efile Public Visual Render ObjectId: 202233189349316143 - Submission: 2022-11-14

**TIN: 13-3441066**OMB No. 1545-0047

Form **990** 

# **Return of Organization Exempt From Income Tax**

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

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

2021

Department of the Treasury

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

Open to Public

		nue Service					Inspection	
A Fo	or th	ne 2021 ca	alendar year, or tax year beginning 01-01-2021 $$ , and ending 12-31	-2021				
B Chec	ck if a	applicable:	C Name of organization ROBIN HOOD FOUNDATION		D Employe	er identif	ication number	
_		change	ROBIN HOOD TOUNDATION		13-3441	1066		
U Nai ○ Init		hange eturn	Doing business as					
_		rn/terminated						
☐ Am	ende	ed return	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	te	E Telephone	e number		
	olicati	ion pending	826 BROADWAY 9TH FL		(212) 22	27-6601		
			City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10003		<b>G</b> Gross red	ceipts \$ 24	49,993,088	
			F Name and address of principal officer:	<b>H(a)</b> Is this	a group ret	urn for		
			RICHARD BUERY JR 826 BROADWAY 9TH FLOOR	suboro	linates?		☐Yes ✓ No	
			NEW YORK, NY 10003	H(b) Are all include	subordinat	es	☐ Yes ☐No	
I Tax	-exer	mpt status:	✓ 501(c)(3)			ist. See i	instructions.	
J W	ebsi	te: WW	W.ROBINHOOD.ORG	H(c) Group	exemption	number	•	
K Form	n of o	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	<b>L</b> Year of forma	tion: 1988	M State	of legal domicile: NY	
	. ( )	<u></u>						
Pa		Sumi Briefly des						
œ		1 Briefly describe the organization's mission or most significant activities: ROBIN HOOD SUPPORTS THE MOST EFFECTIVE POVERTY-FIGHTING PROGRAMS IN NYC.						
nc								
Ë								
o ve	2	Check thi	s box 🕨 🗌			_	_	
Ü	3	Number o	of voting members of the governing body (Part VI, line 1a)			3	39	
S	4	Number o	of independent voting members of the governing body (Part VI, line 1b)		ı	4	39	
Activities & Governance	5	Total num	ber of individuals employed in calendar year 2021 (Part V, line 2a)		ı	5	162	
STIV	6	Total num	ber of volunteers (estimate if necessary)		•	6	0	
A			elated business revenue from Part VIII, column (C), line 12			7a	0	
	b	Net unrel	ated business taxable income from Form 990-T, Part I, line 11	<u></u>		7b	0	
				Pric	r Year		Current Year	
22	8	Contribut	ions and grants (Part VIII, line 1h)		201,641,6	662	146,804,067	
Revenue	9	Program s	service revenue (Part VIII, line 2g)			0	0	
Rev	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		3,036,1	.25	6,083,730	
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,662,1		-13,121,659	
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		201,015,6	663	139,766,138	
			d similar amounts paid (Part IX, column (A), lines 1–3 )		171,271,7	'26	171,935,945	
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)			0	0	
88		•	other compensation, employee benefits (Part IX, column (A), lines 5–10)		22,311,8	864	22,125,710	
Exp enses	16a	<b>a</b> Professio	nal fundraising fees (Part IX, column (A), line 11e)		75,0	000	15,000	
жb			aising expenses (Part IX, column (D), line 25) 10,146,919					
ш	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,954,7	771	11,023,011	
		-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		202,613,3	861	205,099,666	
	19	Revenue	less expenses. Subtract line 18 from line 12		-1,597,6		-65,333,528	
or sor				Beginning of	of Current Ye	ear	End of Year	
sets	20	Total acco	ets (Part X, line 16)		394,439,0	140	351,881,499	
AB d B			lities (Part X, line 26)		79,321,1	_	95,712,591	
Net Assets or Fund Balances			s or fund balances. Subtract line 21 from line 20		315,117,9		256,168,908	
				I	//5	1		

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.

						2022-11-14			
Sign	· .	gnature of officer				Date			
Here	KI	CHARD BUERY JR CFAO pe or print name and title							
	<b>y</b> .,	Print/Type preparer's name	Prenarer's	signature	Date	PTIN			
Paid	4	Tring type preparer s name	Treparer s	Signature	Dute	Check if P0074	1490		
-	parer	Firm's name FGRANT THORNTO	ON LLP		<b>I</b>	Firm's EIN > 36-6055.	558		
Use	Only	Firm's address ▶ 757 THIRD AVEN	IUE 3RD FLOOR			Phone no. (212) 599-0	100		
		NEW YORK, NY				(212) 555 6	100		
May	ho IDC dice			(coo instructions)			✓ Yes	□ No	
		cuss this return with the prepared Reduction Act Notice, see the		•	Cat	No. 11282Y			<b>90</b> (2021)
	•	,	•		Cuti	1101 112021	•	o <b>5</b> .	(2021)
				— Page 2 ———					
Form	990 (2021)	<b>\</b>							
	•	) atement of Program Servi	ice Accomplis	hments					Page <b>2</b>
1 0		eck if Schedule O contains a resp	-						<b>~</b>
1		scribe the organization's mission		any mic in this i are in	<u> </u>	<u> </u>			
SEE S	CHEDULE (	0							
_	D: 1.11				1.1				
2		ganization undertake any signific Form 990 or 990-EZ?		,	vnich were not i	isted on		'es 🔽	No
	•	escribe these new services on So					U 1	es 🔽	NO
3	•	ganization cease conducting, or		changes in how it conc	lucts, any progr	am			
	services?							Yes	✓ No
	If "Yes," d	escribe these changes on Sched	ule O.						
4	Section 50	he organization's program servic 01(c)(3) and 501(c)(4) organizat ue, if any, for each program serv	ions are required						
4a	(Code:	) (Expenses \$	163,120,542	including grants of \$	149,559,48	33 ) (Revenue \$		0)	
	SEE DESCR	IPTION OF CORE GRANT MAKING IN S	SCHEDULE O.						
4b	(Code:	) (Expenses \$ IPTION OF RELIEF GRANT MAKING IN	23,104,516	including grants of \$	21,074,94	15 ) (Revenue \$		0)	
	SEE DESCR	IPTION OF RELIEF GRANT MAKING IN	SCHEDULE U.						
4c	(Code:	) (Expenses \$	2,268,754	including grants of \$	1,301,51	7 ) (Revenue \$		0)	
	•	IPTION OF MANAGEMENT ASSISTANC			, ,			,	
4d		gram services (Describe in Sche	•		) (B				
40	(Expenses	gram service expenses	cluding grants of	·	) (Revenue	\$	)		
4e	TOTAL PRO	gram service expenses	188,493,8	012			F	orm <b>9</b> 9	<b>90</b> (2021)
							-		(====)
				— Page 3 ———					
Form	990 (2021)	1							Da 2
		/ necklist of Required Sched	lules						Page <b>3</b>
1 (1		iocitiot of Itoquirou ociiou						Yes	No
1	Is the orga	anization described in section 50 A 🐕	. , . ,	a)(1) (other than a pri	vate foundation	)? If "Yes," complete	1	Yes	
2	Is the orga	anization required to complete S	chedule B, Sched	dule of Contributors? Se	ee instructions.	📆	2	Yes	
3		ganization engage in direct or in office? <i>If "Yes," complete Schedu</i>		mpaign activities on be	ehalf of or in op	position to candidates	3		No
4		<b>i01(c)(3) organizations.</b> Did to effect during the tax year? <i>If "Y</i>			vities, or have a	section 501(h)	4	Yes	
5		anization a section $501(c)(4)$ , $50$			receives man-	erchin dues	<b>⊢</b>	162	<del>                                     </del>
3		nts, or similar amounts as define					_		No
6	Did the or	ganization maintain any donor a	dvised funds or a	any similar funds or acc	counts for which	donors have the right	5		No

https://projects.propublica.org/nonprofits/organizations/133441066/202233189349316143/full

 ${f b}$  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

24b

If "Yes," enter the name of the foreign country:

	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm <b>99</b>	0 (2021
	Page 6 ———————————————————————————————————			

Form 990 (2021) Page **6** 

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 39			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 39			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?			
		16b		
	<b>ction C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed▶			
		A, MI, N SC, TN		
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: ▶DARYL MINTZ 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003 (212) 227-6601			
		F	orm <b>99</b>	<b>0</b> (2021)

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

#### 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, 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.

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

<b>(A)</b> Name and title	(B) Average hours per week (list any hours	pers	an on on is	e bo botl	t che x, u n an	eck months nless office ustee)	er	(D) Reportable compensation from the organization (W-	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) WES MOORE THRU 072021	60.00	х		х				611,234	0	68,845
CEO / NON-VOTING DIRECTOR	0.00									
(2) RICHARD BUERY JR AS OF 0921	60.00	х		Х				253,118	0	12,557
CEO / NON-VOTING DIRECTOR	0.00									,
(3) JOHN GRIFFIN	3.00	х		Х				0	0	0
CHAIR	0.00			^				Ü	O	
(4) DINA POWELL MCCORMICK	1.50	Х		Х				0	0	0
VICE-CHAIR	0.00	^		^				o l	U	
(5) PETER F BORISH	1.50								_	_
SECRETARY AND TREASURER	0.00	Х		Х				0	0	0
(6) LEE AINSLIE III	1.50									
DIRECTOR	0.00	Х						0	U	0
(7) JACKLYN BEZOS	1.50									
DIRECTOR	0.00	Х						0	0	0
(8) VICTORIA BJORKLUND	10.00									
DIRECTOR	0.00	Х						0	0	0
(9) JEFF BLAU	1.00									
DIRECTOR	0.00	Х						0	0	0
(10) SCOTT BOMMER	1.00									
DIRECTOR	0.00	Х						0	0	0
(11) GEOFFREY CANADA	1.00									
DIRECTOR	0.00	Х						0	0	0
(12) CECILY CARSON	1.50									
DIRECTOR	0.00	Х						0	0	0
(13) ANNE DINNING	1.50									
DIRECTOR	0.00	Х						0	0	0
(14) CLENN D DUDIN	0.00 1.50		-		-		-			

Part VII

• · · · · · · · · · · · · · · · · · · ·										
(14) GLEININ K DUDIN		x		I			I	1	0	0
DIRECTOR	0.00							J	0	v
(15) MARIAN WRIGHT EDELMAN	1.00	~								
DIRECTOR	0.00	^						0	0	0
(16) DAVID EINHORN	1.00	Х						0	0	0
DIRECTOR	0.00							o di	3	ű
(17) MARY ERDOES	1.00	х						0	0	0
DIRECTOR	0.00								3	Ü

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Form 990 (2021) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and title	(B) Average hours per week (list any hours	pers	an on on is	e bo both	t che x, u h an		er	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(18) ROLAND FRYER	1.00	.,								
DIRECTOR	0.00	X						0	0	U
(19) DOUG HAYNES	1.50									
DIRECTOR	0.00	X						0	0	0
(20) KAYA HENDERSON	1.50									
DIRECTOR	0.00	X						0	0	0
(21) JEFFREY R IMMELT	1.00									
DIRECTOR	0.00	X						0	0	0
(22) PAUL TUDOR JONES II	1.50									
DIRECTOR	0.00	X						0	0	0
(23) PETER D KIERNAN III	1.50									
DIRECTOR	0.00	X						0	0	0
(24) JOHN KING	1.50									
DIRECTOR	0.00	X						0	0	0
(25) JOEL MARCUS	1.00									
DIRECTOR (THRU 05/2021)	0.00	X						0	0	0
(26) DOUG MORRIS	1.00									
DIRECTOR	0.00	X						0	0	0
(27) MICHAEL NOVOGRATZ	1.00									
DIRECTOR (AS OF 06/2021)	0.00	х						0	0	0
(28) DANIEL S OCH	1.00									
DIRECTOR	0.00	Х						0	0	0
(29) JOHN OVERDECK	1.00		1							
DIRECTOR	0.00	Х						0	0	0
(30) ROBERT PITTMAN	1.00									
	0.00	Х						0	0	0
DIRECTOR (31) DAVID PUTH	0.00 1.50									
DIRECTOR	0.00	Х						0	0	0
DIRECTOR (32) LARRY ROBBINS	0.00		1				$\vdash$			
		x						0	0	0
DIRECTOR (33) DAVID SALTZMAN	0.00 1.50			H	H					
		x						0	0	0
DIRECTOR	0.00	I	1				1	1	1	I

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 75

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

0/14/25, 7:01 AM	Robin Hood	l Foundation - Full Filir	g - Nonprofit Explore	r - ProPublica	
Section B. Independent Contractors					i I
<ol> <li>Complete this table for your five highest com from the organization. Report compensation</li> </ol>	pensated indeper for the calendar y	ndent contractors that rear ending with or w	t received more than thin the organization	n \$100,000 of compo on's tax year.	ensation
(A) Name and busi	<u>-</u>	<u> </u>		(B) cription of services	(C) Compensation
DAVID STARK INC	iess address		DESIGN CO	•	1,450,426
219 36 ST 3A					
BROOKLYN, NY 11232 NIMBLIST LLC			EVENT PRO	DUCTION	1,171,434
533 JANET AVE STE 5					
LANCASTER, PA 17601 JONAS BROTHERS TOURING LLC			MUSICAL P	ERFORMANCE (GALA)	1,166,653
1209 N ORANGE ST				, ,	
WILMINGTON, DE 19801 HUDSON YARD CATERING LLC			CATERING		527,491
147 41ST STREET			G.11.2.13.10		327,131
BROOKLYN, NY 11232 THEATRICAL RESOURCES LLC			EVENT STA	GING SERVICE	504,25
12400 WILSHIRE BLVD SUITE 1275			EVENT STA	GING SERVICE	504,25.
LOS ANGELES, CA 90025	n 1 : : :				
2 Total number of independent contractors (inclu compensation from the organization ► 35	ding but not limite	ed to those listed abo	ve) who received m	ore than \$100,000 o	of [
					Form <b>990</b> (202)
		- Page 9 ———			
		rage 3			
Part VIII Statement of Revenue					Page
Check if Schedule O contains a resp	onse or note to ar	nv line in this Part VII			$\square$
		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt	Unrelated business	Revenue excluded from
			function revenue	revenue	tax under sections 512 - 514
Federated campaigns 1a					
Contributions, Sifts, Grants Ind Membership dues 1b					
and Membership dues					
Similar ArAo ներջվraising events 1c					
35,561,881					
d Related organizations 1d					
Comments (and the base of the					
e Government grants (contributions)					
<b>f</b> All other contributions, gifts, grants,					
and similar amounts not included above <b>1f</b>					
111,242,186					
g Noncash contributions included in lines 1a - 1f:\$					
11 1g					
26,504,732					
h Total. Add lines 1a-1f	146,804,06	7		1	ı
2a	Business Code				
Program Service Revenue	-				
N.Ce					
				-	
or in					
۵.					

https://projects.propublica.org/nonprofits/organizations/133441066/202233189349316143/full

5,951,575

(not including \$ 35,561,881 of contributions reported on line 1c). See Part IV, line 18 . 649,029 8a 8b 13,770,688 **b** Less: direct expenses . Other c Net income or (loss) from fundraising events . -13,121,659 Gross income from gaming activities.

9a

10a

102,407,837

96,456,262

5,951,575

**b** Less: direct expenses . . c Net income or (loss) from gaming activities .

**10a**Gross sales of inventory, less returns and allowances .

See Part IV, line 19 .

from sales of assets other than inventory Less: cost or

other basis and sales expenses

Gain or (loss)

**d** Net gain or (loss) .

• Gross income from fundraising events

b

c

**b** Less: cost of goods sold . . 10b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 

7b

d All other revenue . e Total. Add lines 11a-11d . 12 Total revenue. See instructions .

Page 10

139,766,138

Form 990 (2021)

11a

Page **10** 

-7,037,929 Form **990** (2021)

5,951,575

-13.121.659

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) (C) (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

(A) Total expenses

Program service expenses

Management and general expenses

Fundraising expenses

11/68

1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	171,935,945	171,935,945		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,553,982	1,811,029	784,374	1,958,579
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	12,562,405	6,261,610	2,835,768	3,465,027
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,597,689	864,634	195,446	537,609
9	Other employee benefits	2,435,132	1,262,214	460,157	712,761
10	Payroll taxes	976,502	503,755	178,840	293,907
11	Fees for services (non-employees):				
а	Management				
b	Legal	138,768	70,725	62,989	5,054
c	: Accounting	142,402		142,402	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	15,000			15,000
f	Investment management fees	222,500		222,500	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,346,351	3,082,445	414,087	849,819
12	Advertising and promotion				
13	Office expenses	361,832	204,938	73,513	83,381
14	Information technology	998,725	394,764	192,350	411,611
15	Royalties				
16	Occupancy	2,333,415	1,183,351	474,044	676,020
17	Travel	38,421	7,363	26,739	4,319
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	29,779	17,603	4,749	7,427
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	447,240	200,560	101,918	144,762
23	Insurance	327,309	46,789	246,510	34,010
24	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.)				
	a CONTRACTED MGMT. ASST.	646,087	646,087		
	b INDIRECT EVENT COSTS	431,249			431,249
	c FILING/REGISTRATION FEE	396,779		42,549	354,230
	d MARKETING & COMMUN.	162,154			162,154
	e All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	205,099,666	188,493,812	6,458,935	10,146,919
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form **990** (2021)

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Form 990 (2021) Page **11** 

Check if Schedule O contains a response or note to any line in this Part IX . (A) (B) End of year Beginning of year 1 1 Cash-non-interest-bearing . . . 94,452,339 2 45,009,121 2 Savings and temporary cash investments 57,236,167 44,826,752 Pledges and grants receivable, net . 3 3 4 Accounts receivable, net . 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)... 6 Notes and loans receivable, net . . . . 4,000,000 7 4,000,000 Assets 8 Inventories for sale or use . . . 885,456 9 610,709 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other 10,951,700 10a basis. Complete Part VI of Schedule D 9,215,239 Less: accumulated depreciation 10b 1.040.740 10c 1,736,461 82,513,976 78,456,168 11 Investments—publicly traded securities 11 150,264,712 165 932 881 12 Investments—other securities. See Part IV, line 11 . . . 12 2,463,000 13 2,237,338 13 Investments—program-related. See Part IV, line 11 . 14 Intangible assets . . . . 14 5,640,458 5,014,261 Other assets. See Part IV, line 11 . 15 15 394,439,040 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 351,881,499 8,822,995 17 17 9,333,780 Accounts payable and accrued expenses 69,780,094 84,863,785 18 Grants payable . . 18 718,025 1,515,026 19 19 Deferred revenue . 20 Tax-exempt bond liabilities . 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, 25 25 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 79,321,114 26 Total liabilities. Add lines 17 through 25 . 26 95,712,591 Balances Organizations that follow FASB ASC 958, check here complete lines 27, 28, 32, and 33. 27 143.028.733 27 174,733,759 Net assets without donor restrictions 81,435,149 172,089,193 28 Net assets with donor restrictions 28 or Fund Organizations that do not follow FASB ASC 958, check here 
and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Assets Paid-in or capital surplus, or land, building or equipment fund . . . 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 315.117.926 256,168,908 32 Total net assets or fund balances 32 351.881.499 33 Total liabilities and net assets/fund balances 394,439,040 33 Form **990** (2021)

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Form 990	(2021)		Pag	ge <b>12</b>
Part XI	Reconcilliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		 	<b>✓</b>
<b>1</b> Tota	al revenue (must equal Part VIII, column (A), line 12)	1	139,76	6,138
2 Tota	al expenses (must equal Part IX, column (A), line 25)	2	205,09	9,666
3 Reve	enue less expenses. Subtract line 2 from line 1	3	-65,33	3,528

10/14/2:	5,7:01 AM Robin Hood Foundation - Full Filing - Nonprofit Explorer - ProPub	olica			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		315	5,117,926
5	Net unrealized gains (losses) on investments	5		2	2,200,049
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		4	1,184,461
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		256	5,168,908
Par	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990: Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,	2b	Yes	
	✓ Separate basis				
	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	<b>2</b> c	Yes	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		
				Form <b>99</b>	<b>90</b> (2021)
Form '	990 (2021)				
Ad	ditional Data		Retur	n to F	orm
	Software ID: Software Version:				
Form	990, Special Condition Description:				
	Special Condition Description				

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ObjectId: 202233189349316143 - Submission: 2022-11-14

TIN: 13-3441066

#### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

## Public Charity Status and Public Support

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

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047

Name of the organization ROBIN HOOD FOUNDATION

Inspection **Employer identification number** 13-3441066 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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 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 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or b 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. 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. 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. 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. g Provide the following information about the supported organization(s (i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization listed (v) Amount of (vi) Amount of organization organization in your governing document? monetary support other support (see (described on lines (see instructions) instructions) 1- 10 above (see instructions)) Yes No Total For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990) 2021 Cat. No. 11285F Form 990 or 990-EZ.

