH FLOOR<br>NEW YORK, NY 10018                                           | 13-3755149 | 501C3 | 375,000   | 0 |  | POVERTY RELIEF |
| (183) TEACHERS COLLEGE<br>COLUMBIA UNIVERSITY<br>525 WEST 120TH ST<br>NEW YORK, NY 10027                                    | 83-2550224 | 501C3 | 275,000   | 0 |  | POVERTY RELIEF |
| (184) TEACHING LAB<br>PO BOX 73008<br>WASHINGTON, DC 20056                                                                  | 13-3541913 | 501C3 | 600,000   | 0 |  | POVERTY RELIEF |
| (185) TEACHING MATTERS INC<br>475 RIVERSIDE DRIVE 1270<br>NEW YORK, NY 10115                                                | 13-3770472 | 501C3 | 300,000   | 0 |  | POVERTY RELIEF |
| (186) THE CAMPAIGN AGAINST<br>HUNGER INC<br>2010 FULTON ST<br>BROOKLYN, NY 11233                                            | 94-1156365 | 501C3 | 150,000   | 0 |  | POVERTY RELIEF |
| (187) THE CHILD CENTER OF<br>NEW YORK<br>61-02 QUEENS BOULEVARD<br>WOODSIDE, NY 11377                                       | 83-3670811 | 501C3 | 285,000   | 0 |  | POVERTY RELIEF |
| (188) THE CHILDREN'S<br>AGENDA INC<br>1 S WASHINGTON STREET<br>SUITE 120<br>ROCHESTER, NY 14614                             | 20-0934854 | 501C3 | 400,000   | 0 |  | POVERTY RELIEF |
| (189) THE CHILDREN'S<br>HEALTH FUND<br>475 RIVERSIDE DRIVE SUITE<br>630<br>NEW YORK, NY 10115                               | 11-1733454 | 501C3 | 465,000   | 0 |  | POVERTY RELIEF |
| (190) THE DOOR - A CENTER<br>OF ALTERNATIVES INC<br>121 AVENUE OF THE<br>AMERICAS<br>NEW YORK, NY 10013                     | 20-1547478 | 501C3 | 500,000   | 0 |  | POVERTY RELIEF |
| (191) THE EAGLE ACADEMY<br>FOUNDATION<br>31 W 125TH STREET FOURTH<br>FLOOR<br>NEW YORK, NY 10027                            | 13-3468427 | 501C3 | 200,000   | 0 |  | POVERTY RELIEF |
| (192) THE FLAGSTONE<br>INITIATIVE INC<br>2201 BROADWAY SUITE 100<br>OAKLAND, CA 94612                                       | 88-1233886 | 501C3 | 103,750   | 0 |  | POVERTY RELIEF |
| (193) THE FORTUNE SOCIETY<br>29-76 NORTHERN BOULEVARD<br>LONG ISLAND CITY, NY 11101                                         | 13-6127348 | 501C3 | 760,000   | 0 |  | POVERTY RELIEF |
| (194) THE FUND FOR PUBLIC<br>SCHOOLS INC<br>52 CHAMBERS STREET<br>NEW YORK, NY 10007                                        | 20-1532382 | 501C3 | 3,845,680 | 0 |  | POVERTY RELIEF |
| (195) THE GO PROJECT<br>50 COOPER SQUARE 3RD FL<br>NEW YORK, NY 10003                                                       | 11-2656137 | 501C3 | 225,000   | 0 |  | POVERTY RELIEF |
| (196) THE INSTITUTE FOR<br>COLLEGE ACCESS AND<br>SUCCESS INC<br>110 MARYLAND AVENUE NE<br>SUITE 201<br>WASHINGTON, DC 20002 | 27-1411019 | 501C3 | 150,000   | 0 |  | POVERTY RELIEF |
| (197) THE INSTITUTE FOR<br>FAMILY HEALTH<br>2006 MADISON AVENUE<br>NEW YORK, NY 10035                                       | 81-4768448 | 501C3 | 575,000   | 0 |  | POVERTY RELIEF |
| (198) THE KNOWLEDGE<br>HOUSE FELLOWSHIP INC<br>363 RIDER AVENUE 3RD<br>FLOOR<br>BRONX, NY 10451                             | 20-1368860 | 501C3 | 250,000   | 0 |  | POVERTY RELIEF |
| (199) THE LEGAL AID SOCIETY<br>199 WATER STREET<br>NEW YORK, NY 10038                                                       | 47-2747713 | 501C3 | 1,325,000 | 0 |  | POVERTY RELIEF |
| (200) THE NEW SCHOOL                                                                                                        | 13-5562265 | 501C3 | 2,280,000 | 0 |  | POVERTY RELIEF |

