

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20_____

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Name and title of officer

BETH ZOLKIND, CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>120913488.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN

2	6	6	8	8
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 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

11/15/17

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

2	6	3	7	7	5	3	6	6	0	5
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Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

11/15/2018

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2017** calendar year, or tax year beginning **2017**, and ending **2017**, and ending **2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ROBIN HOOD FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 826 BROADWAY 9TH FL City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10003				D Employer identification number 13-3441066	
	F Name and address of principal officer: WES MOORE, CEO 826 BROADWAY, 9TH FLOOR NEW YORK, NY 10003				E Telephone number (212) 227-6601	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				G Gross receipts \$ 144,693,650.	
	J Website: ▶ WWW.ROBINHOOD.ORG				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small>	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1988 M State of legal domicile: NY		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ROBIN HOOD SUPPORTS THE MOST EFFECTIVE POVERTY-FIGHTING PROGRAMS IN NYC. RH'S BOARD PAYS ALL OVERHEAD COSTS, SO 100% OF NON-BOARD DONATIONS GO TO HELPING NEW YORKERS IN NEED.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	40.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	39.
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	149.
	6	Total number of volunteers (estimate if necessary)	6	570.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	169,003,002.	129,301,900.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,780,440.	3,763,026.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-6,089,513.	-12,163,504.
	12		171,693,929.	120,901,422.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	181,365,859.	115,246,750.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,028,316.	18,055,433.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	160,000.	75,000.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,009,387.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,435,043.	8,651,533.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	209,989,218.	142,028,716.	
19	Revenue less expenses. Subtract line 18 from line 12	-38,295,289.	-21,127,294.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	431,285,963.	410,831,803.
	22	Net assets or fund balances. Subtract line 21 from line 20	84,340,049.	76,426,105.
22		346,945,914.	334,405,698.	

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature <i>Scott Thompson</i>	Date 11/15/2018	Check <input type="checkbox"/> if self-employed	PTIN P00741490
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558			
	Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013	Phone no. 212-599-0100			

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

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

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

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	ROBIN HOOD FOUNDATION	13-3441066
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	826 BROADWAY 9TH FL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10003	

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

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

BETH ZOLKIND

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

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

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

1 I request an automatic 6-month extension of time until 11/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2017 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

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

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

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

4a (Code:) (Expenses \$ 126,158,806. including grants of \$ 113,445,817.) (Revenue \$ 0.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 890,155. including grants of \$ 800,454.) (Revenue \$ 0.)

ATTACHMENT 3

4c (Code:) (Expenses \$ 355,860. including grants of \$ 320,000.) (Revenue \$ 0.)

CAPITAL GRANTS: ROBIN HOOD AWARDS GRANTS FOR CAPITAL PROJECTS THAT ARE DESIGNED TO EXPAND AND ENHANCE THE PROGRAMS FUNDED THROUGH THE FOUNDATION'S CORE GRANT MAKING. IN 2017, ROBIN HOOD AWARDED CAPITAL GRANTS TO FOUR ORGANIZATIONS. IN DOING THIS WORK, STAFF UNDERTAKES A REVIEW OF THE NEED AND ORGANIZATIONAL CAPACITY TO UNDERTAKE A CAPITAL PROJECT AND PROVIDES ON-GOING TECHNICAL ASSISTANCE AS NEEDED TO ENSURE SUCCESSFUL OUTCOMES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 127,404,821.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
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 to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (40), 1b (39), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
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: BETH ZOLKIND 826 BROADWAY, 9TH FLOOR NEW YORK, NY 10003 212-227-6601