Schedule A (Form 990) 2021

Page 2

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

(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

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

10/14/	25, 7:01 AM	Rob	in Hood Foundation	- Full Filing - No	nprofit Explorer - Pro	oPublica			
	not an unrelated trade or business			1	I				
	under section 513						_		
4	Tax revenues levied for the organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
_	the organization without charge								
6	<b>Total.</b> Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b									
	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year.						_		
	Add lines 7a and 7b						-		
8	<b>Public support.</b> (Subtract line 7c from line 6.)								
Se	ection B. Total Support			I.					
	endar year								
	fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d</b> ) 2020	(e) 2021	(f)	Total	
`9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income						-		
D	(less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part VI.) .								
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for t	he organization's	I first, second, third	l. d. fourth, or fifth	tax vear as a sect	ion 501(c)(3) or	nanizat	tion, ch	neck
	this box and <b>stop here</b>	_			•		-		_
	ection C. Computation of Public Public support percentage for 2021 (lin	Support Perce	intage	column (f))		T -= T			
15						15			
16	Public support percentage from 2020 S	schedule A, Part I	11, line 15			16			
	ection D. Computation of Invest								
17	Investment income percentage for 20	<b>21</b> (line 10c, colu	mn (f) divided by	line 13, column	(f))	17			
18	Investment income percentage from 2	<b>020</b> Schedule A,	Part III, line 17 .			18			
19a	33 1/3% support tests-2021. If the	organization did r	not check the box	on line 14, and	line 15 is more tha	n 33 <sub>1/3</sub> %, and li	ne 17	is not	
-54	more than 33 1/3%, check this box and								
h	33 1/3% support tests—2020. If the	e organization did	not check a box of	on line 14 or line	19a, and line 16 i	s more than 33 1	<u>-</u> /3% an	nd line	18 is
	not more than 33 1/3%, check this box	3			•			<b>▶</b> □	
20	•	-	-			•			
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	19a, or 19b, che	ck this box and see				
						Schedule A	(Form	990)	2021
			Page 4						
			_						
Sche	dule A (Form 990) 2021							P	age <b>4</b>
Pai	t IV Supporting Organization	s							
	(Complete only if you checked	a box on line 12 o	f Part I. If you ch	ecked box 12a, o	of Part I, complete	Sections A and B	B. If yo	u chec	ked
	box 12b, of Part I, complete Se			12c, of Part I, c	omplete Sections A	A, D, and E. If you	u chéc	ked bo	X
	12d, of Part I, complete Section		omplete Part V.)						
Se	ection A. All Supporting Organiz	ations							
							I	Yes	No
1	Are all of the organization's supported	organizations list	ed by name in the	e organization's o	overning documer	nts?			
_	If "No," describe in <b>Part VI</b> how the su								
	describe the designation. If historic an			-	. ,	ŀ	1		
2	Did the organization have any surrent	od organization th	nat door not have	an IDC data	nation of status	dor coction	-		$\vdash$
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in <b>F</b>								
	described in section 509(a)(1) or (2).	WIL WI HOW LITE O	i garnzationi uetell	inica triat trie Si	apporteu organizat	.ioii was	_		
	200000000000000000000000000000000000000						2		
3a	Did the organization have a supported	organization desc	cribed in section 5	01(c)(4), (5), or	(6)? If "Yes," ans	wer lines 3b and			
	3c below.								
							3a		
b	Did the organization confirm that each	supported organi	ization qualified u	nder section 501	(c)(4), (5) or (6)	and satisfied	3а		

	determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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	4a		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> what controls the organization used to ensure that all support			
F	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	FI.		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"			
	complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
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 <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .			
·	in which the supporting organization also had all interest: 11 Tes, provide detail in Part VI.	90		
	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.	9c 10a		
	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes,"	10a		
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.  Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a 10b	1 990)	2021
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.  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).  Schedule A	10a 10b	1 990)	2021
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.  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).	10a 10b	1 990)	2021
10a b	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.  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).  Schedule A  Page 5	10a 10b		
b Schee	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.  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).  Schedule A  Page 5	10a 10b		2021
b Schee	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.  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).  Schedule A  Page 5	10a 10b		
b Schee	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.  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).  Schedule A  Page 5	10a 10b	F	Page <b>5</b>
b Scheo	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.  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).  Schedule A  Page 5  dule A (Form 990) 2021  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the	10a 10b	F	Page <b>5</b>
b Schee	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.  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).  Schedule A  Page 5  dule A (Form 990) 2021  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?	10a 10b (Forn	F	Page <b>5</b>
b Schee	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.  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).  Schedule A  Page 5  dule A (Form 990) 2021  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?	10a 10b (Form	F	Page <b>5</b>
b Scheo	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.  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).  Schedule A  Page 5  dule A (Form 990) 2021  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	10a 10b (Forn	F	Page <b>5</b>
b Scheo	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.  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).  Schedule A  Page 5  dule A (Form 990) 2021  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	10a 10b (Form	F	Page <b>5</b>
b Scheo	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.  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).  Schedule A  Page 5  dule A (Form 990) 2021  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	10a 10b (Forn 11a 11b 11c	Yes	Page 5
b Scheer Par 11 a b c See	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.  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).  Schedule A (Form 990) 2021  **TV** Supporting Organizations* (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  **ICCIONAL SUPPORTING Organizations**  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's and 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.	10a 10b (Form	Yes	Page 5
b Schee	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.  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).  Schedule A (Form 990) 2021  **TIV Supporting Organizations* (continued)  Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  **Cetion B. Type I Supporting Organizations**  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at one supported 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 organization and what conditions or restrictions, if any, remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any,	10a 10b (Forn 11a 11b 11c	Yes	Page 5

1	Were a majority of the organization's directors or trustees during the tax year also a r	naiorit	y of the directors or trustees of		Yes	No
-	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how supporting organization was vested in the same persons that controlled or managed to	ı contr	ol or management of the	1		
	5 5	ne sup	porteu organization(s).			
Se	ction D. All Type III Supporting Organizations				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of	the fif	th month of the organization's		1	
	tax year, (i) a written notice describing the type and amount of support provided during Form 990 that was most recently filed as of the date of notification, and (iii) copies of			!		
	documents in effect on the date of notification, to the extent not previously provided?			1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If ".					
	organization maintained a close and continuous working relationship with the supported			2	╁	-
3	By reason of the relationship described in line 2 above, did the organization's supporte					
	voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported			3		
Se	ction E. Type III Functionally-Integrated Supporting Organizations		. , , ,			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):		
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.					
b	The organization is the parent of each of its supported organizations. Complete	e line	<b>3</b> below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	u supp	ported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.					
_	Did substantially all of the avanciantian's activities during the tay your disease. Such as	*la a a			Yes	No
d	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? <i>If "Yes," then in</i>	Part \	/I identify those supported			
	organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the					
	substantially all of its activities.			2a		<u> </u>
b	Did the activities described on line 2a, above constitute activities that, but for the organization's supported organization(s) would have been engaged in? If "Yes,"	' expla	in in <b>Part VI</b> the reasons for			
	the organization's position that its supported organization(s) would have engaged in to organization's involvement.	hese a	ctivities but for the	25	<u> </u>	
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			2b		
	Did the organization have the power to regularly appoint or elect a majority of the offi	icers, d	directors, or trustees of each of	3a		
	the supported organizations? If "Yes" or "No", provide details in <b>Part VI</b> .				<u> </u>	
b	Did the organization exercise a substantial degree of direction over the policies, progra supported organizations? <i>If "Yes," describe in Part VI. the role played by the organizations?</i>			3b		
			Schedule A		n 990)	2021
	Page 6 ————					
Caba	Aula A (Faura 000) 2021					_
	tt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	raan	izations		P	Page <b>6</b>
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru			/T) Sc		
	instructions. All other Type III non-functionally integrated supporting organization				.e	
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea ional)	r
1	Net short-term capital gain	1		( >   + +		
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8						
	Section B - Minimum Asset Amount	T	(A) Prior Year		rent Yea ional)	r
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
	Average monthly value of securities	1a				
	Average monthly cash balances  Fair market value of other non exempt use assets	1b 1c				
С	Fair market value of other non-exempt-use assets	ı TC	i I			

		1	1	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Section C - Distributable Amount			Garront roan
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2		1 2		
	Adjusted net income for prior year (from Section A, line 8, Column A)			
2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2		
2	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)	2		
3	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3	3 4		

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

Schedule A (Form 990) 2021

– Page 7 **–** 

Schedule A (Form 990) 2021

Page **7** 

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
Other distributions (describe in <b>Part VI</b> ). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
Distributable amount for 2021 from Section C, line 6	9	
LO Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021:			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7:			

Return Reference	Explanation
EXPLANATION OF OTHER INCOME:	FUNDRAISING EVENTS - 2017 AMOUNT: \$ 1,298,670. 2018 AMOUNT: \$ 1,255,870. 2019 AMOUNT: \$ 1,059,682. 2020 AMOUNT: \$ 337,754. 2021 AMOUNT: \$ 649,029. MISCELLANEOUS - 2017 AMOUNT: \$ 43,159. 2018 AMOUNT: \$ 3,045. 2019 AMOUNT: \$ 267. 2020 AMOUNT: \$ 1,717. 2021 AMOUNT: \$ 0.

Schedule A (Form 990) 2021

**Additional Data Return to Form** 

> **Software ID:** Software Version:

efile Public Visual Rend	or ObjectId: 202233189349316143 - Submission: 2022-11-	14	TIN: 13-3441066	
Schedule B	Schedule of Contributo	rs	OMB No. 1545-0047	
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990- ► Go to <u>www.irs.gov/Form990</u> for the latest in			
Name of the organization ROBIN HOOD FOUNDATION	I		r identification number	
Organization type (chec	k one):	13-34410	66	
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as	s a private foundation		
	☐ 527 political organization			
Form 990-PF	☐ 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a p	private foundation		
	☐ 501(c)(3) taxable private foundation			
contributions.  Special Rules  For an organization under sections 50 received from any 990, Part VIII, line  For an organization during the year, to purposes, or for the purpose, or for the purpose. Don't co religious, charitable	on described in section 501(c)(3) filing Form 990 or 990-EZ that 9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 one contributor, during the year, total contributions of the greath, or (ii) Form 990-EZ, line 1. Complete Parts I and II.  In described in section 501(c)(7), (8), or (10) filing Form 990 of tall contributions of more than \$1,000 exclusively for religious, the prevention of cruelty to children or animals. Complete Parts on described in section 501(c)(7), (8), or (10) filing Form 990 of the parts of the total contributions that were received during the year of the parts unless the <b>General Rule</b> applies to the effect of the parts unless the <b>General Rule</b> applies to the effect of the parts unless the <b>General Rule</b> applies to the effect of the parts unless the <b>General Rule</b> applies to the effect of the parts unless the <b>General Rule</b> applies to the effect of the parts unless the <b>General Rule</b> applies to the effect of the parts unless the <b>General Rule</b> applies to the effect of the parts unless the <b>General Rule</b> applies to the effect of the parts unless the <b>General Rule</b> applies to the effect of the parts unless the <b>General Rule</b> applies to the effect of the parts unless the <b>General Rule</b> applies to the effect of	at met the 33 <sup>1</sup> / <sub>3</sub> % support tes 290 or 990-EZ), Part II, line 2 ater of <b>(1)</b> \$5,000 or <b>(2)</b> 2% or 990-EZ that received from a charitable, scientific, literary is I, II, and III. or 990-EZ that received from is, but no such contributions to go the year for an exclusively is organization because it re	st of the regulations 13, 16a, or 16b, and that of the amount on (i) Form any one contributor, y, or educational any one contributor, otaled more than \$1,000. y religious, charitable, etc., ceived nonexclusively \$	
990-EZ, or 990-PF), but it	that isn't covered by the General Rule and/or the Special Rule <b>must</b> answer "No" on Part IV, line 2, of its Form 990; or chect I, line 2, to certify that it doesn't meet the filing requirements	k the box on line H of its For		
For Paperwork Reduction Action Form 990, 990-EZ, or 990-		Cat. No. 30613X	Schedule B (Form 990) (2021)	
	Page 2 ————			
Schedule B (Form 990) (2	2021)	Page 2	fication number	
Name of organization		Employer identi	ncation number	

https://projects.propublica.org/nonprofits/organizations/133441066/202233189349316143/full

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2021)
Name of orga	Form 990) (2021) nization FOUNDATION	Employer identification	Page 3
	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	13-3441066	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

-					\$_	
(a) No. from Part I	(b) Description of noncash	property giver	1		(c) or estimate) nstructions)	(d) Date received
•					\$_	
(a) No. from Part I	(b) Description of noncash	property giver	1		(c) or estimate) nstructions)	(d) Date received
-					\$_	
(a) No. from Part I	(b) Description of noncash property given				(c) or estimate) nstructions)	(d) Date received
-					\$	
(a) No. from Part I	(b) Description of noncash property given				(c) or estimate) nstructions)	(d) Date received
-					\$_	
(a) No. from Part I	(b) Description of noncash	property giver	1		(c) or estimate) nstructions)	(d) Date received
-					\$_	
Schedule	B (Form 990) (2021)	——— Pi	age 4			Page <b>4</b>
	rganization OD FOUNDATION				<b>Employer ider</b> 13-3441066	ntification number
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See insues the duplicate copies of Part III if additional specific processes the second of the processes of	tributor. Complete total of excluse tructions.)	ete columns (a) th cively religious, ch	rough (e) a	ction 501(c)(7), ( and the followin	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(	c) Use of gift	(d) Description of how gift is		ption of how gift is held
-		(0)	Transfer of gift			
	Transferee's name, address, and 2			Relationshij	o of transferor to	o transferee
(a)	-	<u> </u>				
(a) No. from Part I	(b) Purpose of gift	(	c) Use of gift		(d) Descri	ption of how gift is held
-		(-)	Transfer of sift			
	Transferee's name, address, and a		Transfer of gift F	Relationship	o of transferor to	o transferee
(a)						

No. from Part I	(b) Purpose of gift	Robin Hood Foundation - Full Filing - N (c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2	(e) Transfer of gift	Relationship of transferor to transferee
			Schedule B (Form 990) (202
Additiona	l Data		Return to Form

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202233189349316143 - Submission: 2022-11-14

**TIN: 13-3441066**OMB No. 1545-0047

#### SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to <a href="www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

2021

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

• 8	Section 501(c)(3) organization	ns that have filed Form 5768 (elec ns that have NOT filed Form 5768	(election under section 501(h)): Co	omplete Part II-B. Do	not complete Part II-A.
(Pro	ky Tax) (see separate instru	es" on Form 990, Part IV, Line 5 uctions), then	(Proxy Tax) (see separate instru	ctions) or Form 990	J-EZ, Part V, line 35C
	Section 501(c)(4), (5), or (6) on the of the organization	organizations: Complete Part III.		Employer ide	entification number
	IN HOOD FOUNDATION			13-3441066	
Dar	t I-A Complete if the	organization is exempt und	der section 501(c) or is a se		nization
	•		• • •		
1	"political campaign activitie				for definition of
2		expenditures. See instructions			\$
3		l campaign activities. See instructi			
Par	t I-B Complete if the	organization is exempt und	der section 501(c)(3).		
1		ccise tax incurred by the organization			\$
2	•	ccise tax incurred by organization i	•		\$
3	If the organization incurred	l a section 4955 tax, did it file Forr	n 4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV.				
Par	t I-C Complete if the	organization is exempt und	der section 501(c), except s	section 501(c)(3	3).
1	Enter the amount directly e	expended by the filing organization	for section 527 exempt function a	ctivities 🕨	\$
2		ng organization's funds contribute			\$
3	Total exempt function expen	nditures. Add lines 1 and 2. Enter	here and on Form 1120-POL, line	17b ▶	\$
4	Did the filing organization f	ile Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payment of political contributions rec fund or a political action con	s and employer identification numl ts. For each organization listed, er ceived that were promptly and dire mmittee (PAC). If additional space	ater the amount paid from the filing ectly delivered to a separate politic is needed, provide information in	g organization's fund al organization, such Part IV.	s. Also enter the amount as a separate segregated
(a)	Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds. If none, ent -0	's political contributions
1					
2					
3					
4					
5					
6					
For P	aperwork Reduction Act Notice	e, see the instructions for Form 990	Cat. No. !	50084S S	Schedule C (Form 990) 2021

Page 2

Schedule C (Form 990) 2021

Page **2** 

A	Check if the filing organization belongs to an expenses, and share of excess lobbying	- ' '	in Part IV each af	filiated group m	ember's name,	address, EIN,
В	Check  if the filing organization checked box A  Limits on Lobbying  (The term "expenditures" means	g Expenditures			<b>a)</b> Filing anization's totals	<b>(b)</b> Affiliated group totals
	Total lobbying expenditures to influence public opinion	on (grass roots lobbying)			22,953	
b	Total lobbying expenditures to influence a legislative	, ,,			63,767	
c	Total lobbying expenditures (add lines 1a and 1b)				86,720	
d	Other exempt purpose expenditures				205,012,946	
е	Total exempt purpose expenditures (add lines 1c and	i 1d)			205,099,666	
f	Lobbying nontaxable amount. Enter the amount from columns.	n the following table in bo	oth	_	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
	Not over \$500,000	20% of the amount on line 1	.e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the ex	xcess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the ex	xcess over \$1,000,00	00.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the exc	cess over \$1,500,000	).		
	Over \$17,000,000	\$1,000,000.				
q	Grassroots nontaxable amount (enter 25% of line 1f	)			250,000	
_	Subtract line 1g from line 1a. If zero or less, enter -(	•			0	
i	Subtract line 1f from line 1c. If zero or less, enter -0				0	
j	If there is an amount other than zero on either line 1 section 4911 tax for this year?	Lh or line 1i, did the orga	nization file Form	, ,		☐ Yes ☐ No
	(Some organizations that made a columns below. See t		tions for lines	2a through 2		five
	Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,0	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
С	Total lobbying expenditures		49,859	214,743	86,7	720 351,322
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,0	1,000,000
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures			132,000	22,9	953 154,953
	Grassroots lobbying expenditures	L L		132,000		(Form 990) 2021
		———— Page 3 —				
		_				
C ala	adula C (Farma 000) 2021					
	edule C (Form 990) 2021  art II-B Complete if the organization is e		- F01/a\/2\ a	nd bac NOT	file d	Page <b>3</b>
Po	art II-B Complete if the organization is a Form 5768 (election under section		ni 301(C)(3) a	nu nas NOI	illea	
					(a)	(b)
	each "Yes" response on lines 1a through 1i below, provity.	ovide in Part IV a detailed	description of the	e lobbying	Yes   No	
1	During the year, did the filing organization attempt including any attempt to influence public opinion or					
а	Volunteers?					
b	Paid staff or management (include compensation in	n expenses reported on lin	nes 1c through 1i)			_
C						
d	Mailings to members, legislators, or the public?  Publications or published or broadcast statements					<del></del>

0/14/2	25, 7:01 AM Robin Hood Foundation - Full Filing - Nonprofit Explorer - ProPub	lica			
_	rapheations, or published or producest statements.				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	(5), o	r section		
_				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
1 2	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members	1	, iiiie 3, is		
	expenses for which the section 527(f) tax was paid).	_			
a b	Current year	2a 2b			
c	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?				
_	·	4 5			
5	Taxable amount of lobbying and political expenditures. See Instructions	5			
	rt IV Supplemental Information				
	vide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); Fructions), and Part II-B, line 1. Also, complete this part for any additional information.	art II-	A, lines 1 ar	nd 2 (se	ee
	Return Reference Explanation				
		Sched	ule C (Forr	n 990)	2021
	ditional Data		Return t	_	

Software ID: Software Version:

https://projects.propublica.org/nonprofits/organizations/133441066/202233189349316143/full

efile Public Visual Render

ObjectId: 202233189349316143 - Submission: 2022-11-14

TIN: 13-3441066

#### **SCHEDULE D**

Department of the Treasury

(Form 990)

### **Supplemental Financial Statements**

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

OMB No. 1545-0047

Open to Public

Intern	al Revenue Service Go to <u>www.irs.gov/Form</u>	for instructions and the latest info	rmation. Inspection
	me of the organization BIN HOOD FOUNDATION		Employer identification number
			13-3441066
Pa	Organizations Maintaining Donor Advistance Complete if the organization answered "Yes	sed Funds or Other Similar Funds o	or Accounts.
	Complete if the organization answered Tes	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's exc		
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose of	be used only for conferring impermissible
Pa	rt II Conservation Easements. Complete if the organization answered "Yes	s" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organ		
-	Preservation of land for public use (e.g., recreation		n 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 easement on the last day of the tax year.		rm of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic	` '	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferred tax year	d, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conservation	n easement is located 🕨	
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds		of violations,
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing c	
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violations, and enforcing conser	rvation easements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the requirements of section 1	.70(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports consibalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial state	ense statement, and
Pai	Organizations Maintaining Collections Complete if the organization answered "Yes	of Art, Historical Treasures, or Oth	ner Similar Assets.
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statement	C 958, not to report in its revenue statement ic exhibition, education, or research in furth	
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	ii)Assets included in Form 990, Part X		
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or other similar assets for fina	· · · · · · · · · · · · · · · · · · ·
а	Revenue included on Form 990, Part VIII, line 1		▶\$
b			-
	ASSESS HICIAUCU III FOITH 330, FAIL A		· · · · <del>- •</del>