|                                                                                                                                             |            |       |           |   |  |  |                |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|-----------|---|--|--|----------------|
| ATTN: GIFT ACCOUNTING 55 W 13TH STREET<br>NEW YORK, NY 10011                                                                                |            |       |           |   |  |  |                |
| (201) THE NEW YORK IMMIGRATION COALITION INC<br>131 W 33RD STREET 610<br>NEW YORK, NY 10001                                                 | 13-3573409 | 501C3 | 400,000   | 0 |  |  | POVERTY RELIEF |
| (202) THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUNDATIONS<br>270 MADISON AVENUE 11TH FLOOR<br>NEW YORK, NY 10016                 | 13-1887440 | 501C3 | 245,000   | 0 |  |  | POVERTY RELIEF |
| (203) THE PARTNERSHIP FOR INNER CITY EDUCATION<br>1011 FIRST AVENUE SUITE 1800<br>NEW YORK, NY 10022                                        | 13-3297197 | 501C3 | 200,000   | 0 |  |  | POVERTY RELIEF |
| (204) TIDES CENTER<br>539 ATLANTIC AVE<br>BROOKLYN, NY 11217                                                                                | 13-3976873 | 501C3 | 240,000   | 0 |  |  | POVERTY RELIEF |
| (205) TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK<br>EXECUTIVE EDUCATION PROGRAM PO BOX 1455 NEW YORK<br>NEW YORK, NY 100081455 | 38-6006309 | 501C3 | 2,720,000 | 0 |  |  | POVERTY RELIEF |
| (206) UKA FACILITIES FOUNDATION INC<br>C/O ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR<br>NEW YORK, NY 10003                               | 13-5598093 | 501C3 | 25,000    | 0 |  |  | POVERTY RELIEF |
| (207) UNCOMMON SCHOOLS INC<br>C/O ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR<br>NEW YORK, NY 10003                                        | 13-5598093 | 501C3 | 1,250,000 | 0 |  |  | POVERTY RELIEF |
| (208) UNLOCAL INC<br>45 W 29TH ST SUITE 203<br>NEW YORK, NY 10001                                                                           | 13-2867881 | 501C3 | 375,000   | 0 |  |  | POVERTY RELIEF |
| (209) UPSTREAM USA INC<br>2 OLIVER STREET SUITE 402<br>BOSTON, MA 02109                                                                     | 35-2581424 | 501C3 | 250,000   | 0 |  |  | POVERTY RELIEF |
| (210) UPWARDLY GLOBAL<br>505 8TH AVENUE SUITE 602<br>NEW YORK, NY 10018                                                                     | 41-2278265 | 501C3 | 250,000   | 0 |  |  | POVERTY RELIEF |
| (211) URBAN ASSEMBLY INC<br>551 5TH AVENUE 23RD FLOOR<br>NEW YORK NY 10176-0001<br>NEW YORK, NY 10176                                       | 11-0332039 | 501C3 | 240,000   | 0 |  |  | POVERTY RELIEF |
| (212) URBAN HOMESTEADING ASSISTANCE INC<br>120 WALL ST 20TH FLOOR<br>NEW YORK, NY 10005                                                     | 13-2902798 | 501C3 | 150,000   | 0 |  |  | POVERTY RELIEF |
| (213) URBAN INSTITUTE<br>500 LENFANT PLAZA SW<br>WASHINGTON, DC 20024                                                                       | 52-0880375 | 501C3 | 100,000   | 0 |  |  | POVERTY RELIEF |
| (214) URBAN JUSTICE CENTER<br>40 RECTOR STREET 9TH FLOOR<br>NEW YORK, NY 10006                                                              | 82-1736267 | 501C3 | 420,000   | 0 |  |  | POVERTY RELIEF |
| (215) URBAN PATHWAYS<br>575 EIGHTH AVENUE 16TH FLOOR<br>NEW YORK, NY 10018                                                                  | 94-3346127 | 501C3 | 65,000    | 0 |  |  | POVERTY RELIEF |
| (216) VERA INSTITUTE OF JUSTICE INC<br>34 35TH STREET SUITE 4-2A<br>BROOKLYN, NY 11232                                                      | 13-1941627 | 501C3 | 200,000   | 0 |  |  | POVERTY RELIEF |
| (217) VOCES LATINAS CORPORATION<br>37-63 83RD ST 2ND FLOOR<br>JACKSON HEIGHTS, NY 11372                                                     | 20-2312651 | 501C3 | 300,000   | 0 |  |  | POVERTY RELIEF |
| (218) VOICES OF COMMUNITY ACTIVISTS & LEADERS VOCAL NY INC<br>80 A 4TH AVENUE<br>BROOKLYN, NY 11217                                         | 13-2933675 | 501C3 | 700,000   | 0 |  |  | POVERTY RELIEF |
| (219) WEST SIDE CENTER FOR COMMUNITY LIFE INC<br>263 WEST 86TH STREET<br>NEW YORK, NY 10024                                                 | 22-2500031 | 501C3 | 490,000   | 0 |  |  | POVERTY RELIEF |
| (220) WESTCHESTER CHILDREN'S ASSOCIATION INC<br>470 MAMARONECK AVENUE STE 304<br>WHITE PLAINS, NY 10605                                     | 13-1740066 | 501C3 | 100,000   | 0 |  |  | POVERTY RELIEF |
| (221) WILDLIFE CONSERVATION SOCIETY<br>2300 SOUTHERN BLVD<br>BRONX, NY 10460                                                                | 13-1740011 | 501C3 | 300,000   | 0 |  |  | POVERTY RELIEF |
| (222) WOMEN IN NEED INC<br>115 WEST 31ST STREET 7TH FLOOR<br>NEW YORK, NY 10001                                                             | 13-4094385 | 501C3 | 500,000   | 0 |  |  | POVERTY RELIEF |
| (223) WORKFORCE DEVELOPMENT CORP<br>ONE LIBERTY PLAZA STE 11TH F<br>NEW YORK, NY 10006                                                      | 13-3632018 | 501C3 | 600,000   | 0 |  |  | POVERTY RELIEF |
| (224) WORKFORCE DEVELOPMENT                                                                                                                 | 13-3632018 | 501C3 | 250,000   | 0 |  |  | POVERTY RELIEF |