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LARRY ROBBINS CHAIR	3.00 0.	X		X				0.	0.	0.
(2) ANNE DINNING VICE-CHAIR	1.50 0.	X		X				0.	0.	0.
(3) CECILY CARSON VICE-CHAIR	1.50 0.	X		X				0.	0.	0.
(4) PETER F BORISH SECRETARY AND TREASURER	1.50 0.	X		X				0.	0.	0.
(5) LEE AINSLIE III DIRECTOR	1.50 0.	X						0.	0.	0.
(6) LAURA ARNOLD DIRECTOR	1.00 0.	X						0.	0.	0.
(7) JACKLYN BEZOS DIRECTOR	1.00 0.	X						0.	0.	0.
(8) VICTORIA BJORKLUND DIRECTOR	1.50 0.	X						0.	0.	0.
(9) JEFF BLAU DIRECTOR	1.00 0.	X						0.	0.	0.
(10) EMMA BLOOMBERG DIRECTOR	1.00 0.	X						0.	0.	0.
(11) SCOTT BOMMER DIRECTOR	1.50 0.	X						0.	0.	0.
(12) GEOFFREY CANADA DIRECTOR	1.50 0.	X						0.	0.	0.
(13) DAVID EINHORN DIRECTOR	1.50 0.	X						0.	0.	0.
(14) KATIE COURIC DIRECTOR	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) GLENN R DUBIN ----- DIRECTOR	1.50 ----- 0.	X						0.	0.	0.
(16) MARIAN WRIGHT EDELMAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(17) MARY ERDOES ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(18) LAURENCE FINK ----- DIRECTOR (THRU 5/4/2017)	1.00 ----- 0.	X						0.	0.	0.
(19) ROLAND FRYER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(20) JOHN GRIFFIN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(21) DOUG HAYNES ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(22) KAYA HENDERSON ----- DIRECTOR (AS OF 2/28/2017)	1.00 ----- 0.	X						0.	0.	0.
(23) JEFFREY R IMMELT ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(24) PAUL TUDOR JONES II ----- DIRECTOR	1.50 ----- 0.	X						0.	0.	0.
(25) PETER D KIERNAN III ----- DIRECTOR	1.50 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								6,046,580.	0.	1,092,436.
d Total (add lines 1b and 1c)								6,046,580.	0.	1,092,436.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 49**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 10**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JOHN KING ----- DIRECTOR (AS OF 2/28/2017)	1.00 ----- 0.	X						0.	0.	0.
(27) PHILIPPE LAFFONT ----- DIRECTOR (THRU 2/28/2017)	1.00 ----- 0.	X						0.	0.	0.
(28) JOEL MARCUS ----- DIRECTOR (AS OF 2/28/2017)	1.00 ----- 0.	X						0.	0.	0.
(29) WES MOORE (AS OF 4/24/2017) ----- CEO/NON-VOTING DIRECTOR	1.00 ----- 0.	X		X				458,495.	0.	72,013.
(30) DOUG MORRIS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(31) ALEX NAVAB ----- DIRECTOR	1.50 ----- 0.	X						0.	0.	0.
(32) DANIEL S OCH ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(33) JOHN OVERDECK ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(34) ROBERT PITTMAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(35) DAVID PUTH ----- DIRECTOR	1.50 ----- 0.	X						0.	0.	0.
(36) DAVID SALTZMAN ----- FORMER EXEC. DIR. & BOARD DIR.	1.00 ----- 0.	X						1,706,741.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 49

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) ALAN D SCHWARTZ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(38) DAVID SOLOMON ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(39) BARRY STERNLICHT ----- DIRECTOR	1.50 ----- 0.	X					0.	0.	0.	
(40) JOHN SYKES ----- DIRECTOR	1.50 ----- 0.	X					0.	0.	0.	
(41) DAVID TEPPER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(42) MARTA TIENDA ----- DIRECTOR (AS OF 2/28/2017)	1.00 ----- 0.	X					0.	0.	0.	
(43) KENNETH TROPIN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(44) HARVEY WEINSTEIN ----- DIRECTOR (THRU 10/8/2017)	1.00 ----- 0.	X					0.	0.	0.	
(45) REYNOLD LEVY ----- PRESIDENT (THRU 3/24/2017)	60.00 ----- 0.			X			269,451.	0.	204.	
(46) BETH ZOLKIND ----- CHIEF FINANCIAL OFFICER	60.00 ----- 0.			X			332,652.	0.	119,452.	
(47) ALAN BLUM (THRU 7/7/17) ----- CHIEF MARKETING OFFICER	60.00 ----- 0.				X		266,745.	0.	21,061.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 49

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) LAURENCE JAHNS (THRU 12/31/17) SVP ADVANCEMENT	60.00 0.				X			435,927.	0.	212,517.
(49) KRISTINE SUDANO SVP, DEVELOPMENT	60.00 0.				X			387,699.	0.	132,777.
(50) MICHAEL WEINSTEIN SVP, PROGRAMS (THRU 3/3/2017)	60.00 0.				X			415,403.	0.	6,873.
(51) EMARY ARONSON (AS OF 7/1/2017) CHIEF PROGRAM OFFICER	60.00 0.				X			346,063.	0.	82,075.
(52) DEBORAH MCCOY MNG. DIRECTOR EARLY CHILDHOOD	60.00 0.					X		239,939.	0.	83,373.
(53) ROSE BROMKA CHIEF OF STAFF	60.00 0.					X		290,656.	0.	120,580.
(54) SUSAN EPSTEIN MD, JOBS AND ECON. SEC.	60.00 0.					X		267,472.	0.	79,466.
(55) AMY HOUSTON MD, MGT ASSIST.	60.00 0.					X		277,546.	0.	85,420.
(56) SUSAN SACK MD, REAL ESTATE	60.00 0.					X		351,791.	0.	76,625.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 49