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

Schedule D (Form 990) 2021

Cat. No. 52283D

—— Page 2 ————

Sched	dule D	(Form 990) 2021												Page <b>2</b>
Part	III	Organizations M	aintaining Col	lections o	of Art, H	istorio	al Tı	reası	ıres, o	r Other	Similar A	ssets (cont	inued)	
3		the organization's acq (check all that apply)		n, and other	records,		ny of	the fo	llowing	that are a	significant (	use of its col	lection	
а		Public exhibition				d		Loan	or exch	ange pro	grams			
b		Scholarly research				е		Othe	r <u></u>					
С		Preservation for future	e generations											
4	Provid	de a description of the	organization's col	lections and	l explain h	ow they	y furth	ner the	e organi	zation's e	xempt purpo	se in		
5		g the year, did the org s to be sold to raise fu										☐ Yes		n
Par	t IV	Escrow and Cust Complete if the or line 21.			" on Forn	n 990,	Part	IV, lir	ne 9, o	r reporte	d an amou			-
1a		organization an agent led on Form 990, Part										☐ Yes		o
<b>L</b>	TE "Vo	s," explain the arrange	omant in Dart VIII	and comple	to the fall	lawina t	ablar					mount		_
b c		, ,		•						1c		inount		_
d	_	ning balance ions during the year .								1d				_
e		• ,								1e				_
f		butions during the yea								1f				_
		g balance												_
2a		ne organization include		•	•	•					•		∪ No	0
b		s," explain the arrange		Check here	e if the ex	planatio	n has	been	provide	d in Part	XIII	U		
Pai	t V	Endowment Fun		iorad "Vac	" on Form	~ 000	Dort	T\ /  :-	20 10					
		Complete if the or	ganization ansv	(a) Currei			ior yea			years back	(d) Three ve	ars back (e)	Four year	rs back
1a	3eginn	ing of year balance .		(2)	,	(-)	,,,,,		(-)	,	()	(-)	, , , , , , , , , , , , , , , , , , , ,	
b (	Contrib	outions												
c I	Net inv	estment earnings, gai	ns, and losses											
		or scholarships												
e (	Other 6	expenditures for facilition												
f	Admini	strative expenses .												
g l	End of	year balance												
2	Provid	de the estimated perce I designated or guasi-e	-	ent year end	l balance	(line 1g	, colui	mn (a	)) held a	as:		l		
а		anent endowment			·····									
b														
С		endowment  ercentages on lines 2a		ld oqual 100	<b>10</b> %									
За	Are th	nere endowment funds lization by:		•		on that	are h	eld an	d admir	istered fo	r the		Yes	No
	_	nrelated organizations										3a(i)		
	(ii) R	elated organizations										3a(ii)	1	
b		s" on 3a(ii), are the re	•		•			?.				3b		
4	Descr	ibe in Part XIII the into	ended uses of the	organizatio	n's endow	ment fu	ınds.					•		
Par	t VI	Land, Buildings,				000		<b>-</b>					_	
	Descri	Complete if the or ption of property	(a) Cost or oth (investme	ner basis	(b) Cost of						m 990, Pai		O. look value	!
1a <sup> </sup>	and		1											
		gs							<del>                                     </del>					
		old improvements					4 61	17,656			4,509,444			108,212
		·						91,368	-		1,492,281			199,087
		nent						12,676						
_	Other	· · · · · · · · · · · · · · · · · · ·	Column (d) must a	aual Form	000 Part	Y colum			10(c)		3,213,514			429,162
old	. Auu	iiiies ta tiiiougii te. (C	Lorainin (a) mast 6	.quai ruiiii :	oo, rail.	A, COIUII	IIII ( <i>D)</i>	,,е	10(C).)	• •	-		1,	736,461

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" on	Form 000 Part IV	lina 11h Cao Ea	rm 000 Part V li	no 12
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuest or end-of-year ma	ation:
(1) Financial derivatives		Cos	st of end-of-year ma	rket value
(2) Closely-held equity interests				
(A) LONG/SHORT EQUITY	79,836,62	.9	F	
(B) CREDIT OPPORTUNITIES (DISTRESSED)	31,467,22	.9	F	
(C) GLOBAL MACRO	18,464,83	32	F	
(D) FIXED INCOME	32,45	58	F	
(E) MULTI-STRATEGY (RELATIVE VALUE)	34,070,14	3	F	
(F) PRIVATE EQUITY	243,83	88	F	
(G) VENTURE CAPITAL	1,798,82	25	F	
(H) OTHER	18,92	.7	F	
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.	165,932,88	31		
Complete if the organization answered 'Yes' on	Form 990, Part IV,			
(a) Description of investment		(b) Book value		d of valuation: year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets.  Complete if the organization answered 'Yes' on F	Form 990, Part IV,	ine 11d. See Fo	rm 990, Part X, li	ne 15.
(a) Description	on			(b) Book value
(2)				
(3) (4)				
(5) (6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.		<u></u>	•	
Complete if the organization answered 'Yes' on F	Form 990, Part IV, I	ine 11e or 11f.S	See Form 990, Par	t X, line 25. (b) Book value
1. (a) Descrip  (1) Federal income taxes	a.c.i or nabiney			(3) Book value

.4/23	,7:01 AM	Robin Hood Foundation	- Full Fi	iling - Nonprofi	t Explorer - Pr	oPublica	
-1 /	Column (b) and bound from 000 Port V and (D) line 25					. 1	
	Column (b) must equal Form 990, Part X, col.(B) line 25.) lity for uncertain tax positions. In Part XIII, provic	do the text of the feetnets	to the	organization's	financial stat	omonte the	at reports the
	ation's liability for uncertain tax positions under F			-			
am	action's hability for uncertain tax positions under 1	114 40 (ASC 740). CHECK II	ere ii ti	ie text of the i		-	D (Form 990) 2021
							- (. c <i> </i>
		Page 4 —					
	le D (Form 990) 2021						Page <b>4</b>
art	XI Reconciliation of Revenue per Aud Complete if the organization answere				nue per Re	eturn.	
-	otal revenue, gains, and other support per audited					1	141,795,543
	Amounts included on line 1 but not on Form 990, F						
	Net unrealized gains (losses) on investments .	•	2a		2,200,049		
	Donated services and use of facilities		2b		51,856		
	Recoveries of prior year grants		2c		,		
	Other (Describe in Part XIII.)		2d				
	Add lines <b>2a</b> through <b>2d</b>		. —			2e	2,251,905
	Subtract line <b>2e</b> from line <b>1</b>					3	139,543,638
	Amounts included on Form 990, Part VIII, line 12,						
	nvestment expenses not included on Form 990, Pa		4a	1	222,500		
	Other (Describe in Part XIII.)		4b				
	Add lines <b>4a</b> and <b>4b</b>		. –			4c	222,500
	otal revenue. Add lines <b>3</b> and <b>4c.</b> (This must equa	al Form 990, Part I, line 1	2.) .			5	139,766,138
_	XII Reconciliation of Expenses per Au					Return.	· · ·
	Complete if the organization answere				·		
	otal expenses and losses per audited financial sta	tements				1	200,744,561
	Amounts included on line 1 but not on Form 990, P	Part IX, line 25:		1			
1	Donated services and use of facilities		2a		51,856		
)	Prior year adjustments		2b				
	Other losses		2c				
	Other (Describe in Part XIII.)		2d				
	Add lines 2a through 2d					2e	51,856
	Subtract line <b>2e</b> from line <b>1</b>					3	200,692,705
	Amounts included on Form 990, Part IX, line 25, bu			1			
	nvestment expenses not included on Form 990, Pa	·	4a	+	222,500		
	Other (Describe in Part XIII.)		4b		4,184,461		
	Add lines <b>4a</b> and <b>4b</b>				•	4c	4,406,961
_	otal expenses. Add lines <b>3</b> and <b>4c.</b> (This must equ	ual Form 990, Part I, line	18.) <b>.</b>			5	205,099,666
art	XIII Supplemental Information						
	le the descriptions required for Part II, lines 3, 5, and and 4b; and Part XII, lines 2d and 4b. Also com					V, line 4; P	art X, line 2; Part XI,
cs	· · · · · · · · · · · · · · · · · · ·	ipiete tilis part to provide	any du				
<del>-</del> -	Return Reference	ETN. 40 PORTH :: 222 == 1			xplanation	3 TUE 125	NINTING FOR
<b>۲Г</b> )	, LINE 2:	FIN 48 ROBIN HOOD FO					
		RELATING TO FINANCIAL	STATE	MENT RECOGN	I DNA NOITIN	MEASUREM	ENT. THIS GUIDANCE
					INCERTAIN T	AX POSHIC	JN CAN ONLY BE
		PROVIDES THAT THE TAX RECOGNIZED IN THE CO					IS "MORE-LIKELY-THA
			NSOLII E POSI	DATED STATEM TION WERE TO	IENTS IF THE BE CHALLEN	POSITION IGED BY A	TAXING AUTHORITY. T

Software ID: Software Version:

**TIN: 13-3441066** OMB No. 1545-0047

2021

**SCHEDULE F** 

(Form 990)

efile Public Visual Render ObjectId: 202233189349316143 - Submission: 2022-11-14

**Statement of Activities Outside the United States** 

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

► Attach to Form 990.

Department of the Treasury	'	Go to www.irs.	gov/Form990 for i	nstructions an	d the latest i	nformation.			n to Public ection		
Name of the organization						E	mployer ide	ntificatio	n number		
ROBIN HOOD FOUNDAT	TON					1	.3-3441066				
	<b>Information</b> 0, Part IV, line		s Outside the I	United Stat	<b>es.</b> Comple	ete if the o	rganization a	nswered	d "Yes" on		
For grantmake     other assistance     to award the grantmake	, the grantees'	eligibility for th	ne grants or assi	stance, and t	he selectior	n criteria us	ed				
2 For grantmake									Yes No		
outside the Unit		rait v tile org	anization's proce	dures for filo	intorning the	use or its	grants and ot	1101 03313	tance		
3 Activites per Regi	ion. (The following	ng Part I, line 3	table can be dupl	icated if additi	onal space i	s needed.)		ı			
(a) Region	n	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	fundraising	oe) (such as, , program ments, grants ocated in the	program se specif	, listed in (d) is a ervice, describe fic type of in the region	for an	tal expenditures and investments the region		
CENTRAL AMERICA CARIBBEAN	A AND THE	0	0	INVESTMENT					138,630,577		
3a Sub-total		(	0						138,630,577		
Part I		(	0 0						0 138,630,577		
For Paperwork Reduction	on Act Notice, se	e the Instruction	ns for Form 990.		Cat.	No. 50082V	V Schedu	ile F (Forr	n 990) 2021		
			Pa	age 2 ——							
Schedule F (Form 990)		_									Page <b>2</b>
Part II Grants a Part IV, li	and Other As ine 15, for an	<b>ssistance to</b> y recipient wl	Organization ho received mo	s or Entition ore than \$5,	<b>es Outsid</b> ,000. Part	<b>e the Uni</b> II can be	ted States duplicated i	. Comple f additio	ete if the organizat onal space is neede	ion answered "Yes" ( d.	on Form 990,
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Regio		Purpose of grant		nount of grant	(f) Mann cash disburse	1	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

14/25, /:01 AM			Room Hood I	oundation - Full Filing	5 Itompront Ez	apioiei ii		+
Enter total number of re	cinient organization	s listed above th	at are recognized a	as charities by the forei	an country reco	onized as t	tay-	
exempt by the IRS, or f	or which the grantee	or counsel has	provided a section	501(c)(3) equivalency	letter			
Enter total number of o	ner organizations or	entities				<u> </u>	Sched	lule F (Form 990) 20
				— Page 3 ———				
edule F (Form 990) 2021								Pag
	Other Assistance to duplicated if addited			ited States. Complete	e if the organiza	ation answ	vered "Yes" on Form 99	90, Part IV, line 16
Type of grant or assistance	i '	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amour noncas assistan	h	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
								арргаізаі, оснег)
	l						Sched	ule F (Form 990) 20
				— Page 4 ———				
edule F (Form 990) 2021						Page <b>4</b>		
rt IV Foreign Forms	5							
	uired to file Form 926,	Return by a U.S. T	ransferor of Property	ax year? If "Yes," the to a Foreign Corporation ( 		□No		
Gifts, and/or Form 3520	520, Annual Return to A, Annual Information	Report Transaction Return of Foreign	s with Foreign Trusts Trust With a U.S. Owi	e organization may be req and Receipt of Certain For ner (see Instructions for Fo	reign orms	<b>✓</b> No		
Did the organization hav may be required to file F	e an ownership interestorm 5471, Information	in a foreign corpo Return of U.S. Per	oration during the tax rsons with Respect to		zation ons.	□No		
Was the organization a confund during the tax year	irect or indirect shareh ? If "Yes," the organiza	older of a passive tion may be requir	foreign investment co ed to file Form 8621,	ompany or a qualified elect Information Return by a Instructions for Form 862	ing	□No		
Did the organization hav may be required to file F	e an ownership interestorm 8865, Return of U.	in a foreign partn S. Persons with Re	ership during the tax espect to Certain Fore	year? If "Yes," the organiz	zation 	□No		
organization may be req	uired to separately file	Form 5713, İntern	ational Boycott Repor	ng the tax year? If "Yes," t t (see Instructions for Fon	m	✓ No		
				Sch	edule F (Form 9	90) 2021	_	
					,	-		
edule F (Form 990) 2021				— Page 5 ———		Page <b>5</b>		

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.

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
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
THRESHOLDS REQUIRED FOR FILING THE FORMS 926, 5471, 8621 OR 8865, THEY HAVE BEEN ATTACHED TO A FORM 990-T FILING.
Schedule F (Form 990) 2021

**Additional Data** 

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202233189349316143 - Submission: 2022-11-14

TIN: 13-3441066

SCHEDULE G (Form 990)						
Department of the Treasury Internal Revenue Service	organizati	on entered more than Attach to Form	1 \$15,000 on Form 990-EZ, li 990 or Form 990-EZ.	ne 6a.	2021 Open to Public Inspection	
Name of the organization	Go to www.	irs.gov/Form990 for	instructions and the latest in		ntification number	
ROBIN HOOD FOUNDATION				13-3441066		
	ctivities. Complete if ers are not required to	-		rm 990, Part IV, line 1	7.	
1 Indicate whether the org	anization raised funds th	rough any of the fo	ollowing activities. Check	all that apply.		
a 🗸 Mail solicitations		e	Solicitation of non-	government grants		
<b>b</b> Internet and email so	licitations	f	Solicitation of gove	ernment grants		
c  Phone solicitations		g	Special fundraising	events		
<b>d</b> In-person solicitation	S					
or key employees listed i  b If "Yes," list the 10 higher to be compensated at lea	in Form 990, Part VII) or est paid individuals or ent ast \$5,000 by the organi	entity in connection cities (fundraisers) zation.		aising services? ✓ γε under which the fundraise		
(i) Name and address of indivi or entity (fundraiser)	idual (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	
	SEE PART IV	Yes No				
BIG DUCK STUDIO INC 123 7TH AVE PO BOX 223		No	28,196	15,000	13,196	
BROOKLYN, NY 11215						
					_	
					_	
Total			28,196	15,000	13,196	
<b>3</b> List all states in which the licensing.	organization is registered	d or licensed to soli	icit contributions or has b	een notified it is exempt f	rom registration or	

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990) 2021

Page 2 -

Schedule G (Form 990) 2021 Page 2 **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1  BIG BENEFIT  (event type)	(b) Event #2  INV. CONF.  (event type)	(c)Other events  8 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue					
	1 Gross receipts	31,753,701	3,899,697	557,512	36,210,910
	<b>2</b> Less: Contributions	31,271,301	3,735,697	554,883	35,561,881
	<b>3</b> Gross income (line 1 minus line 2)	482,400	164,000	2,629	649,029
	<b>4</b> Cash prizes				
S	5 Noncash prizes				
Direct Expenses	<b>6</b> Rent/facility costs	3,555,162		52,113	3,607,275
x be	<b>7</b> Food and beverages	558,122		25,844	583,966
ŭ	8 Entertainment	1,242,703	188,350	43,122	1,474,175
<u>D</u>	<b>9</b> Other direct expenses	7,119,574	470,430	515,268	8,105,272
	10 Direct expense summary. Add lines 4 to	hrough 9 in column (d)			13,770,688
	$\bf 11 Net$ income summary. Subtract line 10	from line 3, column (d)		•	-13,121,659
Par	<b>Gaming.</b> Complete if the organ on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
ĸ	1 Gross revenue				
enses	2 Cash prizes				
ă	3 Noncash prizes				
Direct	4 Rent/facility costs				
ā	5 Other direct expenses				
	<b>6</b> Volunteer labor	<ul><li>☐ Yes  %</li><li>☐ No</li></ul>	☐ Yes <u>%</u>	<ul><li>☐ Yes</li></ul>	
	7 Direct expense summary. Add lines 2 tl				
	8 Net gaming income summary. Subtract	line 7 from line 1, columi	n (d)		
9	Enter the state(s) in which the organization			- •	_
a b	Is the organization licensed to conduct gas If "No," explain:	aming activities in each of	these states?		☐ Yes ☐ No
					I
10a b	Were any of the organization's gaming lic If "Yes," explain:	enses revoked, suspended	d or terminated during the	tax year?	☐ Yes ☐ No

		P	Page 3 ————————					
Sche	dule G (Form 990) 2021						Pa	ge
11	Does the organization conduct gaming	activities with nonmembers	5?			Voc		_
L2	Is the organization a grantor, beneficion formed to administer charitable gamin	ary or trustee of a trust or a	member of a partnership or other e			Yes		
L3	Indicate the percentage of gaming act	civity conducted in:				∪ Yes	∪ NO	
а	The organization's facility				13a			q
b	An outside facility				13b			Q
4	Enter the name and address of the pe	rson who prepares the organ	nization's gaming/special events boo	ks and r	ecords:			
	Name •							
.5a	Address Does the organization have a contract		m the organization receives gaming					
	revenue?					Yes	□No	
b	If "Yes," enter the amount of gaming amount of gaming revenue retained b	revenue received by the orga	anization 🕨 \$					
c	If "Yes," enter name and address of the	<u></u>	·					
	·							
	Address							
	Name Gaming manager compensation \$							
	-							
	☐ Director/officer	Employee	☐ Independent contract	tor				
7	Mandatory distributions:							
а	Is the organization required under staretain the state gaming license? .	te law to make charitable dis	stributions from the gaming proceed	ls to			O	
b	Enter the amount of distributions requ	ired under state law distribu	ited to other exempt organizations of	r spent		☐ Yes	∪ No	
	in the organization's own exempt activ		·	·				
Pai			ions required by Part I, line 2b, icable. Also provide any additio					
	Return Reference		Explanation					
CHE	EDULE G, PART I, LINE 2B, ACTIVITY:	CONSULTANT WAS HIRED CERTAIN DONORS.	TO DEVELOP AND TEST MESSAGING	AND ST	RATEGI	ES AIMED A	AT RETAIN	[N
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TIN: 13-3441066

Schedule I (Form 990)

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

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

Employer identification number 13-3441066

## Part I General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 1

Yes ☐ No

2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the Onited States.