|                                                                                                                                           |            |       |         |   |  |                |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|---------|---|--|----------------|
| CORPORTATIONNEW YORK<br>CITY SMALL BUSINESS<br>SERVICES TA<br>ONELIBERTYPLAZASTE11THF<br>NEW YORK, NY 10006                               |            |       |         |   |  |                |
| (225) YALE UNIVERSITY<br>25 SCIENCE PARK - 3RD<br>FLOOR 150<br>MUNSON S<br>NEW HAVEN, CT 06511                                            | 06-0646973 | 501C3 | 788,000 | 0 |  | POVERTY RELIEF |
| (226) YEAR UP<br>85 BROAD STREET 6TH FLOOR<br>NEW YORK, NY 10004                                                                          | 11-3099604 | 501C3 | 250,000 | 0 |  | POVERTY RELIEF |
| (227) YOUTH RESEARCH INC<br>5 UNIVERSITY PLACE<br>BUILDING A SUITE<br>407<br>RENSSELAER, NY 12144                                         | 19-2063356 | 501C3 | 10,000  | 0 |  | POVERTY RELIEF |
| (228) ZERO TO THREE -<br>NATIONAL CENTER FOR<br>INFANTS TODDLERS AND<br>FAMILIES<br>2445 M STREET NW SUITE 600<br>WASHINGTON, DC 20037    | 52-1105189 | 501C3 | 993,000 | 0 |  | POVERTY RELIEF |
| (229) ALEMBIC DEVELOPMENT<br>COMPANY LLC<br>111 JOHN STREET SUITE 1710<br>NEW YORK, NY 10038                                              | 20-1795749 | 501C3 | 15,000  | 0 |  | POVERTY RELIEF |
| (230) BENNETT MIDLAND LLC<br>245 WEST 29TH STREET<br>NEW YORK, NY 10001                                                                   | 20-5149826 | 501C3 | 20,000  | 0 |  | POVERTY RELIEF |
| (231) COMMON SENSE CHILD<br>BIRTH INC<br>213 S DILLARD ST STE 340<br>WINTER GARDEN, FL 34787                                              | 59-3479821 | 501C3 | 200,000 | 0 |  | POVERTY RELIEF |
| (232) NEW YORK UNIVERSITY<br>STEINHARDT SCHOOL OF<br>CULTURE EDUCATION &<br>HUMAN DEVELOP<br>665 BROADWAY SUITE 801<br>NEW YORK, NY 10012 | 13-5562308 | 501C3 | 505,000 | 0 |  | POVERTY RELIEF |
| (233) RESEARCH FOUNDATION<br>OF CITY UNIVERSITY FUTURE<br>NOW<br>230 WEST 41ST STREET<br>NEW YORK, NY 10036                               | 13-6017865 | 501C3 | 465,000 | 0 |  | POVERTY RELIEF |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .                               |            |       |         |   |  | 235            |
| 3 Enter total number of other organizations listed in the line 1 table . . . . .                                                          |            |       |         |   |  | 0              |