		estic Organizations an can be duplicated if addi		nts. Complete if the or	ganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(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 gran or assistance
(1) 1199 SEIU HOME INDUSTRY 498 7TH AVENUE 4TH FLOOR NEW YORK, NY 10018	71-1028611	501(C)(3)	300,000	0			POVERTY RELIEF
(2) A BETTER BALANCE 40 WORTH STREET 10TH FLOOR NEW YORK, NY 10013	20-3664771	501(C)(3)	70,000	0			POVERTY RELIEF
(3) ACHIEVEMENT FIRST 370 JAMES STREET SUITE 404 NEW HAVEN, CT 06513	65-1203744	501(C)(3)	1,650,000	0			POVERTY RELIEF
(4) ACUMEN FUND INC 40 WORTH STREET SUITE 303 NEW YORK, NY 10013	13-4166228	501(C)(3)	1,000,000	0			POVERTY RELIEF
(5) ADAMS STREET FOUNDATION INC 283 ADAMS STREET BROOKLYN, NY 11201	90-0394877	501(C)(3)	200,000	0			POVERTY RELIEF
(6) ADELPHI UNIVERSITY FINANCE OFFICE ROOM 201 LEVERMORE HALL ONE SOUTH AVENUE GARDEN CITY, NY 11530	11-1630741	501(C)(3)	435,000	0			POVERTY RELIEF
(7) ADHIKAAR FOR HUMAN RIGHTS AND SOCIAL JUSTICE 71-07 WOODSIDE AVE WOODSIDE, NY 11377	20-3384725	501(C)(3)	50,000	0			POVERTY RELIEF
(8) ADVOCATES FOR CHILDREN OF NEW YORK INC 151 WEST 30TH STREET 5TH FLOOR NEW YORK, NY 10001	11-2247307	501(C)(3)	650,000	0			POVERTY RELIEF
(9) AFRICAN COMMUNITIES TOGETHER 127 WEST 127TH ST SUITE 221 NEW YORK, NY 10027	46-1689772	501(C)(3)	485,000	0			POVERTY RELIEF
(10) AGATHA HOUSE FOUNDATION INC 4471 MUNDY LANE BRONX, NY 10466	47-1170349	501(C)(3)	45,000	0			POVERTY RELIEF
(11) ALI FORNEY CENTER 224 WEST 35TH STREET 15TH FLOOR NEW YORK, NY 10001	30-0104507	501(C)(3)	201,000	0			POVERTY RELIEF
(12) ALL OUR KIN INC 414A CHAPEL STREET SUITE 100 NEW HAVEN, CT 06511	06-1539280	501(C)(3)	600,900	0			POVERTY RELIEF
(13) AMALGAMATED CHARITABLE FOUNDATION INC 275 7TH AVE NEW YORK, NY 10003	82-1517696	501(C)(3)	500,000	0			POVERTY RELIEF
(14) AMERICA ON TECH INC 25 BROADWAY 12TH FL NEW YORK, NY 10004	46-5336001	501(C)(3)	16,975	0			POVERTY RELIEF
(15) APCA INC ALASKA PRIMARY CARE ASSOCIATION 3111 C ST SUITE 500 ANCHORAGE, AK 99503	92-0154822	501(C)(3)	50,000	0			POVERTY RELIEF
(16) APNA BROOKLYN COMMUNITY CENTER INC 236 NEPTUNE AVENUE 2ND FLOOR BROOKLYN, NY 11235	82-0706930	501(C)(3)	60,000	0			POVERTY RELIEF
(17) ARAB-AMERICAN FAMILY SUPPORT CENTER 150 COURT STREET 3RD FLOOR BROOKLYN, NY 11201	11-3167245	501(C)(3)	375,000	0			POVERTY RELIEF
(18) ARIVA INC 69 E 167TH STREET BRONX, NY 10452	32-0028598	501(C)(3)	110,000	0			POVERTY RELIEF
(19) ARKANSAS HUNGER RELIEF ALLIANCE 1400 W MARKHAM ST STE 304 LITTLE ROCK, AR 72201	30-0254995	501(C)(3)	50,000	0			POVERTY RELIEF
(20) ASCEND LEARNING INC 205 ROCKAWAY PARKWAY BROOKLYN, NY 11212	33-1200239	501(C)(3)	50,000	0			POVERTY RELIEF

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(21) ASCENDUS INC 80 MAIDEN LANE SUITE 903 NEW YORK, NY 10038	11-331/234	501(C)(3)	225,000	U			POVERTY RELIEF
(22) ASIAN AMERICANS FOR EQUALITY 35-34 UNION STREET FLUSHING, NY 11354	13-3187792	501(C)(3)	50,000	0			POVERTY RELIEF
(23) ASSOCIATION FOR NEIGHBORHOOD & HOUSING DEVELOPMENT INC 50 BROAD STREET SUITE 1402 NEW YORK, NY 10004	13-2775999	501(C)(3)	300,000	0			POVERTY RELIEF
(24) ASSOCIATION TO BENEFIT CHILDREN 419 EAST 86TH STREET NEW YORK, NY 10028	13-3303089	501(C)(3)	550,000	0			POVERTY RELIEF
(25) AUTISM SPEAKS INC 1 E 33RD ST 4TH FLOOR NEW YORK, NY 10016	20-2329938	501(C)(3)	25,000	0			POVERTY RELIEF
(26) AVENUES FOR JUSTICE INC 100 CENTRE STREET ROOM	13-3267496	501(C)(3)	490,000	0			POVERTY RELIEF
1541 NEW YORK, NY 10013 (27) BAY RIDGE CENTER INC	80-0559714	501(C)(3)	60,000	0			POVERTY RELIEF
411 OVINGTON AVENUE BROOKLYN, NY 11209 (28) BEDFORD STUYVESANT	11-6083182	501(C)(3)	325,000	0			POVERTY RELIEF
RESTORATION CORPORATION 1368 FULTON STREET BROOKLYN, NY 11216	11 0003102	301(0)(3)	323,000	,			TOVERT RELET
(29) BENEFITS DATA TRUST CENTRE SQUARE WEST 1500 MARKET ST SUITE 2800 PHILADELPHIA, PA 19102	20-3455598	501(C)(3)	2,145,080	0			POVERTY RELIEF
(30) BIPARTISAN POLICY CENTER INC 1225 EYE STREET WASHINGTON, DC 20005	73-1628282	501(C)(3)	100,000	0			POVERTY RELIEF
(31) BLACK WOMEN'S BLUEPRINT INC 279 EMPIRE BOULEVARD BROOKLYN, NY 11225	27-1308862	501(C)(3)	50,000	0			POVERTY RELIEF
(32) BNAI RAPHAEL CHESED ORGANIZATION INC 3846 FLATLANDS AVE FLOOR 1 BROOKLYN, NY 11234	80-0196677	501(C)(3)	15,000	0			POVERTY RELIEF
(33) BOROUGH OF MANHATTAN COMMUNITY COLLEGE FOUNDATION INC 199 CHAMBERS ST S747 NEW YORK, NY 10007	51-0187969	501(C)(3)	1,570,000	0			POVERTY RELIEF
(34) BOTTOM LINE INC 44 COURT STREET SUITE 300 BROOKLYN, NY 11201	04-3351427	501(C)(3)	300,000	0			POVERTY RELIEF
(35) BOWERY RESIDENTS COMMITTEE 131 WEST 25TH STREET 12TH FLOOR NEW YORK, NY 10001	13-2736659	501(C)(3)	400,000	0			POVERTY RELIEF
(36) BREAD OF LIFE PANTRY 1104 ELDER AVENUE 15 BRONX, NY 10472	85-1441850	501(C)(3)	25,000	0			POVERTY RELIEF
(37) BREAKING GROUND HOUSING DEVELOPMENT FUND CORPORATION 505 8TH AVENUE 5TH FLOOR	11-3048002	501(C)(3)	575,000	0			POVERTY RELIEF
NEW YORK, NY 10018 (38) BRIDGING ACCESS TO CARE INC 2261 CHURCH AVENUE BROOKLYN, NY 11226	11-3031208	501(C)(3)	100,000	0			POVERTY RELIEF
(39) BRONX DEFENDERS 360 EAST 161ST STREET BRONX, NY 10451	13-3931074	501(C)(3)	1,935,000	0			POVERTY RELIEF
(40) BRONX JEWISH COMMUNITY COUNCIL INC 2930 WALLACE AVE BRONX, NY 10467	13-2744533	501(C)(3)	20,000	0			POVERTY RELIEF
(41) BRONX LACROSSE INC 1 MANHATTANVILLE ROAD SUITE 102 PURCHASE, NY 10577	82-1991261	501(C)(3)	25,000	0			POVERTY RELIEF
(42) BRONXCARE HEALTH SYSTEM 1650 SELWYN AVENUE SUITE 5H BRONX, NY 10457	13-3479996	501(C)(3)	255,000	0			POVERTY RELIEF
(43) BRONXWORKS 60 EAST TREMONT AVENUE BRONX, NY 10453	13-3254484	501(C)(3)	1,257,500	0			POVERTY RELIEF
(44) BROOKDALE HOSPITAL MEDICAL CENTER ONE BROOKDALE PLAZA SCHACHNE LL-13 BROOKLYN, NY 11212	11-1631746	501(C)(3)	314,000	0			POVERTY RELIEF
(45) BROOKINGS INSTITUTION 1775 MASSACHUSETTS AVE NW	53-0196577	501(C)(3)	750,000	0			POVERTY RELIEF
WASHINGTON, DC 20036  (46) BROOKLYN COLLEGE FOUNDATION 2900 BEDFORD AVENUE BROOKLYN, NY 11210	11-1904329	501(C)(3)	150,000	0			POVERTY RELIEF
(47) DDOOKIVAL COMMUNITY	20 2214524	F01/0/2\	45.000	^		İ	DOVEDTY DELTE

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(4/) BROUKLYN COMMUNITY PRIDE CENTER 1360 FULTON ST GROUND FLOOR	20-2214534	201(C)(3)	45,000	U			PUVEKIT KELLEF
BROOKLYN, NY 11216  (48) BROOKLYN LEGAL SERVICES 105 COURT STREET BROOKLYN, NY 11201	13-2605605	501(C)(3)	320,000	0			POVERTY RELIEF
(49) BROOKLYN NAVY YARD DEVELOPMENT CORPORATION 63 FLUSHING AVENUE UNIT 300 BUILDING 92	11-2137138	501(C)(3)	75,000	0			POVERTY RELIEF
BROOKLYN, NY 11205 (50) BUILDING SKILLS NY 570 LEXINGTON AVENUE 2ND FLOOR	45-5146915	501(C)(3)	223,500	0			POVERTY RELIEF
NEW YORK, NY 10022 (51) BUSINESSES UNITED IN INVESTING LENDING AND DEVELOPMENT 1460 BROADWAY	94-3386695	501(C)(3)	70,000	0			POVERTY RELIEF
NEW YORK, NY 10036  (52) CABRINI IMMIGRANT SERVICES OF NEW YORK CITY INC	45-5258656	501(C)(3)	10,000	0			POVERTY RELIEF
139 HENRY ST NEW YORK, NY 10002 (53) CARERWISE NEW YORK 349A STATE STREET BROOKLYN, NY 11217	85-1715974	501(C)(3)	275,000	0			POVERTY RELIEF
(54) CENTER FOR ALTERNATIVE SENTENCING AND EMPLOYMENT SERVICES INC (CASES) 151 LAWRENCE STREET 3RD FLOOR BROOKLYN, NY 11201	13-2668080	501(C)(3)	200,000	0			POVERTY RELIEF
(55) CENTER FOR EMPLOYMENT OPPORTUNITIES 50 BROADWAY SUITE 1604 NEW YORK, NY 10004	13-3843322	501(C)(3)	675,000	0			POVERTY RELIEF
(56) CENTER FOR FAMILY LIFE IN SUNSET PARK INC 443 39TH STREET BROOKLYN, NY 11232	85-1058164	501(C)(3)	705,000	0			POVERTY RELIEF
(57) CENTER FOR URBAN COMMUNITY SERVICES INC 198 E 121ST STREET NEW YORK, NY 10032	13-3687891	501(C)(3)	2,090,000	0			POVERTY RELIEF
(58) CENTER FOR URBAN FAMILIES INC 2201 N MONROE ST BALTIMORE, MD 21217	52-2142708	501(C)(3)	1,580,000	0			POVERTY RELIEF
(59) CENTER ON BUDGET AND POLICY PRIORITIES 1275 FIRST STREETNE STE 1200 WASHINGTON, DC 20002	52-1234565	501(C)(3)	400,000	0			POVERTY RELIEF
(60) CENTRO DE RECURSOS EDUCATIVOS PARA ADULTOS 475 E 115 ST NEW YORK, NY 10029	84-4149759	501(C)(3)	15,000	0			POVERTY RELIEF
(61) CHAMAH 420 LEXINGTON AVE SUITE 300 NEW YORK, NY 10170	23-7361688	501(C)(3)	35,000	0			POVERTY RELIEF
(62) CHAPIN HALL CENTER FOR CHILDREN 1313 EAST 60TH STREET CHICAGO, IL 60637	32-2167012	501(C)(3)	336,000	0			POVERTY RELIEF
(63) CHARLES B WANG COMMUNITY HEALTH CENTER INC 268 CANAL STREET	13-2739694	501(C)(3)	1,405,000	0			POVERTY RELIEF
NEW YORK, NY 10013  (64) CHHAYA COMMUNITY DEVELOPMENT 37-43 77TH STREET 2ND FLOOR JACKSON HEIGHT, NY 11372	11-3580935	501(C)(3)	509,000	0			POVERTY RELIEF
(65) CHILDREN OF PROMISE NYC 54 MACDONOUGH ST BROOKLYN, NY 11216	83-0440009	501(C)(3)	16,000	0			POVERTY RELIEF
(66) CHILDREN'S ACTION ALLIANCE 3030 N 3RD ST 160 PHOENIX, AZ 85012	86-0594785	501(C)(3)	100,000	0			POVERTY RELIEF
(67) CHILDREN'S AID SOCIETY 117 WEST 124TH STREET 3RD FLOOR NEW YORK, NY 10027	13-5562191	501(C)(3)	2,200,000	0			POVERTY RELIEF
(68) CHILDREN'S DEFENSE FUND 815 SECOND AVENUE 8TH FL NEW YORK, NY 10017	52-0895622	501(C)(3)	1,600,000	0			POVERTY RELIEF
(69) CHILDREN'S MUSEUM OF MANHATTAN GROWTH THROUGH ART & MUSEUM EXPERIENCE INC 212 WEST 83RD STREET NEW YORK, NY 10024	13-2761376	501(C)(3)	40,000	0			POVERTY RELIEF
(70) CHINESE AMERICAN PLANNING COUNCIL INC 150 ELIZABETH STREET NEW YORK, NY 10012	13-6202692	501(C)(3)	2,520,000	0			POVERTY RELIEF

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(71) CHRIST APOSTOLIC CHURCH OF USA INC 622 CORTELYOU ROAD BROOKLYN, NY 11218	13-3393519	501(C)(3)	12,000	0			POVERTY RELIEF
(72) CHURCH OF THE HOLY APOSTLES 296 NINTH AVENUE NEW YORK, NY 10001	13-2892297	501(C)(3)	75,000	0			POVERTY RELIEF
(73) CITIZENS COMMITTEE FOR CHILDREN OF NEW YORK 14 WALL STREET SUITE 4E NEW YORK, NY 10005	13-5618593	501(C)(3)	325,000	0			POVERTY RELIEF
(74) CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	13-3170676	501(C)(3)	1,700,000	0			POVERTY RELIEF
(75) CITY LINE OZONE PARK COMMUNITY PATROL INC 83-10 ROCKAWAY BLVD OZONE PARK, NY 11416	84-4635316	501(C)(3)	30,000	0			POVERTY RELIEF
(76) CITY YEAR INC 55 BROAD STREET 24TH FLOOR NEW YORK, NY 10004	22-2882549	501(C)(3)	770,000	0			POVERTY RELIEF
(77) COALITION FOR THE HOMELESS INC 129 FULTON STREET NEW YORK, NY 10038	13-3072967	501(C)(3)	500,000	0			POVERTY RELIEF
(78) COASTAL PRESERVATION NETWORK 9-22 119TH ST COLLEGE POINT, NY 11356	51-0544114	501(C)(3)	10,000	0			POVERTY RELIEF
(79) COLORADO FISCAL INSTITUTE 1905 SHERMAN SUITE 225 DENVER, CO 80203	46-1281109	501(C)(3)	100,000	0			POVERTY RELIEF
(80) TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 615 WEST 131ST STREET 6TH FLOOR MAIL CODE 8749 NEW YORK, NY 10027	13-5598093	501(C)(3)	2,500,776	0			POVERTY RELIEF
(81) COMMISSION ON ECONOMIC OPPORTUNITY OF LUZERNE COUNTY 165 AMBER LNPO BOX 1127 WILKESBARRE, PA 18702	23-1653093	501(C)(3)	1,896,000	0			POVERTY RELIEF
(82) COMMITTEE FOR HISPANIC CHILDREN AND FAMILIES INC 75 BROAD STREET NEW YORK, NY 10004	11-2622003	501(C)(3)	512,000	0			POVERTY RELIEF
(83) COMMONLIT INC 660 PENNSYLVANIA AVE SE STE 302 WASHINGTON, DC 20003	46-4255260	501(C)(3)	735,000	0			POVERTY RELIEF
(84) COMMUNITIES RESIST INC 434 SOUTH 5TH STREET BROOKLYN, NY 11211	84-1899350	501(C)(3)	400,000	0			POVERTY RELIEF
(85) COMMUNITY AND ECONOMIC DEVELOPMENT ASSOCIATION OF COOK COUNTY INC 567 W LAKE STREET SUITE 1200	36-2597741	501(C)(3)	1,264,000	0			POVERTY RELIEF
CHICAGO I, IL 60661  (86) COMMUNITY IMPACT 2875 BROADWAY AVE 205 NEW YORK, NY 10027	13-3386904	501(C)(3)	48,000	0			POVERTY RELIEF
(87) COMMUNITY OF ST EGIDIO USA INC 380 LENOX AVE 6H NEW YORK, NY 10027	39-1658350	501(C)(3)	15,000	0			POVERTY RELIEF
(88) COMMUNITY SERVICE SOCIETY OF NEW YORK 633 THIRD AVE 10TH FL NEW YORK, NY 10017	13-5562202	501(C)(3)	200,000	0			POVERTY RELIEF
(89) COMMUNITY SOLUTIONS INTERNATIONAL INC 125 MAIDEN LANE SUITE 16 C NEW YORK, NY 10038	27-3523909	501(C)(3)	150,000	0			POVERTY RELIEF
(90) COMPREHENSIVE DEVELOPMENT INC 240 SECOND AVENUE NEW YORK, NY 10003	13-3861648	501(C)(3)	300,000	0			POVERTY RELIEF
(91) CONEY ISLAND PREP BUILDERS INC 294 AVENUE T BROOKLYN, NY 11223	26-1878521	501(C)(3)	544,333	0			POVERTY RELIEF
(92) CONG CHASDEI LEV PO BOX 297257 BROOKLYN, NY 11229	45-4786470	501(C)(3)	25,000	0			POVERTY RELIEF
(93) CONGREGATION CHABAD IN-REACH ALIYA INC 525-527 E NEW YORK AVENUE BROOKLYN, NY 11225	05-0609266	501(C)(3)	25,000	0			POVERTY RELIEF
(94) CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY SUITE 2300 NEW YORK, NY 10006	13-3600232	501(C)(3)	100,000	0			POVERTY RELIEF
(95) COUNCIL OF PEOPLES ORGANIZATION INC 1081 CONEY ISLAND AVENUE BROOKLYN, NY 11230	75-3046891	501(C)(3)	60,000	0			POVERTY RELIEF

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(96) CUNY SCHOOL OF PROFESSIONAL STUDIES FOUNDATION INC 119 W 31ST ST NEW YORK, NY 10001	45-2579691	501(C)(3)	100,000	0			POVERTY RELIEF
(97) CYPRESS HILLS LOCAL DEVELOPMENT CORPORATION 625 JAMAICA AVENUE BROOKLYN, NY 11208	11-2683663	501(C)(3)	477,000	0			POVERTY RELIEF
(98) DAVIDSON COMMUNITY CENTER INC 2038 DAVIDSON AVENUE BRONX, NY 10453	23-7010206	501(C)(3)	30,000	0			POVERTY RELIEF
(99) DAY CARE COUNCIL OF NEW YORK INC 1430 BROADWAY SUITE 404 NEW YORK, NY 10018	13-2613479	501(C)(3)	300,000	0			POVERTY RELIEF
(100) DEMOCRACY PREPARATORY CHARTER SCHOOL 1767 PARK AVENUE 5TH FLOOR NEW YORK, NY 10035	20-3683193	501(C)(3)	600,000	0			POVERTY RELIEF
(101) DIGITAL PROMISE GLOBAL 1731 CONNECTICUT AVE NW 4TH FLR WASHINGTON, DC 20009	46-5460594	501(C)(3)	100,000	0			POVERTY RELIEF
(102) DOCS FOR TOTS 225 BRYANT AVENUE ROSLYN, NY 11756	56-2330690	501(C)(3)	24,000	0			POVERTY RELIEF
(103) EAST RIVER DEVELOPMENT ALLIANCE 12-11 40TH AVENUE LONG ISLAND CITY, NY 11101	86-1096987	501(C)(3)	160,000	0			POVERTY RELIEF
(104) EAST SIDE HOUSE INC 337 ALEXANDER AVENUE BRONX, NY 10454	13-1623989	501(C)(3)	350,000	0			POVERTY RELIEF
(105) ECHOING GREEN INC 462 SEVENTH AVENUE 13TH FLOOR NEW YORK, NY 10018	13-3424419	501(C)(3)	500,000	0			POVERTY RELIEF
(106) EDIBLE SCHOOLYARD NEW YORK 20 JAY STREET SUITE M9 BROOKLYN, NY 11201	27-1237249	501(C)(3)	15,000	0			POVERTY RELIEF
(107) EDUCATORS FOR EXCELLENCE INC 80 PINE STREET 28TH FLOOR NEW YORK, NY 10005	27-3382030	501(C)(3)	175,000	0			POVERTY RELIEF
(108) EIHAB HUMAN SERVICES INC 168-18 SOUTH CONDUIT AVE SPRINGFIELD GARDENS, NY 11434	11-3376415	501(C)(3)	20,000	0			POVERTY RELIEF
(109) EMERGING LEADERS IN TECHNOLOGY AND ENGINEERING INC 521 W 145TH ST NEW YORK, NY 10031	27-4737469	501(C)(3)	450,000	0			POVERTY RELIEF
(110) ENTERPRISE COMMUNITY PARTNERS INC 1 WHITEHALL STREET 11TH FLOOR NEW YORK, NY 10004	52-1231931	501(C)(3)	2,382,000	0			POVERTY RELIEF
(111) EUGENIO MARIA DE HOSTOS COMMUNITY COLLEGE FOUNDATION 500 GRAND CONCOURSE BRONX, NY 10451	13-3116643	501(C)(3)	150,000	0			POVERTY RELIEF
(112) EV LOVES LLC 162 E 7TH ST APT 3F NEW YORK, NY 10009	85-1549014	501(C)(3)	28,800	0			POVERTY RELIEF
(113) EVANGELICAL LUTHERAN CHURCH IN AMERICA 2504 BROADWAY NEW YORK, NY 10025	41-1568278	501(C)(3)	25,000	0			POVERTY RELIEF
(114) EXALT YOUTH 17 BATTERY PLACE SUITE 307 NEW YORK, NY 10004	20-5540955	501(C)(3)	198,450	0			POVERTY RELIEF
(115) FAIR HOUSING JUSTICE CENTER INC 30-30 NORTHERN BLVD SUITE 302 LONG ISLAND CITY, NY 11101	20-8681674	501(C)(3)	210,000	0			POVERTY RELIEF
(116) FAMILY CENTER INC 493 NOSTRAND AVENUE 3RD FLOOR BROOKLYN, NY 11216	13-3910716	501(C)(3)	325,000	0			POVERTY RELIEF
(117) FDNY FOUNDATION 9 METROTECH CENTER ROOM 5E-10 BROOKLYN, NY 11201	11-2632404	501(C)(3)	125,000	0			POVERTY RELIEF
(118) FII - NATIONAL PO BOX 71363 OAKLAND, CA 94612	02-0784790	501(C)(3)	1,772,000	0			POVERTY RELIEF
(119) FINEQUITY INC 41 SCHERMERHORN STREET SUITE 1002 BROOKLYN, NY 11201	84-4391836	501(C)(3)	230,000	0			POVERTY RELIEF
(120) FIRST BAPTIST CHURCH OF CORONA 100-10 ASTORIA BOULEVARD EAST ELMHURST, NY 11369	31-1767167	501(C)(3)	20,000	0			POVERTY RELIEF
(121) FIRST PRESBYTERIAN CHURCH IN JAMAICA	11-1666813	501(C)(3)	45,000	0			POVERTY RELIEF

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8960 164TH ST JAMAICA, NY 11432							
(122) FIVE FLAGS COMPANY	36-4739190	501(C)(3)	54,000	0			POVERTY RELIEF
INC 1000 CLOVE RD 4 G							
STATEN ISLAND, NY 10301		==./=\/=\					
(123) FOOD BANK FOR NEW YORK CITY FOR SURVIVAL	13-3179546	501(C)(3)	782,500	0			POVERTY RELIEF
39 BROADWAY 10TH FLOOR NEW YORK, NY 10006							
(124) FOOTSTEPS INC	20-0666923	501(C)(3)	30,000	0			POVERTY RELIEF
114 JOHN STREET 930 NEW YORK, NY 10272							
(125) FUND FOR PUBLIC	05-0539199	501(C)(3)	2,080,000	0			POVERTY RELIEF
HEALTH IN NEW YORK 22 CORTLANDT STREET SUITE							
802 NEW YORK, NY 10007							
(126) FUND FOR PUBLIC	47-4915755	501(C)(3)	50,000	0			POVERTY RELIEF
HOUSING INC 90 CHURCH STREET 10TH							
FLOOR NEW YORK, NY 10007							
(127) FUND FOR THE CITY OF NEW YORK	13-2612524	501(C)(3)	2,520,020	0			POVERTY RELIEF
121 6TH AVE							
NEW YORK, NY 10013 (128) FUND FOR THE CITY OF	13-2612524	501(C)(3)	226,870	0			POVERTY RELIEF
NEW YORK INC 121 6TH AVE 6TH FL		(3,(3)	.,.				
NEW YORK, NY 10013							
(129) GENERATION USA 1616 H STREET NW SUITE 820	84-3357705	501(C)(3)	600,000	0			POVERTY RELIEF
WASHINGTON, DC 20006							
(130) GEORGIA BUDGET AND POLICY INSTITUTE	55-0860376	501(C)(3)	75,000	0			POVERTY RELIEF
50 HURT PLAZA SE SUITE 720 ATLANTA, GA 30303							
(131) GETTING OUT AND	06-1711370	501(C)(3)	750,000	0			POVERTY RELIEF
STAYING OUT INC 2283 THIRD AVENUE							
NEW YORK, NY 10035 (132) GIVING BACK FUND INC	04-3367888	501(C)(3)	50,000	0			POVERTY RELIEF
5757 W CENTURY BLVD SUITE	04-3307000	301(0)(3)	50,000	Ü			TOVERTY RELIEF
410 LOS ANGELES, CA 90045							
(133) GODDARD RIVERSIDE COMMUNITY CENTER	13-1893908	501(C)(3)	691,000	0			POVERTY RELIEF
593 COLUMBUS AVENUE							
NEW YORK, NY 10024 (134) GOOD CALL NYC CO	82-1011857	501(C)(3)	250,000	0			POVERTY RELIEF
7 MARCUS GARVEY BLVD NO 445		312(3)(1)					
BROOKLYN, NY 112065303							
(135) GOOD NEIGHBORS COMMUNITY OUTREACH	26-0068695	501(C)(3)	30,000	0			POVERTY RELIEF
AGENCY INC 3356 SEYMOUR AVENUE							
BRONX, NY 10469							
(136) GOOD SHEPHERD SERVICES	52-0196617	501(C)(3)	2,000,000	0			POVERTY RELIEF
305 SEVENTH AVENUE 9TH FLOOR							
NEW YORK, NY 10001		==.(=)(=)					
(137) GRAND STREET SETTLEMENT	13-5562230	501(C)(3)	450,424	0			POVERTY RELIEF
80 PITT STREET NEW YORK, NY 10002							
(138) GRANT HOUSE UNITY	85-2643616	501(C)(3)	20,000	0			POVERTY RELIEF
CORP 2049 FLATBUSH AVENUE 2ND							
FL BROOKLYN, NY 11234							
(139) GREENWICH HOUSE INC 122 WEST 27TH STREET	13-5562204	501(C)(3)	50,000	0			POVERTY RELIEF
NEW YORK, NY 10001							
(140) GROW BROOKLYN INC 315 GROVE STREET	26-1410513	501(C)(3)	110,000	0			POVERTY RELIEF
BROOKLYN, NY 11237							
(141) HARLEM CHILDREN'S ZONE INC	23-7112974	501(C)(3)	2,165,000	0			POVERTY RELIEF
35 EAST 125TH STREET NEW YORK, NY 10035							
(142) HARLEM PARK TO PARK	27-0812660	501(C)(3)	9,580	0			POVERTY RELIEF
INITIATIVE INC 34 W 139TH STREET 8Q							
NEW YORK, NY 10037 (143) HARLEM RBI INC	13-4025290	E01(C)(2)	F00 000	0			POVERTY RELIEF
333 ÉAST 100TH STREET	13-4023230	501(C)(3)	500,000	U			TOVERT RELIEF
GROUND FL NEW YORK, NY 10029							
(144) HARVEST HOME FARMER'S MARKET INC	06-1800512	501(C)(3)	20,000	0			POVERTY RELIEF
8 WEST 126TH STREET NEW YORK, NY 10027							
(145) HEAT SEEK INC	47-2309345	501(C)(3)	280,000	0			POVERTY RELIEF
150 COURT STREET 2ND FLOOR			,				
BROOKLYN, NY 11201							
(146) HEBREW FREE LOAN SOCIETY INC	13-5562239	501(C)(3)	105,200	0			POVERTY RELIEF
675 THIRD AVENUE SUITE 1905							
NEW YORK, NY 10017	44 00:0:0						DOLUEDE: 5 TO TO
(147) HELP HOUSE INC 401 WEST 205TH STREET	11-3018196	501(C)(3)	148,000	0			POVERTY RELIEF
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79566 501(C) 73115 501(C) 78539 501(C)	C)(3) 475,( C)(3) 400,( C)(3) 20,(	00 0		P.	POVERTY RELIEF
79566 501(C	C)(3) 400,0 C)(3) 20,0	00 0		P	
79566 501(C	E)(3) 20,(	00 0			POVERTY RELIEF
73115 501(C					
58539 501(C	2)(3) 45,0	00 0		P	POVERTY RELIEF
·				P	POVERTY RELIEF
.3546 501(C	560,0	00 0		P	POVERTY RELIEF
1	215,0	00 0		P	POVERTY RELIEF
28349 501(C	75,0	00 0		P	POVERTY RELIEF
71350 501(C	2)(3) 300,(	00 0		P	POVERTY RELIEF
52136 501(C	2)(3) 40,(	00 0		P	POVERTY RELIEF
71197 501(C	860,0	00 0		P	POVERTY RELIEF
10161 501(C	50,0	00 0		P	POVERTY RELIEF
14440 501(C	20,0	00 0		P	POVERTY RELIEF
05507 501(C	531,7	50 0		P	POVERTY RELIEF
79076 501(C	2,100,0	00 0		P	POVERTY RELIEF
33639 501(C	500,0	00 0		P	POVERTY RELIEF
57319 501(C	50,0	00 0		P	POVERTY RELIEF
99201 501(C	20,0	00 0		P	POVERTY RELIEF
19508 501(C	2)(3) 10,(	00 0		F	POVERTY RELIEF
16970 501(C	568,0	00 0		F	POVERTY RELIEF
	290,0	00 0		P	POVERTY RELIEF
08645 501(C	30,0	00 0		P	POVERTY RELIEF
3 5	9976 501(C 93639 501(C 97319 501(C 99201 501(C 9508 501(C 9508 501(C 9508 501(C	9076 501(C)(3) 2,100,0  33639 501(C)(3) 500,0  37319 501(C)(3) 50,0  9201 501(C)(3) 20,0  9508 501(C)(3) 10,0  66970 501(C)(3) 568,0  3525 501(C)(3) 290,0	9076	9076	9076

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7802 BAY PARKWAY BENSONHURST, NY 11214						
(173) JOBSFIRSTNYC 11 PARK PLACE SUITE 1106 NEW YORK, NY 10007	41-2242653	501(C)(3)	2,030,000	0		POVERTY RELIEF
(174) JOHN JAY COLLEGE FOUNDATION 524 WEST 59TH ST NEW YORK, NY 10019	13-3683676	501(C)(3)	550,000	0		POVERTY RELIEF
(175) JUSTFIX INC 16 W 19TH STREET 3A NEW YORK, NY 10011	81-3080695	501(C)(3)	322,100	0		POVERTY RELIEF
(176) KEYSTONE RESEARCH CENTER INC 412 NORTH 3RD STREET HARRISBURG, PA 17101	25-1776998	501(C)(3)	50,000	0		POVERTY RELIEF
(177) KIND INC 1300 L STREET NW SUITE 1100 WASHINGTON, DC 20005	26-2763038	501(C)(3)	94,000	0		POVERTY RELIEF
(178) KINDWORK INC 608 LINCOLN PL 2 BROOKLYN, NY 11216	83-4131773	501(C)(3)	150,000	0		POVERTY RELIEF
(179) KINGSBRIDGE HEIGHTS COMMUNITY CENTER INC 3101 KINGSBRIDGE TERRACE BRONX, NY 10463	13-2813809	501(C)(3)	50,000	0		POVERTY RELIEF
(180) KIPP NEW YORK 1501 BROADWAY SUITE 1000 NEW YORK, NY 10036	20-3971209	501(C)(3)	2,200,000	0		POVERTY RELIEF
(181) LA JORNADA LTD 133-36 ROOSEVELT AVE QUEENS, NY 11354	37-1659512	501(C)(3)	198,000	0		POVERTY RELIEF
(182) LA PENINSULA COMMUNITY ORGANIZATION INC 711 MANIDA STREET	13-3061340	501(C)(3)	30,000	0		POVERTY RELIEF
BRONX, NY 10474  (183) LAWYERS FOR CHILDREN INC 110 LAFAYETTE STREET 8TH FLOOR NEW YORK, NY 10013	13-3202043	501(C)(3)	475,000	0		POVERTY RELIEF
(184) FIFTH AVENUE COMMITTEE 621 DEGRAW STREET BROOKLYN, NY 11217	11-2475743	501(C)(3)	120,000	0		POVERTY RELIEF
(185) LEAP INC 621 DEGRAW STREET BROOKLYN, NY 11217	11-2475743	501(C)(3)	847,000	0		POVERTY RELIEF
(186) LEGAL SERVICES FOR NEW YORK CITY 40 WORTH STREET SUITE 606 NEW YORK, NY 10013	13-2600199	501(C)(3)	350,000	0		POVERTY RELIEF
(187) LOUISIANA BUDGET PROJECT 619 JEFFERSON HWY STE 1-D BATON ROUGE, LA 70806	46-3872778	501(C)(3)	50,000	0		POVERTY RELIEF
(188) LOW INCOME INVESTMENT FUND 49 STEVENSON ST SUITE 300 SAN FRANCISCO, CA 94105	94-2952578	501(C)(3)	444,000	0		POVERTY RELIEF
(189) L'REFUAH MEDICAL & REHABILITATION CENTER INC 1312 38TH STREET BROOKLYN, NY 11218	11-3535388	501(C)(3)	23,460	0		POVERTY RELIEF
(190) MADISON SQUARE BOYS AND GIRLS CLUB 350 FIFTH AVENUE SUITE 912 NEW YORK, NY 10118	13-5596792	501(C)(3)	141,600	0		POVERTY RELIEF
(191) MAINE CENTER FOR ECONOMIC POLICY 1 WESTON ST SUITE 103 AUGUSTA, ME 04332	22-3317572	501(C)(3)	100,000	0		POVERTY RELIEF
(192) MAINE EQUAL JUSTICE PARTNERS INC 126 SEWALL STREET AUGUSTA, ME 04330	04-3346273	501(C)(3)	50,000	0		POVERTY RELIEF
(193) MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501(C)(3)	1,323,809	0		POVERTY RELIEF
(194) MANDALA CAFE INC 47 FT WASHINGTON AVENUE SUITE 32 NEW YORK, NY 10032	47-1765862	501(C)(3)	10,000	0		POVERTY RELIEF
(195) MASA-MEXED INC 2770 THIRD AVE 1ST FL BRONX, NY 10455	11-3640210	501(C)(3)	50,000	0		POVERTY RELIEF
(196) MASBIA OF BORO PARK 5402 NEW UTRECHT AVENUE BROOKLYN, NY 11219	26-3851559	501(C)(3)	30,000	0		POVERTY RELIEF
(197) MASBIA OF FLATBUSH 1372 CONEY ISLAND AVENUE BROOKLYN, NY 11230	27-1209610	501(C)(3)	30,000	0		POVERTY RELIEF
(198) MAYFAIR IMPROVEMENT INITIATIVE INC 370-BS KING ROAD SAN JOSE, CA 95116	77-0499813	501(C)(3)	1,580,000	0		POVERTY RELIEF
(199) MAYOR'S FUND TO ADVANCE NEW YORK CITY 253 BROADWAY 6TH FLOOR NEW YORK, NY 10007	11-3783906	501(C)(3)	1,280,000	0		POVERTY RELIEF
(200) MDRC 200 VESEY STREET 23RD	23-7379473	501(C)(3)	150,000	0		POVERTY RELIEF

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FLOOR							
NEW YORK, NY 10281 (201) MEALS FOR GOOD	83-0779118	F01(C)(2)	25,000	0			POVERTY RELIEF
INCORPORATED  130 MALCOLM X BLVD 802  NEW YORK CITY, NY 10026	63-0779116	501(C)(3)	25,000	U			POVERTY RELIEF
(202) MERCY CENTER INC 377 E 145TH STREET BRONX, NY 10454	13-3865634	501(C)(3)	50,000	0			POVERTY RELIEF
(203) METROPOLITAN COLLEGE OF NEW YORK 60 WEST STREET	13-6192377	501(C)(3)	200,000	0			POVERTY RELIEF
NEW YORK, NY 10006 (204) METROPOLITAN NEW	13-2738818	501(C)(3)	405,000	0			POVERTY RELIEF
YORK COORDINATING COUNCIL ON JEWISH POVERTY 77 WATER STREET 7TH FLOOR NEW YORK, NY 102710015	13 2730010	301(0)(3)	403,000	V			TOVERTI RELEI
(205) MICHIGAN LEAGUE FOR PUBLIC POLICY 1223 TURNER STREET SUITE G1	38-1360557	501(C)(3)	50,000	0			POVERTY RELIEF
LANSING, MI 48906  (206) MINKWON CENTER FOR COMMUNITY ACTION INC 133-29 41ST AVENUE SUITE 202 FLUSHING, NY 11355	11-2710506	501(C)(3)	250,000	0			POVERTY RELIEF
(207) MISSION CENTER 880 3RD AVENUE NEW YORK, NY 10022	46-3847455	501(C)(3)	10,000	0			POVERTY RELIEF
(208) MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX, NY 10467	13-1740114	501(C)(3)	2,744,000	0			POVERTY RELIEF
(209) NACHAS HEALTH AND FAMILY NETWORK INC 1310 48TH STREET BROOKLYN, NY 11219	11-3067201	501(C)(3)	20,000	0			POVERTY RELIEF
(210) NATIONAL ALLIANCE ON MENTAL ILLNESS OF NEW YORK CITY METRO 505 EIGHTH AVENUE SUITE 1103	13-3077692	501(C)(3)	35,000	0			POVERTY RELIEF
NEW YORK, NY 10018 (211) NATIONAL BLACK LEADERSHIP COMMISSION ON AIDS 215 WEST 125TH STREET 2ND FLOOR NEW YORK, NY 10027	13-3530740	501(C)(3)	75,000	0			POVERTY RELIEF
(212) NATIONAL COLLEGE ADVISING CORPS INC 301 W BARBEE CHAPEL ROAD SUITE 210	46-1192687	501(C)(3)	150,000	0			POVERTY RELIEF
CHAPEL HILL, NC 27517 (213) NATIONAL EMPLOYMENT	13-2758558	501(C)(3)	95,000	0			POVERTY RELIEF
LAW PROJECT 90 BROAD STREET SUITE 1100 NEW YORK, NY 10004	15 27 50550	301(0)(0)	33,000				TOVENT NEEDE
(214) NATIONAL LOW INCOME HOUSING COALITION AND LOW INCOME HOUSING 1000 VERMONT AVE NW SUITE 500	52-1089824	501(C)(3)	1,500,000	0			POVERTY RELIEF
WASHINGTON, DC 20005							
(215) NEO PHILANTHROPY INC 45 W 36TH ST 6TH FLOOR NEW YORK, NY 10018	13-3191113	501(C)(3)	25,000	0			POVERTY RELIEF
(216) NEW DIRECTION SERVICES INC 1027 POST AVENUE STATEN ISLAND, NY 10302	13-4118080	501(C)(3)	43,000	0			POVERTY RELIEF
(217) NEW ECONOMY PROJECT 121 WEST 27TH STREET SUITE 804	13-3842270	501(C)(3)	267,000	0			POVERTY RELIEF
NEW YORK, NY 10001	11 150005	F04 (0) (0)	1 000 000				DOLUCETY DELICE
(218) NEW IMMIGRANT COMMUNITY EMPOWERMENT INC 71-29 ROOSEVELT AVENUE 2ND FLOOR JACKSON HEIGHT, NY 11372	11-1560625	501(C)(3)	1,000,000	0			POVERTY RELIEF
(219) NEW SETTLEMENT	14-1719016	501(C)(3)	590,000	0			POVERTY RELIEF
APARTMENTS 1512 TOWNSEND AVENUE BRONX, NY 10452		(-)(-)	,				
(220) NEW VISIONS FOR PUBLIC SCHOOL 205 E 42ND ST 4TH FLOOR NEW YORK, NY 10017	13-3538961	501(C)(3)	400,000	0			POVERTY RELIEF
(221) NEW YORK CITY CENTER FOR CHARTER SCHOOL EXCELLENCE 111 BROADWAY SUITE 604 NEW YORK, NY 10006	20-0759687	501(C)(3)	800,000	0			POVERTY RELIEF
(222) NEW YORK CITY HEALTH AND HOSPITALS CORPORATION 50 WATER STREET CORP COMPTROLLER 3RD FLOOR NEW YORK, NY 10004	13-2655001	501(C)(3)	1,489,600	0			POVERTY RELIEF
(223) NEW YORK COMMON PANTRY 8 EAST 109TH STREET NEW YORK, NY 10029	13-3127972	501(C)(3)	875,000	0			POVERTY RELIEF
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(224) NEW YORK DISASTER INTERFAITH SERVICES 4 WEST 43RD STREET SUITE 407	01-0794539	501(C)(3)	2,315,027	0			POVERTY RELIEF
NEW YORK, NY 10036 (225) NEW YORK EDGE INC 58-12 QUEENS BOULEVARD SUITE 1	11-3112635	501(C)(3)	50,000	0			POVERTY RELIEF
WOODSIDE, NY 11377 (226) NEW YORK HALL OF SCIENCE 47-01 111TH STREET QUEENS, NY 11368	11-2104059	501(C)(3)	375,000	0			POVERTY RELIEF
(227) NEW YORK HOUSING CONFERENCE INC 247 W 37TH STREET 4TH FLOOR	26-3846042	501(C)(3)	393,860	0			POVERTY RELIEF
NEW YORK, NY 10018  (228) NEW YORK LEGAL ASSISTANCE GROUP INC 7 HANOVER SQUARE 18TH FLOOR NEW YORK, NY 10004	13-3505428	501(C)(3)	150,000	0			POVERTY RELIEF
(229) NEW YORK STATE CHILD CARE COORDINATE COUNCIL INC 230 WASHINGTON AVENUE EXTENSION	11-2348051	501(C)(3)	480,000	0			POVERTY RELIEF
ALBANY, NY 12203 (230) NEW YORK UNITED JEWISH ASSOCIATION INC 2076 FLATBUSH AVENUE BROOKLYN, NY 11234	26-2647383	501(C)(3)	20,000	0			POVERTY RELIEF
(231) NYUMCSILVER INSTITUTE FOR POVERTY POLICY & RESEARCH NYU SPONSORED PROGRAMS ADMINISTRATION PO BOX 5166 NEW YORK, NY 10087	13-5562308	501(C)(3)	150,000	0			POVERTY RELIEF
(232) NEW YORK UNIVERSITYSCHOOL OF MEDICINE ONE PARK AVENUE 11TH FLOOR	13-5562308	501(C)(3)	656,000	0			POVERTY RELIEF
NEW YORK, NY 10016  (233) NEW YORKERS FOR CHILDREN INC 450 SEVENTH AVE SUITE 403 NEW YORK, NY 10123	13-3904537	501(C)(3)	55,000	0			POVERTY RELIEF
(234) NEW YORK- PRESBYTERIAN FUND INC 525 E 68TH ST BOX 123 NEW YORK, NY 10065	13-3160356	501(C)(3)	1,354,000	0			POVERTY RELIEF
(235) NONPROFIT INFORMATION NETWORKING ASSOCIATION 88 BROAD STREET BOSTON, MA 02110	20-4080038	501(C)(3)	275,000	0			POVERTY RELIEF
(236) NONTRADITIONAL EMPLOYMENT FOR WOMEN 243 WEST 20TH STREET NEW YORK, NY 10011	13-3272001	501(C)(3)	58,000	0			POVERTY RELIEF
(237) NORTHEASTERN CONFERENCE OF SDA COMMUNITY AFFAIRS INC 115-50 MERRICK BLVD JAMAICA, NY 11434	02-0632575	501(C)(3)	20,000	0			POVERTY RELIEF
(238) NORTHEASTERN CONFERENCE OF SEVENTH DAY ADVENTISTS (CORNERSTONE) 138 PENNSYLVANIA AVE BROOKLYN, NY 11207	54-2119564	501(C)(3)	7,000	0			POVERTY RELIEF
(239) NORTHERN MANHATTAN COALITION FOR IMMIGRANTS RIGHTS 5030 BROADWAY SUITE 639 NEW YORK, NY 10034	13-3255591	501(C)(3)	50,000	0			POVERTY RELIEF
(240) NORTHERN MANHATTAN IMPROVEMENT CORPORATION 45 WADSWORTH AVENUE NEW YORK, NY 10033	13-2972415	501(C)(3)	360,000	0			POVERTY RELIEF
(241) NORTHSIDE CENTER FOR CHILD DEVELOPMENT 1301 5TH AVENUE NEW YORK, NY 10029	13-1656679	501(C)(3)	75,000	0			POVERTY RELIEF
(242) NPOWER INC 55 WASHINGTON STREET SUITE 560 BROOKLYN, NY 11201	13-4145441	501(C)(3)	266,000	0			POVERTY RELIEF
(243) NYC MUSLIM CENTER 90-20 191ST STREET HOLLIS, NY 11423 (244) ONE BROOKLYN HEALTH	27-3308812 81-5323275	501(C)(3) 501(C)(3)	35,000 438,400	0			POVERTY RELIEF  POVERTY RELIEF
SYSTEM INC 1545 ATLANTIC AVENUE BROOKLYN, NY 11213 (245) ONE LIFE WELLNESS 194 MALCOLM X BLVD	84-4671141	501(C)(3)	15,000	0			POVERTY RELIEF
NEW YORK, NY 10026 (246) ONEGOAL PO BOX 734137	56-2369898	501(C)(3)	150,000	0			POVERTY RELIEF
CHICAGO, IL 60673  (247) OPPORTUNITIES FOR A BETTER TOMORROW INC 882 3RD AVENUESUITE 10-10 NE UNIT	11-2934620	501(C)(3)	550,000	0			POVERTY RELIEF