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

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

| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Return Reference                                                                                                                                  | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| PART I, LINE 2:                                                                                                                                   | MONITORING GRANTS TO ORGANIZATIONS WITHIN THE UNITED STATES ROBIN HOOD ENTERS INTO A CONTRACTUAL AGREEMENT WITH EACH GRANT RECIPIENT. THE CONTRACT SPECIFIES THE PURPOSE OF THE GRANT AND PROHIBITS THE GRANTEE FROM USING ANY OF ROBIN HOOD'S FUNDS FOR A NON-EXEMPT PURPOSE. DURING THE TERM OF THE GRANT, ROBIN HOOD REQUIRES THAT A GRANTEE DEMONSTRATE THAT IT IS MAKING PROGRESS TOWARDS ACHIEVING CERTAIN BENCHMARKS DEFINED IN THE GRANT CONTRACT. A ROBIN HOOD PROGRAM STAFF MEMBER WILL TYPICALLY SCHEDULE AT LEAST TWO VISITS WITH A GRANTEE TO DISCUSS THE PROGRESS OF THE GRANT. IN ADDITION, PROGRAM OFFICERS MAY MAKE UNSCHEDULED VISITS TO OBSERVE THE GRANTEE'S OPERATIONS. AT THE END OF THE CONTRACT PERIOD, THE GRANTEE IS REQUIRED TO SUBMIT A DETAILED FINAL REPORT ON THE GRANTEE'S USE OF ROBIN HOOD'S FUNDS. FURTHERMORE, ROBIN HOOD CONTRACTS FOR THIRD-PARTY EVALUATION OF GRANTEE OUTCOMES SEPARATE FROM ITS GRANT FUNDING. |



|                                                   |                                                                                                                                                                                                                                                                                                                                                 |                                                              |                                              |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------|
| <b>efile Public Visual Render</b>                 |                                                                                                                                                                                                                                                                                                                                                 | <b>ObjectID: 202403209349302550 - Submission: 2024-11-15</b> | <b>TIN: 13-3441066</b>                       |
| <b>Schedule J</b><br>(Form 990)                   | <b>Compensation Information</b>                                                                                                                                                                                                                                                                                                                 |                                                              | OMB No. 1545-0047                            |
|                                                   | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees<br>▶ <b>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</b><br>▶ <b>Attach to Form 990.</b><br>▶ <b>Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</b> |                                                              | <b>2023</b><br>Open to Public Inspection     |
| Name of the organization<br>ROBIN HOOD FOUNDATION |                                                                                                                                                                                                                                                                                                                                                 |                                                              | Employer identification number<br>13-3441066 |

| Part I Questions Regarding Compensation                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes                                                        | No                                                                       |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------|--|--|
| <b>1a</b>                                                                               | 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.<br><br><table border="0"><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax idemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td></tr></table> | <input type="checkbox"/> First-class or charter travel     | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions                          | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax idemnification and gross-up payments   | <input type="checkbox"/> Health or social club dues or initiation fees              | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel                                  | <input type="checkbox"/> Housing allowance or residence for personal use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |                                                                          |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <input type="checkbox"/> Travel for companions                                          | <input type="checkbox"/> Payments for business use of personal residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |                                                                          |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <input type="checkbox"/> Tax idemnification and gross-up payments                       | <input type="checkbox"/> Health or social club dues or initiation fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            |                                                                          |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <input type="checkbox"/> Discretionary spending account                                 | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |                                                                          |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <b>b</b>                                                                                | If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1b</b>                                                  |                                                                          |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <b>2</b>                                                                                | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>2</b>                                                   |                                                                          |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <b>3</b>                                                                                | 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 used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br><br><table border="0"><tr><td><input checked="" type="checkbox"/> Compensation committee</td><td><input type="checkbox"/> Written employment contract</td></tr><tr><td><input checked="" type="checkbox"/> Independent compensation consultant</td><td><input checked="" type="checkbox"/> Compensation survey or study</td></tr><tr><td><input checked="" type="checkbox"/> Form 990 of other organizations</td><td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td></tr></table>                                                 | <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract                     | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |                                                         |                                                                          |  |  |
| <input checked="" type="checkbox"/> Compensation committee                              | <input type="checkbox"/> Written employment contract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |                                                                          |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <input checked="" type="checkbox"/> Independent compensation consultant                 | <input checked="" type="checkbox"/> Compensation survey or study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                                                                          |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <input checked="" type="checkbox"/> Form 990 of other organizations                     | <input checked="" type="checkbox"/> Approval by the board or compensation committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                                                                          |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <b>4</b>                                                                                | 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |                                                                          |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <b>a</b>                                                                                | Receive a severance payment or change-of-control payment? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>4a</b>                                                  | No                                                                       |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <b>b</b>                                                                                | Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>4b</b>                                                  | No                                                                       |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <b>c</b>                                                                                | Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>4c</b>                                                  | No                                                                       |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |                                                                          |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <b>5</b>                                                                                | 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                                                                          |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <b>a</b>                                                                                | The organization? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5a</b>                                                  | No                                                                       |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <b>b</b>                                                                                | Any related organization? . . . . .<br>If "Yes," on line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5b</b>                                                  | No                                                                       |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <b>6</b>                                                                                | 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |                                                                          |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <b>a</b>                                                                                | The organization? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>6a</b>                                                  | No                                                                       |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <b>b</b>                                                                                | Any related organization? . . . . .<br>If "Yes," on line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6b</b>                                                  | No                                                                       |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <b>7</b>                                                                                | 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 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                   | Yes                                                                      |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <b>8</b>                                                                                | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>8</b>                                                   | No                                                                       |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |
| <b>9</b>                                                                                | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>9</b>                                                   |                                                                          |                                                                         |                                                                          |                                                                     |                                                                                     |                                                         |                                                                          |  |  |