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18 BROOKLYN, NY 11232						
(248) PARAPROFESSIONAL HEALTHCARE INSTITUTE INC 400 EAST FORDHAM ROAD 11TH FLOOR BRONX, NY 10458	13-3575492	501(C)(3)	87,000	0		POVERTY RELIEF
(249) PARENTCHILD PLUS INC 163B MINEOLOA BLVD MINEOLA, NY 11501	11-2495601	501(C)(3)	100,000	0		POVERTY RELIEF
(250) PART OF THE SOLUTION INC 2759 WEBSTER AVENUE	13-3425071	501(C)(3)	735,000	0		POVERTY RELIEF
BRONX, NY 10458		== ( = ) ( = )				
(251) PARTNERSHIP WITH CHILDREN INC 299 BROADWAY SUITE 1300 NEW YORK, NY 10007	13-5596751	501(C)(3)	745,000	0		POVERTY RELIEF
(252) PENNY APPEAL USA INC 2461 EISENHOWER AVE 2ND FLOOR ALEXANDRIA, VA 22314	47-5165837	501(C)(3)	50,000	0		POVERTY RELIEF
(253) PER SCHOLAS INC 804 EAST 138TH STREET BRONX, NY 10454	04-3252955	501(C)(3)	750,000	0		POVERTY RELIEF
(254) PHIPPS NEIGHBORHOODS INC 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010	13-2707665	501(C)(3)	250,000	0		POVERTY RELIEF
(255) POWER MY LEARNING 228 PARK AVENUE SOUTH PMB 16373 NEW YORK, NY 10003	13-3915309	501(C)(3)	525,000	0		POVERTY RELIEF
(256) IMPACCT BROOKLYN 1224 BEDFORD AVENUE BROOKLYN, NY 11216	11-2451752	501(C)(3)	20,000	0		POVERTY RELIEF
(257) PROJECT BASTA 315 WEST 36TH STREET NEW YORK, NY 10018	81-5268868	501(C)(3)	100,000	0		POVERTY RELIEF
(258) PROJECT HOSPITALITY INC 100 PARK AVENUE STATEN ISLAND, NY 10302	13-3234441	501(C)(3)	690,000	0		POVERTY RELIEF
(259) PROJECT NEW YORKER CORPORATION 8421 169TH STREET JAMAICA, NY 11432	82-1375092	501(C)(3)	80,000	0		POVERTY RELIEF
(260) PROJECT RENEWAL INC 200 VARICK STREET NEW YORK, NY 10014	13-2602882	501(C)(3)	376,500	0		POVERTY RELIEF
(261) PROJECT TOMORROW 3943 IRVINE BLVD 416 IRVINE, CA 92602	95-4581958	501(C)(3)	700,000	0		POVERTY RELIEF
(262) PUBLIC HEALTH FOUNDATION ENTERPRISE INC 13300 CROSSROADS PKWY N 450	95-2557063	501(C)(3)	90,000	0		POVERTY RELIEF
CITY OF INDUSTRY, CA 91746 (263) PUBLIC HEALTH SOLUTIONS 158 EAST 115TH STREET 3RD FLOOR NEW YORK, NY 10029	13-5669201	501(C)(3)	317,381	0		POVERTY RELIEF
(264) PUBLIC PREPARATORY NETWORK INC 192 EAST 151ST STREET FLOOR 5 BRONX, NY 10451	26-4646416	501(C)(3)	25,000	0		POVERTY RELIEF
(265) PURSUIT TRANSFORMATION COMPANY INC 31-00 47TH AVENUE SUITE 1105	61-1652332	501(C)(3)	280,000	0		POVERTY RELIEF
LONG ISLAND CITY, NY 11101 (266) QUEENS BOROUGH PUBLIC LIBRARY	11-1904262	501(C)(3)	490,000	0		POVERTY RELIEF
89-11 MERRICK BLVD JAMAICA QUEENS, NY 11432						
(267) QUEENS COMMUNITY HOUSE INC 108-25 62ND DRIVE FOREST HILLS, NY 11375	11-2375583	501(C)(3)	360,000	0		POVERTY RELIEF
(268) R STREET INSTITUTE 1212 NEW YORK AVE SUITE 900 WASHINGTON, DC 20005	26-3477125	501(C)(3)	250,000	0		POVERTY RELIEF
(269) REACHING OUT COMMUNITY SERVICES INC 7708 NEW UTRECHT AVENUE BROOKLYN, NY 11214	11-3615625	501(C)(3)	30,000	0		POVERTY RELIEF
(270) REBUILDING TOGETHER NYC 126 10TH STREET A BROOKLYN, NY 11215	13-3997769	501(C)(3)	140,350	0		POVERTY RELIEF
(271) RED HOOK INITIATIVE INC 767 HICKS STREET BROOKLYN, NY 11231	20-3904662	501(C)(3)	760,000	0		POVERTY RELIEF
(272) RELAY GRADUATE SCHOOL OF EDUCATION 25 BROADWAY 3RD FLOOR NEW YORK, NY 10004	27-5316628	501(C)(3)	750,000	0		POVERTY RELIEF
(273) RESCUING LEFTOVER CUISINE INC 25 BROADWAY 12TH FLOOR NEW YORK, NY 10004	46-3198412	501(C)(3)	30,000	0		POVERTY RELIEF

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(274) RESEARCH FOUNDATION OF CITY UNIVERSITY OF NEW YORK	13-1988190	501(C)(3)	200,000	0			POVERTY RELIEF
230 WEST 41ST STREET NEW YORK, NY 100367207							
(275) RESEARCH FOUNDATION OF CITY UNIVERSITY OF NEW YORK 230 WEST 41ST STREET 7TH FLOOR NEW YORK, NY 10036	13-1988190	501(C)(3)	3,595,000	0			POVERTY RELIEF
(276) RESEARCH FOUNDATION OF CITY UNIVERSITYCUNY 230 WEST 41ST STREET NEW YORK, NY 10036	13-1988190	501(C)(3)	2,715,800	0			POVERTY RELIEF
(277) RESEARCH FOUNDATION OF CITY UNIVERSITYFUTURE NOW AT BRONX COMMUNITY COLLEG 230 W 41ST STREET	13-1988190	501(C)(3)	465,000	0			POVERTY RELIEF
NEW YORK, NY 10036  (278) RESTAURANTS  ORGANIZING ADVOCATING REBUILDING INC 567 UNION AVENUE WILLIAMSBURG BROOKLYN, NY 11211	87-1675194	501(C)(3)	190,673	0			POVERTY RELIEF
(279) RESULTS EDUCATIONAL FUND INC 1101 15TH STREET NW SUITE 1200 WASHINGTON, DC 20005	95-3747267	501(C)(3)	650,000	0			POVERTY RELIEF
(280) RETHINK FOOD NYC INC 63 FLUSHING AVE BUILDING 58 SUITE 1B BROOKLYN, NY 11205	82-1632259	501(C)(3)	255,000	0			POVERTY RELIEF
(281) RICHMOND MEDICAL CENTER 355 BARD AVE STATEN ISLAND, NY 10310	74-3177454	501(C)(3)	350,000	0			POVERTY RELIEF
(282) RICHMOND COMMUNITY FOUNDATION 1014 FLORIDA AVENUE SUITE 200 RICHMOND, CA 94804	94-3337754	501(C)(3)	1,580,000	0			POVERTY RELIEF
(283) RIVER FUND NEW YORK INC 89-11 LEFFERTS BLVD RICHMOND HILL, NY 11418	11-3450363	501(C)(3)	250,000	0			POVERTY RELIEF
(284) RIVERSIDE CHURCH IN THE CITY OF NEW YORK 490 RIVERSIDE DRIVE NEW YORK, NY 10027	13-1624157	501(C)(3)	100,000	0			POVERTY RELIEF
(285) ROCKAWAY DEVELOPMENT AND REVITALIZATION CORPORATION 1920 MOTT AVENUE FAR ROCKAWAY, NY 11691	11-2575794	501(C)(3)	30,000	0			POVERTY RELIEF
(286) SAFE PASSAGE PROJECT CORPORATION 185 WEST BROADWAY NEW YORK, NY 10013	46-2946211	501(C)(3)	169,267	0			POVERTY RELIEF
(287) SAKHI FOR SOUTH ASIAN WOMEN PO BOX 1333 CHURCH STREET STATION NEW YORK, NY 10008	13-3593806	501(C)(3)	20,000	0			POVERTY RELIEF
(288) SALEM COMMUNITY SERVICE COUNCIL INC 2190 ADAM CLAYTON POWELL JRBLVD NEW YORK, NY 10027	13-2665561	501(C)(3)	10,000	0			POVERTY RELIEF
(289) SAMUEL FIELD YM & YWHA 58-20 LITTLE NECK PARKWAY LITTLE NECK, NY 11362	11-3071518	501(C)(3)	50,000	0			POVERTY RELIEF
(290) SANAR WELLNESS INSTITUTE INC PO BOX 32353 NEWARK, NJ 07102	47-3612405	501(C)(3)	45,000	0			POVERTY RELIEF
(291) SANCTUARY FOR FAMILIES PO BOX 1406 WALL STREET STATION NEW YORK, NY 10268	13-3193119	501(C)(3)	225,000	0			POVERTY RELIEF
(292) SAPNA NYC INC 2348 WATERBURY AVENUE 1ST FLOOR BRONX, NY 10462	26-3124969	501(C)(3)	35,000	0			POVERTY RELIEF
(293) SCHUYLER CENTER FOR ANALYSIS AND ADVOCACY INC 540 BROADWAY ALBANY, NY 12207	13-5562357	501(C)(3)	300,000	0			POVERTY RELIEF
(294) SCO FAMILY OF SERVICES 1 ALEXANDER PLACE GLEN COVE, NY 11542	11-2777066	501(C)(3)	2,035,086	0			POVERTY RELIEF
(295) SERVICES NOW FOR ADULT PERSONS INC 80-45 WINCHESTER BLVD BLDNG 4 CBU 29 QUEENS VILAGE, NY 11427	11-2591783	501(C)(3)	21,700	0			POVERTY RELIEF
(296) SHELTERING ARMS CHILDREN AND FAMILY SERVICES	13-3709095	501(C)(3)	380,000	0			POVERTY RELIEF

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25 BROADWAY 18TH FLOOR NEW YORK, NY 10004						
(297) SISTERS WITH PURPOSE INC 908 ERSKINE STREET BROOKLYN, NY 11239	27-2830778	501(C)(3)	20,000	0		POVERTY RELIEF
298) SOUTH ASIAN COUNCIL FOR SOCIAL SERVICES 143-06 45TH AVENUE FLUSHING, NY 11355	11-3632920	501(C)(3)	50,000	0		POVERTY RELIEF
299) SPONSORS FOR EDUCATIONAL OPPORTUNITY 55 EXCHANGE PLACE SUITE 501	13-2578670	501(C)(3)	120,000	0		POVERTY RELIEF
NEW YORK, NY 10005 (300) ST NICKS ALLIANCE	51-0192170	501(C)(3)	205,335	0		POVERTY RELIEF
2 KINGSLAND AVENUE BROOKLYN, NY 11211	31 0132170	301(0)(3)	203,333	Ü		TOVERTIRELE
301) ST FRANCIS FOOD PANTRIES AND SHELTERS INC 150 7TH AVENUE SUITE 601 NEW YORK, NY 10123	80-0458866	501(C)(3)	35,000	0		POVERTY RELIEF
302) ST JOHN'S BREAD AND LIFE PROGRAM INC 795 LEXINGTON AVE BROOKLYN, NY 11221	11-3174514	501(C)(3)	400,000	0		POVERTY RELIEF
(303) ST LOUIS CIVIC TECH AND DATA COLLABORATIVE 2858 SALENA ST 1R ST LOUIS, MO 63118	37-1871086	501(C)(3)	60,000	0		POVERTY RELIEF
(304) STANLEY M ISAACS NEIGHBORHOOD CENTER 415 EAST 93RD STREET NEW YORK, NY 10128	13-2572034	501(C)(3)	25,000	0		POVERTY RELIEF
(305) STELLA AND CHARLES GUTTMAN COMMUNITY COLLEGE FOUNDATION 50 WEST 40TH STREET	47-1291998	501(C)(3)	445,000	0		POVERTY RELIEF
NEW YORK, NY 10018 (306) STRIVE INTERNATIONAL INC 240 EAST 123RD STREET	13-3255679	501(C)(3)	252,000	0		POVERTY RELIEF
NEW YORK, NY 10035 (307) STUDENT LEADERSHIP NETWORK INC 322 8TH AVENUE 4TH FLOOR NEW YORK, NY 10001	06-1517218	501(C)(3)	580,000	0		POVERTY RELIEF
(308) SUCCESS ACADEMY CHARTER NETWORK INC 95 PINE STREET 6TH FLOOR NEW YORK, NY 10005	20-5298861	501(C)(3)	1,600,000	0		POVERTY RELIEF
(309) SUNNYSIDE COMMUNITY SERVICES INC 43-31 39TH STREET SUNNYSIDE, NY 11104	51-0189327	501(C)(3)	117,000	0		POVERTY RELIEF
(310) SUNSET PARK HEALTH COUNCIL 6025 6TH AVENUE BROOKLYN, NY 11220	20-2508411	501(C)(3)	125,000	0		POVERTY RELIEF
(311) SUPPORTIVE HOUSING NETWORK OF NEW YORK INC 247 W 37TH STREET 18TH FLOOR NEW YORK, NY 10018	13-3755149	501(C)(3)	100,000	0		POVERTY RELIEF
(312) SWIPE OUT HUNGER 800 WILSHIRE SUITE 200 LOS ANGELES, CA 90029	45-2038035	501(C)(3)	250,000	0		POVERTY RELIEF
(313) TACOMBI FOUNDATION INC 265 BOWERY NEW YORK, NY 10002	83-2550224	501(C)(3)	59,000	0		POVERTY RELIEF
(314) TALKINGPOINTS 2021 FILLMORE STREET 2124 SAN FRANCISCO, CA 94115	47-4616102	501(C)(3)	175,000	0		POVERTY RELIEF
(315) TEACH FOR AMERICA INC 519 8TH AVENUE 15TH FLOOR NEW YORK, NY 10018	13-3541913	501(C)(3)	375,000	0		POVERTY RELIEF
(316) TEACHERS COLLEGE COLUMBIA UNIVERSITY 525 WEST 120TH ST NEW YORK, NY 10027	13-1624202	501(C)(3)	628,000	0		POVERTY RELIEF
(317) TEACHING LAB PO BOX 73008 WASHINGTON, DC 20056	81-3546317	501(C)(3)	1,325,000	0		POVERTY RELIEF
(318) TEACHING MATTERS INC 175 RIVERSIDE DRIVE 1270 NEW YORK, NY 10115	13-3770472	501(C)(3)	800,000	0		POVERTY RELIEF
319) THE AFRICAN METHODIST EPISCOPAL CHURCH 9518 NORTHERN BLVD ACKSON HEIGHT, NY 11372	53-0204696	501(C)(3)	26,000	0		POVERTY RELIEF
(320) THE AFYA FOUNDATION OF AMERICA INC 140 SAW MILL ROAD YONKERS, NY 10701	23-1300361	501(C)(3)	242,000	0		POVERTY RELIEF
(321) THE ANDREW MCDONOUGH B FOUNDATION B5 BROAD STREET FL 18 NEW YORK, NY 10004	42-1741037	501(C)(3)	35,000	0		POVERTY RELIEF
(322) THE BOARD OF MANAGERS OF THE DIOCESEN MISSIONARY 2500 WESTCHESTER AVE	13-1623985	501(C)(3)	20,000	0		POVERTY RELIEF

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BRONX, NY 10461							
(323) THE BRONX COMMUNITY COLLEGE FOUNDATION INC 2155 UNIVERSITY AVENUE BRONX, NY 10453	13-3277699	501(C)(3)	150,000	0			POVERTY RELIEF
(324) THE CARTER BURDEN CENTER FOR THE AGING INC 415 EAST 73RD STREET NEW YORK, NY 10021	23-7129499	501(C)(3)	40,000	0			POVERTY RELIEF
(325) THE CENTER FOR NEW YORK CITY NEIGHBORHOODS INC	83-0506416	501(C)(3)	365,000	0			POVERTY RELIEF
55 BROAD STREET 10TH FLOOR NEW YORK, NY 10004							
(326) THE CHILD CENTER OF NEW YORK 61-02 QUEENS BOULEVARD WOODSIDE, NY 11377	11-1733454	501(C)(3)	335,000	0			POVERTY RELIEF
(327) THE CHILDREN'S HEALTH FUND 475 RIVERSIDE DRIVE SUITE 630 NEW YORK, NY 10115	13-3468427	501(C)(3)	640,000	0			POVERTY RELIEF
(328) THE COMMONWEALTH INSTITUTE FOR FISCAL ANALYSIS 1329 E CARY ST 200 RICHMOND, VA 23219	27-1598303	501(C)(3)	75,000	0			POVERTY RELIEF
(329) THE DOOR - A CENTER OF ALTERNATIVES INC 121 AVENUE OF THE AMERICAS NEW YORK, NY 10013	13-6127348	501(C)(3)	914,000	0			POVERTY RELIEF
(330) THE EAGLE ACADEMY FOUNDATION 31 W 125TH STREET FOURTH FLOOR NEW YORK, NY 10027	20-1532382	501(C)(3)	200,000	0			POVERTY RELIEF
(331) THE FLATBUSH COMMUNITY FUND INC 1968 FLATBUSH AVENUE BROOKLYN, NY 11234	82-3212305	501(C)(3)	20,000	0			POVERTY RELIEF
(332) THE FORTUNE SOCIETY 29-76 NORTHERN BOULEVARD LONG ISLAND CITY, NY 11101	13-2645436	501(C)(3)	675,000	0			POVERTY RELIEF
(333) THE FUND FOR PUBLIC SCHOOLS INC 52 CHAMBERS STREET NEW YORK, NY 10007	11-2656137	501(C)(3)	1,199,275	0			POVERTY RELIEF
(334) THE GARDINER FOUNDATION 3227 LURTING AVE BRONX, NY 10469	32-0207075	501(C)(3)	60,000	0			POVERTY RELIEF
(335) THE GO PROJECT 50 COOPER SQUARE 3RD FL NEW YORK, NY 10003	27-1411019	501(C)(3)	225,000	0			POVERTY RELIEF
(336) THE GOOD NATION FOUNDATION 100 CROSBY STREET ROOM 301 NEW YORK, NY 10012	81-4768448	501(C)(3)	250,000	0			POVERTY RELIEF
(337) THE INSTITUTE FOR COLLEGE ACCESS AND SUCCESS INC 110 MARYLAND AVENUE NE SUITE 201 WASHINGTON, DC 20002	20-1368860	501(C)(3)	301,000	0			POVERTY RELIEF
(338) THE INSTITUTE FOR FAMILY HEALTH 2006 MADISON AVENUE NEW YORK, NY 10035	13-3273402	501(C)(3)	1,865,500	0			POVERTY RELIEF
(339) THE JOYJ INITIATIVE 152 WEST 71ST STREET NEW YORK, NY 10023	47-2008133	501(C)(3)	25,000	0			POVERTY RELIEF
(340) THE KNOWLEDGE HOUSE FELLOWSHIP INC 363 RIDER AVENUE 3RD FLOOR BRONX, NY 10451	47-2747713	501(C)(3)	407,910	0			POVERTY RELIEF
(341) THE LEGAL AID SOCIETY 199 WATER STREET NEW YORK, NY 10038	13-5562265	501(C)(3)	1,254,000	0			POVERTY RELIEF
(342) THE NEW SCHOOL ATTN GIFT ACCOUNTING 55 W 13TH STREET NEW YORK, NY 10011	13-3297197	501(C)(3)	350,000	0			POVERTY RELIEF
(343) THE NEW YORK PUBLIC LIBRARY ASTOR LENOX & TILLEN FNDS THE UOTA OFFICE OF ACCOUNTING PO BOX 7159 AUSTIN, TX 78713	13-1887440	501(C)(3)	150,000	0			POVERTY RELIEF
(344) THE PARTNERSHIP FOR INNER CITY EDUCATION 1011 FIRST AVENUE SUITE 1800 NEW YORK, NY 10022	13-3976873	501(C)(3)	250,000	0			POVERTY RELIEF
(345) THE RED DOOR PLACE INC 201 WEST 13TH STREET NEW YORK, NY 10011	84-1859955	501(C)(3)	15,000	0			POVERTY RELIEF
(346) THE SALVATION ARMY 540 LENOX AVE PO BOX 1729 NEW YORK, NY 10037	13-5562351	501(C)(3)	55,000	0			POVERTY RELIEF

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(347) THE SKYLINE CHARITABLE FOUNDATION 49-28 31ST PLACE LONG ISLAND CITY NEW YORK, NY 11101	46-2141917	501(C)(3)	50,000	0			POVERTY RELIEF
(348) THE THINKUBATOR INC 598 BEECH TERRACE BRONX, NY 10454	85-1875592	501(C)(3)	600,000	0			POVERTY RELIEF
(349) THE TWENTIETH CENTURY FUND INC ONE WHITEHALL STREET 15TH FLOOR NEW YORK, NY 10004	13-1624235	501(C)(3)	475,468	0			POVERTY RELIEF
(350) THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF QUEENS 4207 PARSONS BLVD FLUSHING, NY 11355	20-0351906	501(C)(3)	50,000	0			POVERTY RELIEF
(351) THIRD SECTOR NEW ENGLAND INC 4112 4TH AVE BROOKLYN, NY 11232	04-2261109	501(C)(3)	1,240,000	0			POVERTY RELIEF
(352) TIDES CENTER 539 ATLANTIC AVE BROOKLYN, NY 11217	94-3213100	501(C)(3)	500,000	0			POVERTY RELIEF
(353) TNTP INC 500 7TH AVENUE 8TH FLOOR NEW YORK, NY 10018	13-3850158	501(C)(3)	100,000	0			POVERTY RELIEF
(354) TRINITY COMMUNITY CONNECTION INC 164 WEST 100TH STREET NEW YORK, NY 10025	94-3447082	501(C)(3)	25,000	0			POVERTY RELIEF
(355) TRINITY HEALING CENTER 7304 5TH AVENUE PMB 272 BROOKLYN, NY 11209	20-3235905	501(C)(3)	50,000	0			POVERTY RELIEF
(356) TUESDAYS CHILDREN 10 ROCKEFELLER PLAZA SUITE 1007 NEW YORK, NY 10020	52-2347446	501(C)(3)	15,000	0			POVERTY RELIEF
(357) UA3 INC 384 GRAND ST 1B NEW YORK, NY 10002	47-4803090	501(C)(3)	75,000	0			POVERTY RELIEF
(358) UKA FACILITIES FOUNDATION INC C/O ROBIN HOOD FOUNDATION 826 BROADWAY9TH FLOOR NEW YORK, NY 10003	26-3952842	501(C)(3)	50,000	0			POVERTY RELIEF
(359) UNCOMMON SCHOOLS INC C/O ROBIN HOOD FOUNDATION 826 BROADWAY9TH FLOOR NEW YORK, NY 10003	31-1488698	501(C)(3)	1,962,500	0			POVERTY RELIEF
(360) UNDER 21 COVENANT HOUSE NEW YORK 550 TENTH AVENUE NEW YORK, NY 10018	13-3076376	501(C)(3)	200,000	0			POVERTY RELIEF
(361) UNITARIAN CHURCH OF ALL SOULS 1157 LEXINGTON AVENUE NEW YORK, NY 10075	13-1782493	501(C)(3)	25,000	0			POVERTY RELIEF
(362) UNITED COMMUNITY SCHOOLS INC 50 BROADWAY 15TH FLOOR NEW YORK, NY 10004	46-1227433	501(C)(3)	45,000	0			POVERTY RELIEF
(363) UNITED SHERPA ASSOCIATION INC 41-01 75TH STREET WOODSIDE, NY 11373	11-3398814	501(C)(3)	19,000	0			POVERTY RELIEF
(364) UNITED SIKHS IN SERVICE OF AMERICA 28-40 JACKSON AVE APR 28D LONG ISLAND CITY, NY 11101	11-3453921	501(C)(3)	15,000	0			POVERTY RELIEF
(365) ASTOR SERVICES FOR CHILDREN AND FAMILIES 6339 MILL STREET RHINEBECK, NY 12572	53-0196617	501(C)(3)	450,000	0			POVERTY RELIEF
(366) UNITED STATES CONFERENCE OF CATHOLIC BISHOPSARCHDIOCESE 1011 FIRST AVENUE NEW YORK, NY 10022	53-0196617	501(C)(3)	174,000	0			POVERTY RELIEF
(367) UNITED STATES CONFERENCE OF CATH BISHOPSCATHOLIC CHARITIES NBHD SER 191 JORALEMON STREET BROOKLYN, NY 11201	53-0196617	501(C)(3)	20,000	0			POVERTY RELIEF
(368) UNITED STATES CONFERENCE OF CATHOLIC BISHOPSLITTLE SISTERS OF THE ASSUMPTI 333 EAST 115TH STREET NEW YORK, NY 10029	13-2867881	501(C)(3)	375,000	0			POVERTY RELIEF
(369) UNIVERSITY OF OREGON 5219 UNIVERSITY OF OREGON EUGENE, OR 97403	46-4727800	501(C)(3)	288,000	0			POVERTY RELIEF
(370) UNIVERSITY OF OREGON FOUNDATION 1720 E 13TH AVE SUITE 410 EUGENE, OR 97403	93-6015767	501(C)(3)	550,000	0			POVERTY RELIEF
(371) UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK 184 FLDRIDGE STREET	13-5562374	501(C)(3)	375,000	0			POVERTY RELIEF

14/25, 7:01 AM	Ī	I	oin Hood Foundation - l	I	I	1
EW YORK, NY 10002 372) UPPER MANHATTAN IENTAL HEALTH CENTER 727 AMSTERDAM AVE EW YORK, NY 10031	13-3389470	501(C)(3)	22,000	0		POVERTY RELIEF
373) UPWARDLY GLOBAL 05 8TH AVENUE SUITE 602 EW YORK, NY 10018	94-3346127	501(C)(3)	200,000	0		POVERTY RELIEF
374) URBAN ASSEMBLY INC 0 BROAD STREET SUITE 2101 EW YORK, NY 10004	11-0332039	501(C)(3)	400,000	0		POVERTY RELIEF
375) URBAN INSTITUTE 100 M STREET NW /ASHINGTON, DC 20037	52-0880375	501(C)(3)	200,000	0		POVERTY RELIEF
376) URBAN JUSTICE CENTER 0 RECTOR STREET 9TH LOOR EW YORK, NY 10006	13-3442022	501(C)(3)	545,000	0		POVERTY RELIEF
377) URBAN PATHWAYS 75 EIGHTH AVENUE 16TH LOOR EW YORK, NY 10018	13-2933675	501(C)(3)	150,000	0		POVERTY RELIEF
378) UTAH CHILDREN 47 E SOUTH TEMPLE STE 100 ALT LAKE CITY, UT 84102	87-0428873	501(C)(3)	100,000	0		POVERTY RELIEF
379) VICTORY UNITED INC 4330 SANFORD AVENUE 3F LUSHING, NY 11355	83-4456916	501(C)(3)	10,000	0		POVERTY RELIEF
880) VINEYARD NTERNATIONAL CHRISTIAN INISTRIES INC 140 TELLER AVENUE RONX, NY 10456	13-4014172	501(C)(3)	15,000	0		POVERTY RELIEF
881) VISION URBANA INC 07-209 EAST BROADWAY EW YORK CITY, NY 10002	13-3848575	501(C)(3)	30,000	0		POVERTY RELIE
882) VISITING NURSE ERVICE OF NEW YORK 07 EAST 70TH STREET EW YORK, NY 10021	22-2500031	501(C)(3)	425,000	0		POVERTY RELIE
883) VOICES OF COMMUNITY CTIVISTS & LEADERS VOCAL Y INC 0 A 4TH AVENUE ROOKLYN, NY 11217	13-4094385	501(C)(3)	65,000	0		POVERTY RELIE
384) WEST HARLEM GROUP SSISTANCE INC 652 AMSTERDAM AVE EW YORK, NY 10031	23-7169558	501(C)(3)	30,000	0		POVERTY RELIE
885) WEST SIDE CENTER FOR OMMUNITY LIFE INC 63 WEST 86TH STREET EW YORK, NY 10024	71-0908184	501(C)(3)	688,000	0		POVERTY RELIE
386) WEST VIRGINIANS FOR FFORDABLE HEALTH 00 LEON SULLIVAN WAY UITE 215 HARLESTON, WV 25301	20-3919052	501(C)(3)	100,000	0		POVERTY RELIE
387) WOMEN IN NEED INC 15 WEST 31ST STREET 7TH LOOR EW YORK, NY 10001	13-3164477	501(C)(3)	695,000	0		POVERTY RELIE
388) WOMEN'S HOUSING AND CONOMIC DEVELOPMENT ORPORATION 0 EAST 168TH STREET RONX NY, NY 10452	11-3099604	501(C)(3)	200,000	0		POVERTY RELIE
389) WORD OF LIFE NTERNATIONAL INC 30 UNION AVENUE RONX NY, NY 10452	19-2063356	501(C)(3)	127,000	0		POVERTY RELIE
890) YALE UNIVERSITY 5 SCIENCE PARK - 3RD .OOR 150 UNSON S EW HAVEN, CT 06511	06-0646973	501(C)(3)	2,134,000	0		POVERTY RELIE
391) YEAR UP 5 BROAD STREET 6TH FLOOR EW YORK, NY 10004	04-3534407	501(C)(3)	250,000	0		POVERTY RELIE
92) YEMENI AMERICAN ERCHANT 740 5TH AVENUE ROOKLYN, NY 11220	82-3539502	501(C)(3)	15,000	0		POVERTY RELIE
193) YOUNG COMMUNITY EVELOPERS 715 YOSEMITE AVENUE AN FRANCISCO, CA 94124	94-2187776	501(C)(3)	1,580,000	0		POVERTY RELIE
94) YOUNG MEN'S AND OMEN'S HEBREW SSOCIATION OF ASHINGTON HEIGHTS AND WOOD I NAGLE AVE EW YORK, NY 10040	13-1635308	501(C)(3)	60,000	0		POVERTY RELIE
195) YOUNG MENS HRISTIAN ASSOCIATION OF REATER NEW YORK WEST 63RD STREET 6TH OOR EW YORK, NY 10023	13-1624228	501(C)(3)	50,000	0		POVERTY RELIE
896) YOUTH RESEARCH INC UNIVERSITY PLACE UILDING A SUITE 07	14-1468433	501(C)(3)	693,200	0		POVERTY RELIE

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Software ID:

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Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public

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Inspection Employer identification number

ROE	ROBIN HOOD FOUNDATION				
		13-3441066			
Pa	Part I Questions Regarding Compensation				
				Yes	No
1a	1a Check the appropiate box(es) if the organization provided any of the following to or for a person lis 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding the				
	☐ First-class or charter travel ☐ Housing allowance or residence for Travel for companions ☐ Payments for business use of per	•			
	Taymente is submission of per				
	Tax identification and gross up payments				
	☐ Discretionary spending account ☐ Personal services (e.g., maid, charge)	aurreur, cner)			
b					
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to ex	•	1b		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by a directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on I		2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods	f the			
	used by a related organization to establish compensation of the CEO/Executive Director, but explain	n in Part III.			
	✓ Compensation committee				
	✓ Independent compensation consultant ✓ Compensation survey or study				
	Form 990 of other organizations  Approval by the board or compen	nsation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the related organization:	e filing organization or a			
а	a Receive a severance payment or change-of-control payment?		4a	Yes	
ь			4b		No
c	c Participate in, or receive payment from, an equity-based compensation arrangement?		4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in P	art III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		,			
а	a The organization?		5a		No
ь			5b		No
	If "Yes," on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:	•			
а	a The organization?		6a		No
ь			6b		No
	If "Yes," on line 6a or 6b, describe in Part III.				
7	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfit payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes	
8	8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was	s	Ħ	1	
-	subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes,"				
	in Part III		8		No
9	9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described 53.4958-6(c)?		9		

— Page 2 —

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

Cat. No. 50053T Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2	2, 1099-MISC compensa	tion, and/or 1099-NEC	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 WES MOORE THRU 072021 CEO / NON-VOTING DIRECTOR		409,202	2,021	200,011	56,200	12,645	680,079	0
	(ii)	0	- 0	0	- 0	- 0		- 0
2 DEREK FERGUSON THRU 092021 CHIEF OPERATING OFFICER	(i)	356,188	87,017	128,109	50,500	28,394	650,208	0
	(ii)	0	- 0	0	- 0	- 0		- 0
3 KRISTINE SUDANO THRU 022021 CHIEF DEVELOPMENT OFFICER	(i)	44,649	0	411,544	53,644	6,473	516,310	0
		0	- 0	- 0	- 0	- 0	<b></b> 0	- 0
4 SHEILA KELLY THRU 112021 CHIEF ADVANCEMENT OFFICER	(i)	331,982	44,021	48,892	42,130	32,101	499,126	0
	(ii)	0	- 0	0	- 0	- 0		- 0
5 EMARY ARONSON CHIEF KNOWLEDGE OFFICER	(i)	379,698	39,001	2,561	50,500	12,718	484,478	0
	(ii)	0	- 0	- 0	- 0	- 0	<b></b> 0	<u> </u>
6 SUSAN SACK MD. REAL ESTATE	(i)	340,255	21,933	500	44,847	12,718	420,253	0

Company   Comp	,								
20.00000000000000000000000000000000000		(ii)	- 0	-	-	-	-		-
CHIEF DEVILOPMENT OFFICER   CI)   292,121   24,521   577   31,335   38,161   386,715   0		(i)	282,898			•			-
CHIEF DEVELOPMENT OFFICER  (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(ii)	0	- 0	- 0	- 0	- 0	 0	- 0
CHIEF PUBLIC POLICY OFFICER   CI)   274,579   29,521   518   38,742   37,736   381,096   0		(i)	292,121	24,521	577	31,335	38,161	386,715	0
CHIEF PUBLIC POLICY OFFICER  (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(ii)	- 0	- 0		- 0	- 0		- 0
10 DEBORAH MCCOY   10   276,528   22,021   562   37,776   38,181   375,068   0   0   0   0   0   0   0   0   0		(i)	274,579	29,521	518	38,742	37,736	381,096	0
MD, YOUNG ADULTS  (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(ii)	0	<b>-</b> 0	<b>-</b> 0	- 0	<b>-</b> 0		- 0
Column   C		(i)	276,528	22,021	562	37,776	38,181	375,068	0
CHIEF PEOPLE AND CULTURE OFFICER  (ii)	,	(ii)	0	- 0	- 0	- 0	- 0	 0	- 0
12 SUSAN EPSTEIN   (i)   283,210   18,548   567   37,836   25,848   366,009   0		(i)	287,364	24,521	500	35,514	26,286	374,185	0
MD, FIELD BUILDING AND PUBL.  (ii)	CHIEF YES EE AMS COLIONE OF TOLK	(ii)	0	- 0	- 0	- 0	- 0	 0	- 0
13 BETH ZOLKIND   10   0   0   0   0   0   0   0   0		(i)	283,210	18,548	567	37,836	25,848	366,009	0
FORMER CFO & ASSISTANT TREASURER (i)	TIB, TIELD BOLEDING AND TODE	(ii)	0	- 0	- 0	- 0	- 0		- 0
(ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(i)	0	0	336,644	0	0	336,644	0
CHIEF OF GRANT STRATEGY  (ii)	TOTAL EN CLO CAPAGE AND THE RESIDENCE		- 0	- 0	- 0	- 0	- 0	 0	- 0
(ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(i)	259,068	27,021	475	35,022	12,900	334,486	0
CHIEF PSHIP. & IMPACT OFFICER (1) 25/321 0-/.130 30/.22 23/.339 35/.021 0	oner or drawn smarred.	(ii)	- 0	- 0	- 0	- 0	- 0		- 0
(ii)		(i)	151,479	29,521	64,130	38,922	25,569	309,621	0
	CHELL I SHIP, & IMPACT OFFICER	(ii)	- 0	- 0	- 0	- 0	- 0		- 0
16 RICHARD BUERY JR AS OF 0921         (i)         252,968         0         150         0         12,557         265,675         0           CEO / NON-VOTING DIRECTOR           0         150         0         12,557         265,675         0		(i)	252,968			•		·	0
(ii)	CEO / NON-VOITING DIRECTOR	(ii)	- 0	- 0	- 0	- 0	- 0		- 0

Schedule J (Form 990) 2021

Page 3

Schedule J (Form 990) 2021 Page **3** 

Part III Supplemental Inform	nation
Provide the information, explanation, or	r 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
	ROBIN HOOD FOUNDATION ACCRUED A SEVERANCE PAYMENT FOR CHIEF DEVELOPMENT OFFICER, KRISTINE SUDANO, IN CALENDAR YEAR 2021. THIS SEVERANCE PAYMENT IN THE AMOUNT OF \$151,416, IS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III).
,	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 2021, 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) 2021

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TIN: 13-3441066 OMB No. 1545-0047

Schedule L

(Form 990)

## Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26,

			27, 28a		, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  Attach to Form 990 or Form 990-EZ.									2021			
Department of the Treas		▶G	o to <u>www.i</u>				tructions and		st inf	forma	tion.		C		to Pu		
Name of the org										l Er	nplo	yer ide	ntifica		pection		
ROBIN HOOD FOUR											-	1066				·-	
Part I Exce	ss Benefit	Tran	sactions (	section 50	1(c)(3	) section	501(c)(4), and	l section '	501(c				s only)				
							IV, line 25a or							<u> </u>			
1 (a	) Name of dis	qualif	ied person	(b	) Rela		etween disqual	lified pers	on ar	nd	(c) Description of transaction			<u> </u>	(d) Corrected?		
							organization				tr	ansacti	Off	<u> </u>	es	No	
														+	-		
														+	$\neg \dagger$		
										-				+			
<b>2</b> Enter the a	mount of tax	incurr	ed by the or	ganization	mana	aers or dis	squalified perso	ons durino	the	vear ı	ınder	section	1				
4958 <b>3</b> Enter the a												<b>*</b>					
	ans to and						, Part V, line 38	8a, or For	m 99	0, Par	t IV,	line 26	or if th	ne org	anizati	on	
rep (a) Name of	orted an amo					or 22 from the	(a) Original	(f) Dala		(-)	T	1 7	L.\	<del></del>	: \ \A/:k-		
interested person		) Relationship (c) Purp h organization of loa			n to or ganizat		(e) Original principal	<b>(f)</b> Bala due			In ult?	Appro	(h) Approved by		<b>i)</b> Writi greeme		
							amount						board or committee?				
				То		From				Yes	No	Yes	No	Yes	ı	lo	
														$\vdash$			
					+												
Total Part III Gra	nts or Ass	cton	so Ponofi	tina Inta	·		<b>▶</b> \$							—			
							990, Part IV,	line 27.									
(a) Name of inter	rested person		Relationshi			<b>)</b> Amount	of assistance	(d) 1	Туре с	of assi	stanc	e	<b>(e)</b> Pur	pose o	of assis	stance	
		IIICE	organiza														
For Paperwork Red	luction Act No.	ties e	aa tha Tuatuu	ationa for I	Farm Of	00 00 000	E7 C-	at. No. 500	E C A				0.11			0) 2024	
гог Рарегмогк кес	iuction Act No	tice, s	ee the Instru	ictions for i	rorin 9:	90 01 990-	EZ. Ca	it. No. 500	SOA				Scneau	ie L (F	orm 99	0) 2021	
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						- 3											
Schedule L (Form																Page 2	
	siness Tran						<b>ons.</b> 990, Part IV,	lino 28a	281	or'	286						
	e of interested			<b>(b)</b> Re			(c) Amoun					ion of t	ransacti	ion	<b>(e)</b> S	haring	
				betweer	n intere		transactio	on								of zation's	
				•	nizatio											nues?	
/4) JENINGSON CO.	DAVA DETE				05.5			70.005	00	O ===					Yes	No	
(1) JENNIFER SCH	1WARIZ			DAUGHTER	UF DI	ıK.		79,800	CONS	SULTING				$\longrightarrow$		No	
											•						
						1										<u> </u>	

Part V **Supplemental Information** 

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

Return Reference https://projects.propublica.org/nonprofits/organizations/133441066/202233189349316143/full **Evolunation** 

SCHEDULE L, PART IV:

IN 2021, ROBIN HOOD CONTINUED A CONSULTING ARRANGEMENT WITH MISSION ACCOMPLICE, LLC, AN ENTITY OWNED BY JENNIFER SCHWARTZ, THE DAUGHTER OF BOARD OF DIRECTORS MEMBER, ALAN SCHWARTZ. THE AMOUNT PAID TO MISSION ACCOMPLICE, LLC. IN 2021 WAS \$79,800. BOARD OF DIRECTORS MEMBER, ALAN SCHWARTZ, HAS NO INPUT INTO ROBIN HOOD'S DECISION TO HIRE MISSION ACCOMPLICE, LLC. TO PROVIDE CONSULTING SERVICES TO THE ORGANIZATION.

Schedule L (Form 990) 2021

**Additional Data** 

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ObjectId: 202233189349316143 - Submission: 2022-11-14

TIN: 13-3441066

SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

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

▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. **Open to Public** Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** ROBIN HOOD FOUNDATION 13-3441066 Part I Types of Property (b) (d) (a) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g Art—Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests Books and publications 5 Clothing and household goods . . . . . . . 6 Cars and other vehicles . . Boats and planes . . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 26,214,047 FAIR MARKET VALUE 9 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . Securities-Miscellaneous . . Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . . 16 Real estate—Other . . . 17 Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . . 21 Historical artifacts . . . 22 Scientific specimens . . 23 24 Archeological artifacts . . DONATED 290,685 FAIR MARKET VALUE GOODS FOR 25 Other ▶ ( EVENTS ) 26 Other ▶ ( \_ 27 Other ▶ ( \_ 28 Other ▶ (... Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes Nο 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a No **b** If "Yes," describe the arrangement in Part II. 31 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2021)

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Schedule M (Form 990) (2021)

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

Return Reference Explanation

Schedule M (Form 990) (2021)

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ObjectId: 202233189349316143 - Submission: 2022-11-14

TIN: 13-3441066

OMB No. 1545-0047

Open to Public Inspection

## SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ.

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

Name of the organization ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

		13-3441066
Return Reference	Explanation	
FORM 990, PART III, LINE 1 - ORGANIZATIO MISSION	ROBIN HOOD IS NEW YORK'S LARGEST LOCAL POVERTY-FIGHTING PHILANTHROP AND CONNECTS COMMUNITY-BASED PARTNERS WHO PROVIDE DIRECT SERVICE BELOW THE POVERTY LINE AND LOW-INCOME NEW YORKERS WHO ARE AT RISK OF INTERPRETATION OF POVERTY SINCE OUR FOUNDING, ROBIN HOOD IS A NOT-FOR-PROFIT TO ELEVATE NEW YORKERS OUT OF POVERTY, SINCE OUR FOUNDING, ROBIN HOUS BILLION DOLLARS IN THE FIGHT AGAINST POVERTY FUNDING THE MOST IMPACTE PANTRIES, HOMELESS SHELTERS, JOB TRAINING CENTERS, HEALTH FACILITIES, I ROBIN HOOD INVESTED \$171.6 MILLION TO FUND 686 GRANTS SERVING 425 COM ACROSS ALL FIVE BOROUGHS OF NEW YORK CITY. BECAUSE ROBIN HOOD'S BOAD OUR OPERATING COSTS, EVERY DOLLAR RAISED FUELS THE JOURNEYS OF NEW ESCAPE POVERTY. ROBIN HOOD'S FIGHT AGAINST POVERTY IS FOCUSED ON: 1. INVOLVES FUNDING ORGANIZATIONS THAT PROVIDE FOOD, SHELTER, AND HEALT MOVE OUT OF POVERTY MEASURABLY AND SUSTAINABLY, WHICH IS THE KEY TO POVERTY ROBIN HOOD PROVIDES SUPPORT IN EDUCATION, EARLY CHILDHOOD OF IMMIGRANT SERVICES AND OTHER AREAS.	S TO NEW YORKERS LIVING AT OR OF FALLING INTO POVERTY. PUBLIC CHARITY. OUR MISSION IS OD HAS INVESTED NEARLY \$3 FUL PROGRAMS IN SCHOOLS, FOOD LEGAL CLINICS, AND MORE. IN 2021, MUNITY-BASED ORGANIZATIONS RD OF DIRECTORS COVERS 100% OF YYORKERS TO PERMANENTLY MEETING URGENT NEEDS WHICH TH CARE. 2. HELPING HOUSEHOLDS ENDING INTERGENERATIONAL
FORM 990, PART III, LINE 4A: CORE GRANT MAKING	ROBIN HOOD MADE CASH GRANTS TO ORGANIZATIONS THROUGH FOUR LIFE-STA SCHOOL-AGE CHILDREN; YOUNG ADULTS; AND ADULTS AND HOUSEHOLD SUPPO EDUCATION, HEALTH, HOUSING, HUNGER, LEGAL SERVICES, JOB TRAINING, AND ROBIN HOOD MADE GRANTS TO SUPPORT BESPOKE INITIATIVES LIKE THE POWE AND TECHNOLOGY AND OUR BLUE RIDGE LABS INITIATIVE. ROBIN HOOD ALSO PESUPPORT, POLICY AND ADVOCACY GRANTS, AND CAPITAL GRANTS. ROBIN HOOD PROGRAMS APPLYING FOR FUNDS TO DETERMINE GRANT RECOMMENDATIONS ARESPONSE TO UNMET NEEDS. THESE ASSESSMENTS INCLUDED VISITS TO THE COPROGRAM ADMINISTRATORS, STAFF AND PARTICIPANTS, EVALUATION OF HISTOF REVIEW. ROBIN HOOD'S CAPITAL GRANT INITIATIVE WORKS CLOSELY WITH OUR CONNECTIONS TO TOP INDUSTRY PROFESSIONALS, FUNDING FOR PRE-DEVELOR CASES, GRANTS FOR CAPITAL PROJECTS. THE INITIATIVE PLACES A PREMIUM ON AS A WAY TO REDUCE COSTS AND RISKS FOR A COMMUNITY PARTNER'S CAPITAL OCTOBER 2018, ROBIN HOOD LAUNCHED A PILOT SOCIAL INVESTMENT STRATEGY INVESTMENTS, A NEW INVESTMENT TOOL THAT ENABLES ROBIN HOOD TO SCALE AND PRODUCE AN ACCEPTABLE RETURN. IN 2021, ROBIN HOOD DID NOT ISSUE A	RTS. THESE GRANTS SUPPORT INCOME SECURITY. ADDITIONALLY, R FUND, MOBILITY LABS, LEARNING ROVIDES GENERAL OPERATING 'S GRANTMAKING STAFF EVALUATED AND DEVELOP INITIATIVES IN DRGANIZATION, INTERVIEWS WITH RICAL RESULTS, AND FINANCIAL COMMUNITY PARTNERS TO HELP TECHNICAL ASSISTANCE, PMENT COSTS AND, IN SELECT IN FUNDING EARLY-STAGE PLANNING PROJECT. MISSION INVESTMENTS IN Y THAT IS NOW KNOWN AS MISSION EIMPACT, LEVERAGE CREATIVITY,
FORM 990, PART III, LINE 4B: RELIEF GRANT MAKING:	IN 2020 WHEN THE COVID-19 PANDEMIC BEGAN, ROBIN HOOD REACTIVATED ITS FITS HISTORY. DURING 2021, ROBIN HOOD MADE 254 RELIEF GRANTS TOTALING \$2 ORGANIZATIONS ON THE FRONTLINES, ADDRESSING EMERGENCY NEEDS LIKE FOR SENIORS AND CHILDREN.	20.2M TO 204 NONPROFIT
	MANAGEMENT ASSISTANCE: ROBIN HOOD PROTECTS AND LEVERAGES ITS CHAR MANAGEMENT AND TECHNICAL ASSISTANCE. THE GOAL IS TO BRING BEST-IN-CL/PARTNERS' MOST PRESSING STRATEGIC AND OPERATIONAL CHALLENGES. WE WISOVERNANCE, STRATEGY, HUMAN CAPITAL, MARKETING, FUNDRAISING, FINANCI ESTATE. CONSULTING IS DELIVERED BY ROBIN HOOD'S INTERNAL CONSULTING TO PARTNERS AND TECHNICAL ASSISTANCE GRANTS. ROBIN HOOD ALSO PROVIDES BOARD MEMBERS OF ITS COMMUNITY PARTNERS. EXAMPLES INCLUDE DEVELOF EFFECTIVE RESOURCE ALLOCATION, STREAMLINING A FINANCIAL REPORTING SYDESIGNING AN EFFECTIVE WEBSITE TO ENHANCE FUNDRAISING. MANAGEMENT IN GRANTMAKING AND MULTI-PARTNER INITIATIVES.	ASS RESOURCES TO SOLVE OUR /ORK IN NINE MAIN AREAS: E, LEGAL, TECHNOLOGY AND REAL EAM, CORPORATE PRO BONO TRAINING FOR THE STAFF AND PING A STRATEGIC PLAN TO ENSURE /STEM TO MANAGE COSTS, OR
FORM 990, PART VI, SECTION A, LINE 2	BOARD OF DIRECTORS MEMBERS PAUL TUDOR JONES AND GLENN DUBIN HAVE A OF DIRECTORS MEMBERS JOHN OVERDECK AND PAUL TUDOR JONES HAVE A BUDIRECTORS MEMBERS BOB PITTMAN AND JOHN SYKES HAVE A BUSINESS RELATIONS MEMBERS JOHN OVERDECK AND DAVID SALTZMAN HAVE A BUSINESS RELATIONS MEMBERS DANIEL OCH AND DAVID SOLOMAN HAVE A BUSINESS RELATIONSHIP. VMCCORMICK AND BOARD OF DIRECTORS MEMBER DAVID SOLOMAN HAVE A BUSINESS MOORE AND BOARD OF DIRECTORS MEMBER LARRY ROBBINS HAVE A BUSINESS	SINESS RELATIONSHIP. BOARD OF IONSHIP. BOARD OF DIRECTORS SHIP. BOARD OF DIRECTORS I/ICE CHAIR DINA POWELL NESS RELATIONSHIP. CEO, WES
FORM 990, PART VI, SECTION B, LINE 11B	ROBIN HOOD'S BOARD OF DIRECTORS HAS DELEGATED TO THE AUDIT, FINANCE AUTHORITY TO REVIEW ROBIN HOOD'S FORM 990 PRIOR TO FILING. PURSUANT TBY ROBIN HOOD'S TAX AND LEGAL ADVISORS, A DRAFT OF THE FORM 990 WAS SEFOR THE COMMITTEE'S REVIEW AND COMMENT. A COPY OF ROBIN HOOD'S FORM MEMBER OF THE BOARD PRIOR TO FILING	O THAT AUTHORITY, AFTER REVIEW ENT TO THE FULL AFC COMMITTEE

FORM 990, PART VI, SECTION B, LINE 12C	ROBIN HOOD'S CONFLICT OF INTEREST POLICY PLACES AN AFFIRMATIVE OBLIGATION ON EACH OFFICER, DIRECTOR AND KEY EMPLOYEE TO DISCLOSE ANY CONTRACT OR TRANSACTION IN WHICH HE OR SHE HAS AN INTEREST AT THE TIME THAT THE CONTRACT OR TRANSACTION IS CONSIDERED BY THE BOARD OR COMMITTEE AUTHORIZING THE CONTRACT OR TRANSACTION. THE POLICY ALSO REQUIRES EACH OFFICER, DIRECTOR AND KEY EMPLOYEE TO FURNISH AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE DISCLOSURE STATEMENT INCLUDES AN AFFIRMATION BY THE INDIVIDUAL SIGNING THE STATEMENT THAT HE OR SHE HAS READ ROBIN HOOD'S CONFLICT OF INTEREST POLICY AND AGREES TO ABIDE BY IT. THE DISCLOSURE DATA IS REVIEWED BY ROBIN HOOD'S GENERAL COUNSEL, WHO MAINTAINS A LIST OF RELATIONSHIPS THAT COULD GIVE RISE TO A CONFLICT OF INTEREST. PRIOR TO BOARD OR COMMITTEE MEETINGS WHERE CONTRACTS ARE TO BE VOTED ON, THE GENERAL COUNSEL REVIEWS THE AGENDA AND IDENTIFIES ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST IS IDENTIFIED, IT IS DISCLOSED TO THE BOARD OR COMMITTEE. IF THE INDIVIDUAL WITH THE POTENTIAL OR ACTUAL CONFLICT OF INTEREST IS PRESENT AT THE MEETING, HE OR SHE MAY PARTICIPATE IN THE INFORMATION-GATHERING STAGE OF THE BOARD'S OR COMMITTEE'S DISCUSSION BUT MUST LEAVE THE ROOM FOR THE FINAL DELIBERATION AND VOTE.
FORM 990, PART VI, SECTION B, LINE 15	ROBIN HOOD'S EXECUTIVE COMMITTEE HAS THE AUTHORITY TO MAKE DECISIONS RELATING TO THE COMPENSATION OF ITS TOP MANAGEMENT OFFICIAL AND KEY EMPLOYEES. (NOTE: ROBIN HOOD DOES NOT COMPENSATE ITS DIRECTORS OR NON-STAFF OFFICERS.) THE COMMITTEE IS ASSISTED IN THIS PROCESS BY AN OUTSIDE COMPENSATION CONSULTANT, LEGAL COUNSEL AND ROBIN HOOD'S AUDIT, FINANCE AND COMPLIANCE COMMITTEE. COMPENSATION DECISIONS ARE MADE WITH REFERENCE TO CURRENT COMPARABILITY DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE ROLES AT SIMILARLY SITUATED ORGANIZATIONS PRESENTED BY THE OUTSIDE COMPENSATION CONSULTANT. ROBIN HOOD COMPLIES WITH THE "REBUTTABLE PRESUMPTION PROCEDURES FOR DETERMINING THAT COMPENSATION IS REASONABLE UNDER INTERNAL REVENUE CODE SECTION 4958. DELIBERATIONS AND DECISIONS REGARDING COMPENSATION ARRANGEMENTS ARE CONTEMPORANEOUSLY DOCUMENTED IN MEETING MINUTES.
FORM 990, PART VI, SECTION C, LINE 19	ROBIN HOOD'S CERTIFICATE OF INCORPORATION, BY-LAWS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC ON REQUEST. ROBIN HOOD'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON ROBIN HOOD'S WEBSITE. A SUMMARY OF ROBIN HOOD'S AUDITED FINANCIAL STATEMENTS (ALSO APPROVED BY ROBIN HOOD'S AUDITORS) IS ALSO POSTED ON ROBIN HOOD'S WEBSITE.
FORM 990, PART XI, LINE 9:	RESCINDED GRANTS 4,746,961. USI DONATED RENT -562,500.

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

Cat. No. 51056K

Schedule O (Form 990) 2021

Additional Data Return to Form

efile Public Visual Render ObjectId: 202233189349316143 - Submission: 2022-11-14 TIN: 13-3441066

OMB No. 1545-0047

2021

(Form 990)

**SCHEDULE R** 

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

e if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b

Attach to Form 990.

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number ROBIN HOOD FOUNDATION 13-3441066 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) Primary activity (e) End-of-year assets (f) Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (d) Total income (c) Legal domicile (state or foreign country) entity (1) ROBIN HOOD HOLDINGS 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003 IP HOLDINGS DE N/A 13-3441066 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a)
Name, address, and EIN of related organization (b) (c) Legal domicile (state (d) (f) (e) (g) Section 512(b) (13) controlled entity? Primary activity Exempt Code section Public charity status (if section 501(c)(3)) Direct controlling or foreign country) entity Yes No Schedule R (Form 990) 2021 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Page 2 Schedule R (Form 990) 2021 Page 2 Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (a) Name, address, and EIN of related organization (b) Primary activity (c) Legal domicile (d) Direct controlling (e) Predominant income(related, (g) Share o end-of-(h) Disproprtionate allocations? (i) Code V-UBI amount in box 20 of (j) General or managing (k) Percentage ownership Share of total (state or entity unrelated, income year partner? foreign excluded from ta assets country) (Form 1065 512-514) Yes No Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (a) Name, address, and EIN of related organization (d) Direct controlling entity (e) Type of entity (C corp, S (g) Share of end-of-year (i) Section 512(b)(13) controlled entity? (b) (f) Share of total (c) Percentage ownership Primary activity Legal domicile income (state or foreign corp, assets country) or trust) No

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	Schedule R (F	Form 99	90) 2021
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chedule R (Form 990) 2021			Page 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	-		Yes No
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?		$\vdash$	100   110
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		1a	
		1b	
b Gift, grant, or capital contribution to related organization(s)		1c	
c Gift, grant, or capital contribution from related organization(s)		1d	
d Loans or loan guarantees to or for related organization(s)		1e	+
e Loans or loan guarantees by related organization(s)		16	-
6. Divided from veletad association(s)		1f	
f Dividends from related organization(s)			_
g Sale of assets to related organization(s)		1g 1h	
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)		1i	
j Lease of facilities, equipment, or other assets to related organization(s)		1j	
k Lease of facilities, equipment, or other assets from related organization(s)		1k	
Performance of services or membership or fundraising solicitations for related organization(s)		11	
m Performance of services or membership or fundraising solicitations by related organization(s)		1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	
o Sharing of paid employees with related organization(s)		10	
p Reimbursement paid to related organization(s) for expenses		1р	
q Reimbursement paid by related organization(s) for expenses		1q	
r Other transfer of cash or property to related organization(s)		1r	
s Other transfer of cash or property from related organization(s)		1s	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thre	sholds.		
	(d)		
(a) (b) (c)	d of determining ar	mount inv	volved
Name of related organization Transaction Amount involved Method			
Name of related organization Transaction Amount involved Method			
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Name of related organization  Transaction type (a-s)  Amount involved Method type (a-s)  Page 4  Page 4  Page 4  Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.			Page <b>4</b>
Name of related organization  Transaction type (a-s)  Amount involved Method type (a-s)  Page 4  Page			Page <b>4</b>
Page 4  Page 4  Page 4  Indicated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Divide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by to so not a related organization. See instructions regarding exclusion for certain investment partnerships.  (a)  (b)  (c)  (d)  (e)  (f)  (g)  (h)  (i)	otal assets or gr	oss reve	Page 4
Name of related organization  Transaction type (a-s)  Amount involved Method type (a-s)  Page 4  Page	otal assets or gn	oss reve	Page 4 enue) tha (k) Percenta
Name of related organization  Page 4  Page 5  Page 4	otal assets or gradular of the control of the contr	oss reve	Page 4 enue) tha (k) Percenta
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