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Cat. No. 50053T

Schedule J (Form 990) 2023

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Page 2

| Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. |      |                                                               |                                     |                                     |                                                |                         |                                 |                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
| (A) Name and Title                                                                                                                           |      | (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|                                                                                                                                              |      | (i) Base compensation                                         | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| <b>1</b> RICHARD BUERY JR<br>CEO / NON-VOTING DIRECTOR                                                                                       | (i)  | 893,894                                                       | 0                                   | 49,824                              | 30,000                                         | 41,753                  | 1,015,471                       | 0                                                                     |
|                                                                                                                                              | (ii) | 0                                                             | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| <b>2</b> EMARY ARONSON<br>CHIEF KNOWLEDGE OFFICER                                                                                            | (i)  | 408,614                                                       | 39,232                              | 0                                   | 32,400                                         | 14,742                  | 494,988                         | 0                                                                     |
|                                                                                                                                              | (ii) | 0                                                             | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| <b>3</b> MATTHEW KLEIN<br>CHIEF IMPACT & PROGRAM OFFICER                                                                                     | (i)  | 361,388                                                       | 26,780                              | 0                                   | 32,400                                         | 26,211                  | 446,779                         | 0                                                                     |
|                                                                                                                                              | (ii) | 0                                                             | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| <b>4</b> CAROLYN VINE<br>CHIEF DEVELOPMENT OFFICER                                                                                           | (i)  | 356,097                                                       | 35,000                              | 0                                   | 6,000                                          | 41,709                  | 438,806                         | 0                                                                     |
|                                                                                                                                              | (ii) | 0                                                             | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| <b>5</b> SUSAN SACK<br>MD, REAL ESTATE                                                                                                       | (i)  | 351,184                                                       | 22,520                              | 0                                   | 39,289                                         | 14,328                  | 427,321                         | 0                                                                     |
|                                                                                                                                              | (ii) | 0                                                             | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |

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|-----------------------------------------------------------------|------|---------|--------|--------|--------|--------|---------|---|
| 6 JOANNA PRESSMAN<br>GENERAL COUNSEL/ASST. SECR                 | (i)  | 318,542 | 29,707 | 600    | 30,000 | 39,710 | 418,559 | 0 |
|                                                                 | (ii) | 0       | 0      | 0      | 0      | 0      | 0       | 0 |
| 7 STEPHANIE ROYAL<br>CHIEF PEOPLE & CULTURE OFFICER             | (i)  | 307,010 | 28,325 | 0      | 46,710 | 27,731 | 409,776 | 0 |
|                                                                 | (ii) | 0       | 0      | 0      | 0      | 0      | 0       | 0 |
| 8 JASON CONE<br>CHIEF PUBLIC POLICY OFFICER                     | (i)  | 293,349 | 29,175 | 0      | 25,491 | 44,659 | 392,674 | 0 |
|                                                                 | (ii) | 0       | 0      | 0      | 0      | 0      | 0       | 0 |
| 9 SUSAN EPSTEIN<br>MD, FIELD BUILDING AND PUB                   | (i)  | 291,742 | 20,500 | 0      | 46,834 | 32,171 | 391,247 | 0 |
|                                                                 | (ii) | 0       | 0      | 0      | 0      | 0      | 0       | 0 |
| 10 DEBORAH MCCOY<br>MD, YOUNG ADULTS                            | (i)  | 286,323 | 20,000 | 0      | 21,000 | 41,282 | 368,605 | 0 |
|                                                                 | (ii) | 0       | 0      | 0      | 0      | 0      | 0       | 0 |
| 11 SARAH OLTMANS<br>CHIEF OF GRANT STRATEGY                     | (i)  | 301,509 | 26,780 | 0      | 22,500 | 12,504 | 363,293 | 0 |
|                                                                 | (ii) | 0       | 0      | 0      | 0      | 0      | 0       | 0 |
| 12 KEN LAU AS OF 052023<br>INTERIM CHIEF FINANCIAL & ADMIN OFF. | (i)  | 260,597 | 35,427 | 20,090 | 16,061 | 12,206 | 344,381 | 0 |
|                                                                 | (ii) | 0       | 0      | 0      | 0      | 0      | 0       | 0 |
| 13 KYLE FERRARA<br>CORPORATE SPONSORSHIP DIRECTOR               | (i)  | 245,773 | 14,952 | 0      | 0      | 39,711 | 300,436 | 0 |
|                                                                 | (ii) | 0       | 0      | 0      | 0      | 0      | 0       | 0 |
| 14 DARYL MINTZ THRU 042023<br>CHIEF FINANCIAL & ADMIN OFFICER   | (i)  | 147,030 | 33,575 | 1,211  | 13,032 | 12,220 | 207,068 | 0 |
|                                                                 | (ii) | 0       | 0      | 0      | 0      | 0      | 0       | 0 |
|                                                                 |      |         |        |        |        |        |         |   |
|                                                                 |      |         |        |        |        |        |         |   |

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| 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 2023, THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWED AND APPROVED BONUS AWARDS, FOR STAFF OFFICERS AND KEY EMPLOYEES, WHICH WERE JUDGED REASONABLE. ALL APPROVED BONUSES ARE REPORTED IN FORM 990, SCHEDULE J, PART II, COLUMN (B)(II). |

Schedule J (Form 990) 2023

Additional Data

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| efile Public Visual Render                             |  | ObjectID: 202403209349302550 - Submission: 2024-11-15                                                                                                                                                              |  | TIN: 13-3441066                              |                                   |
| SCHEDULE M<br>(Form 990)                               |  | Noncash Contributions                                                                                                                                                                                              |  |                                              | OMB No. 1545-0047                 |
| Department of the Treasury<br>Internal Revenue Service |  | ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.<br>▶ Attach to Form 990.<br>▶ Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information. |  |                                              | 2023<br>Open to Public Inspection |
| Name of the organization<br>ROBIN HOOD FOUNDATION      |  |                                                                                                                                                                                                                    |  | Employer identification number<br>13-3441066 |                                   |

| Part I Types of Property                                                                                                                                                                                                                                                                                            |                                                                         | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|-----|
| 1                                                                                                                                                                                                                                                                                                                   | Art—Works of art . . . . .                                              |                               |                                                        |                                                                                       |                                                              |     |
| 2                                                                                                                                                                                                                                                                                                                   | Art—Historical treasures . . . . .                                      |                               |                                                        |                                                                                       |                                                              |     |
| 3                                                                                                                                                                                                                                                                                                                   | Art—Fractional interests . . . . .                                      |                               |                                                        |                                                                                       |                                                              |     |
| 4                                                                                                                                                                                                                                                                                                                   | Books and publications . . . . .                                        |                               |                                                        |                                                                                       |                                                              |     |
| 5                                                                                                                                                                                                                                                                                                                   | Clothing and household<br>goods . . . . .                               |                               |                                                        |                                                                                       |                                                              |     |
| 6                                                                                                                                                                                                                                                                                                                   | Cars and other vehicles . . . . .                                       |                               |                                                        |                                                                                       |                                                              |     |
| 7                                                                                                                                                                                                                                                                                                                   | Boats and planes . . . . .                                              |                               |                                                        |                                                                                       |                                                              |     |
| 8                                                                                                                                                                                                                                                                                                                   | Intellectual property . . . . .                                         |                               |                                                        |                                                                                       |                                                              |     |
| 9                                                                                                                                                                                                                                                                                                                   | Securities—Publicly traded . . . . .                                    | X                             | 16                                                     | 48,660,206                                                                            | FAIR MARKET VALUE                                            |     |
| 10                                                                                                                                                                                                                                                                                                                  | Securities—Closely held stock . . . . .                                 |                               |                                                        |                                                                                       |                                                              |     |
| 11                                                                                                                                                                                                                                                                                                                  | Securities—Partnership, LLC,<br>or trust interests . . . . .            |                               |                                                        |                                                                                       |                                                              |     |
| 12                                                                                                                                                                                                                                                                                                                  | Securities—Miscellaneous . . . . .                                      |                               |                                                        |                                                                                       |                                                              |     |
| 13                                                                                                                                                                                                                                                                                                                  | Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |                                                        |                                                                                       |                                                              |     |
| 14                                                                                                                                                                                                                                                                                                                  | Qualified conservation<br>contribution—Other . . . . .                  |                               |                                                        |                                                                                       |                                                              |     |
| 15                                                                                                                                                                                                                                                                                                                  | Real estate—Residential . . . . .                                       |                               |                                                        |                                                                                       |                                                              |     |
| 16                                                                                                                                                                                                                                                                                                                  | Real estate—Commercial . . . . .                                        |                               |                                                        |                                                                                       |                                                              |     |
| 17                                                                                                                                                                                                                                                                                                                  | Real estate—Other . . . . .                                             |                               |                                                        |                                                                                       |                                                              |     |
| 18                                                                                                                                                                                                                                                                                                                  | Collectibles . . . . .                                                  |                               |                                                        |                                                                                       |                                                              |     |
| 19                                                                                                                                                                                                                                                                                                                  | Food inventory . . . . .                                                |                               |                                                        |                                                                                       |                                                              |     |
| 20                                                                                                                                                                                                                                                                                                                  | Drugs and medical supplies . . . . .                                    |                               |                                                        |                                                                                       |                                                              |     |
| 21                                                                                                                                                                                                                                                                                                                  | Taxidermy . . . . .                                                     |                               |                                                        |                                                                                       |                                                              |     |
| 22                                                                                                                                                                                                                                                                                                                  | Historical artifacts . . . . .                                          |                               |                                                        |                                                                                       |                                                              |     |
| 23                                                                                                                                                                                                                                                                                                                  | Scientific specimens . . . . .                                          |                               |                                                        |                                                                                       |                                                              |     |
| 24                                                                                                                                                                                                                                                                                                                  | Archeological artifacts . . . . .                                       |                               |                                                        |                                                                                       |                                                              |     |
| 25                                                                                                                                                                                                                                                                                                                  | Other ▶ ( AUCTION<br>GOODS ) . . . . .                                  | X                             | 2                                                      | 792,713                                                                               | FAIR MARKET VALUE                                            |     |
| 26                                                                                                                                                                                                                                                                                                                  | Other ▶ ( ) . . . . .                                                   |                               |                                                        |                                                                                       |                                                              |     |
| 27                                                                                                                                                                                                                                                                                                                  | Other ▶ ( ) . . . . .                                                   |                               |                                                        |                                                                                       |                                                              |     |
| 28                                                                                                                                                                                                                                                                                                                  | Other ▶ ( ) . . . . .                                                   |                               |                                                        |                                                                                       |                                                              |     |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions<br>for which the organization completed Form 8283, Part IV, Donee Acknowledgement                                                                                                                                        |                                                                         |                               |                                                        | 29                                                                                    |                                                              |     |
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must<br>hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt<br>purposes for the entire holding period? . . . . . |                                                                         |                               |                                                        |                                                                                       | Yes                                                          | No  |
| b If "Yes," describe the arrangement in Part II.                                                                                                                                                                                                                                                                    |                                                                         |                               |                                                        |                                                                                       | 30a                                                          | No  |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?                                                                                                                                                                                                   |                                                                         |                               |                                                        |                                                                                       | 31                                                           | Yes |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash<br>contributions? . . . . .                                                                                                                                                                       |                                                                         |                               |                                                        |                                                                                       | 32a                                                          | Yes |
| b If "Yes," describe in Part II.                                                                                                                                                                                                                                                                                    |                                                                         |                               |                                                        |                                                                                       |                                                              |     |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,<br>describe in Part II.                                                                                                                                                                        |                                                                         |                               |                                                        |                                                                                       |                                                              |     |

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ObjectID: 202403209349302550 - Submission: 2024-11-15

TIN: 13-3441066

OMB No. 1545-0047

**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](http://www.irs.gov/Form990) for the latest information.**2023**Open to Public  
InspectionName of the organization  
ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

| Return Reference                                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION | ROBIN HOOD ELEVATES NEW YORKERS OUT OF POVERTY BY FUNDING, SUPPORTING, AND CONNECTING HIGH-IMPACT COMMUNITY ORGANIZATIONS, PARTNERING WITH GOVERNMENT, AND ADVOCATING FOR WHAT WORKS SO THAT NEW YORK CITY CAN BE AN ENGINE OF UPWARD MOBILITY FOR ALL. 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 2023, ROBIN HOOD FUNDED 238 OF NEW YORK CITY'S MOST EFFECTIVE NON-PROFIT ORGANIZATIONS THROUGH ITS GRANT MAKING PROGRAMS, AND BESPOKE INITIATIVES. THE BOARD OF DIRECTORS COVERS ALL OF THE ORGANIZATION'S OPERATING EXPENSES, SO 100% OF ALL DONATIONS FROM THE PUBLIC GO DIRECTLY TO ORGANIZATIONS HELPING NEW YORKERS 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 SCOTT BOMMER AND MICHAEL CHAE HAVE A BUSINESS RELATIONSHIP. BOARD OF DIRECTORS MEMBERS PAUL TUDOR JONES AND GLENN DUBIN 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 SOLOMON 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 LIST IS REVIEWED, AND ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARE IDENTIFIED. 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| FORM 990, PART XI, LINE 9:                          | RESCINDED GRANTS 1,367,519.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

## Additional Data

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| efile Public Visual Render                             |  | ObjectID: 202403209349302550 - Submission: 2024-11-15 |  | TIN: 13-3441066 |                                |  |
| SCHEDULE R<br>(Form 990)                               |  | Related Organizations and Unrelated Partnerships      |  |                 | OMB No. 1545-0047              |  |
|                                                        |  |                                                       |  |                 | 2023                           |  |
|                                                        |  |                                                       |  |                 | Open to Public Inspection      |  |
| Department of the Treasury<br>Internal Revenue Service |  |                                                       |  |                 | Employer identification number |  |
| Name of the organization<br>ROBIN HOOD FOUNDATION      |  |                                                       |  |                 | 13-3441066                     |  |

| Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. |                         |                                                  |                     |                           |                                  |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                                       | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
| (1) ROBIN HOOD HOLDINGS<br>826 BROADWAY 9TH FLOOR<br>NEW YORK, NY 10003<br>13-3441066                                     | IP HOLDINGS             | DE                                               | 0                   | 0                         | N/A                              |
|                                                                                                                           |                         |                                                  |                     |                           |                                  |
|                                                                                                                           |                         |                                                  |                     |                           |                                  |
|                                                                                                                           |                         |                                                  |                     |                           |                                  |
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|                                                                                                                           |                         |                                                  |                     |                           |                                  |

| Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. |                         |                                                  |                            |                                                     |                                  |                                              |    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|--|
| (a)<br>Name, address, and EIN of related organization                                                                                                                                                                  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |  |
|                                                                                                                                                                                                                        |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |  |
|                                                                                                                                                                                                                        |                         |                                                  |                            |                                                     |                                  |                                              |    |  |
|                                                                                                                                                                                                                        |                         |                                                  |                            |                                                     |                                  |                                              |    |  |
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|                                                                                                                                                                                                                        |                         |                                                  |                            |                                                     |                                  |                                              |    |  |

| Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. |                         |                                                  |                                  |                                                                                         |                              |                                    |                                      |    |                                                                |                                     |    |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------|------------------------------|------------------------------------|--------------------------------------|----|----------------------------------------------------------------|-------------------------------------|----|-----------------------------|
| (a)<br>Name, address, and EIN of related organization                                                                                                                                                                                                | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|                                                                                                                                                                                                                                                      |                         |                                                  |                                  |                                                                                         |                              |                                    | Yes                                  | No |                                                                | Yes                                 | No |                             |
|                                                                                                                                                                                                                                                      |                         |                                                  |                                  |                                                                                         |                              |                                    |                                      |    |                                                                |                                     |    |                             |
|                                                                                                                                                                                                                                                      |                         |                                                  |                                  |                                                                                         |                              |                                    |                                      |    |                                                                |                                     |    |                             |
|                                                                                                                                                                                                                                                      |                         |                                                  |                                  |                                                                                         |                              |                                    |                                      |    |                                                                |                                     |    |                             |
|                                                                                                                                                                                                                                                      |                         |                                                  |                                  |                                                                                         |                              |                                    |                                      |    |                                                                |                                     |    |                             |
|                                                                                                                                                                                                                                                      |                         |                                                  |                                  |                                                                                         |                              |                                    |                                      |    |                                                                |                                     |    |                             |
|                                                                                                                                                                                                                                                      |                         |                                                  |                                  |                                                                                         |                              |                                    |                                      |    |                                                                |                                     |    |                             |
|                                                                                                                                                                                                                                                      |                         |                                                  |                                  |                                                                                         |                              |                                    |                                      |    |                                                                |                                     |    |                             |

| Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. |                         |                                                  |                                  |                                                  |                              |                                    |                             |                                              |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|--------------------------------------------------|------------------------------|------------------------------------|-----------------------------|----------------------------------------------|----|
| (a)<br>Name, address, and EIN of related organization                                                                                                                                                                                                                | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|                                                                                                                                                                                                                                                                      |                         |                                                  |                                  |                                                  |                              |                                    |                             | Yes                                          | No |
|                                                                                                                                                                                                                                                                      |                         |                                                  |                                  |                                                  |                              |                                    |                             |                                              |    |

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**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> |     |    |
| <b>1c</b> |     |    |
| <b>1d</b> |     |    |
| <b>1e</b> |     |    |
| <b>1f</b> |     |    |
| <b>1g</b> |     |    |
| <b>1h</b> |     |    |
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| <b>1o</b> |     |    |
| <b>1p</b> |     |    |
| <b>1q</b> |     |    |
| <b>1r</b> |     |    |
| <b>1s</b> |     |    |

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

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|----------------------------------------------|
|                                     |                               |                        |                                              |
|                                     |                               |                        |                                              |
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|                                     |                               |                        |                                              |

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

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

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

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

| Return Reference | Explanation |
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### Additional Data

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