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	60,846,260.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	68,455,640.					
	g Noncash contributions included in lines 1a-1f: \$		7,976,968.					
	h Total. Add lines 1a-1f ▶			129,301,900.				
Program Service Revenue	2a _____	Business Code						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶			0.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			863,192.			863,192.	
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			0.				
	6a Gross rents	(i) Real	(ii) Personal					
		29,025.						
		b Less: rental expenses						
		c Rental income or (loss)	29,025.					
	d Net rental income or (loss) ▶			29,025.			29,025.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		13,157,704.						
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)	2,899,834.					
	d Net gain or (loss) ▶			2,899,834.			2,899,834.	
	8a Gross income from fundraising events (not including \$ 60,846,260. of contributions reported on line 1c). See Part IV, line 18	a		1,298,670.				
		b Less: direct expenses	b	13,534,358.				
c Net income or (loss) from fundraising events. ▶				-12,235,688.			-12,235,688.	
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities. ▶			0.				
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory. ▶			0.				
Miscellaneous Revenue		Business Code						
11a MISCELLANEOUS INCOME		900099	43,159.			43,159.		
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d ▶			43,159.					
12 Total revenue. See instructions. ▶			120,901,422.			-8,400,478.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	115,246,750.	115,246,750.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,893,662.	1,452,902.	1,008,271.	2,432,489.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	9,092,054.	4,418,158.	1,478,584.	3,195,312.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,316,086.	663,726.	110,439.	541,921.
9 Other employee benefits	2,003,416.	854,758.	399,477.	749,181.
10 Payroll taxes	750,215.	331,156.	147,273.	271,786.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	97,095.	20,662.	76,433.	
c Accounting	132,104.		132,104.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	75,000.			75,000.
f Investment management fees	27,014.		27,014.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,214,802.	1,881,041.	196,550.	137,211.
12 Advertising and promotion	0.			
13 Office expenses	551,149.	237,044.	102,231.	211,874.
14 Information technology	672,094.	185,997.	98,325.	387,772.
15 Royalties	0.			
16 Occupancy	2,259,729.	1,065,304.	428,587.	765,838.
17 Travel	78,505.	34,122.	29,231.	15,152.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	207,822.	103,234.	40,698.	63,890.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	930,250.	371,509.	200,230.	358,511.
23 Insurance	195,271.	43,501.	109,791.	41,979.
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 ROBIN HOOD PRIZE EXPENSES	407,484.	407,484.		
b INDIRECT EVENT COSTS	331,109.			331,109.
c MARKETING AND COMMUNICATIONS	165,932.			165,932.
d CONTRACTED MANAGEMENT ASST.	87,473.	87,473.		
e All other expenses	293,700.		29,270.	264,430.
25 Total functional expenses. Add lines 1 through 24e	142,028,716.	127,404,821.	4,614,508.	10,009,387.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	128,693,432.	2	68,707,687.
	3 Pledges and grants receivable, net	115,581,476.	3	110,271,423.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	60,415,540.	7	60,415,540.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	868,945.	9	605,872.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,054,312.		
	b Less: accumulated depreciation	10b 7,119,000.	2,125,567.	10c 1,935,312.
	11 Investments - publicly traded securities	0.	11	50,544,965.
	12 Investments - other securities. See Part IV, line 11	120,120,388.	12	117,258,778.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	3,480,615.	15	1,092,226.
16 Total assets. Add lines 1 through 15 (must equal line 34)	431,285,963.	16	410,831,803.	
Liabilities	17 Accounts payable and accrued expenses	7,928,191.	17	6,733,900.
	18 Grants payable	75,771,278.	18	69,350,730.
	19 Deferred revenue	640,580.	19	341,475.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	84,340,049.	26	76,426,105.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	178,743,630.	27	166,194,531.
	28 Temporarily restricted net assets	168,202,284.	28	168,211,167.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	346,945,914.	33	334,405,698.
34 Total liabilities and net assets/fund balances	431,285,963.	34	410,831,803.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	120,901,422.
2	Total expenses (must equal Part IX, column (A), line 25)	2	142,028,716.
3	Revenue less expenses. Subtract line 2 from line 1	3	-21,127,294.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	346,945,914.
5	Net unrealized gains (losses) on investments	5	7,396,260.
6	Donated services and use of facilities	6	-750,000.
7	Investment expenses	7	27,014.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,913,804.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	334,405,698.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	176,957,636.	150,751,968.	195,718,658.	170,869,502.	129,301,900.	823,599,664.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	176,957,636.	150,751,968.	195,718,658.	170,869,502.	129,301,900.	823,599,664.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						180,972,894.
6 Public support. Subtract line 5 from line 4						642,626,770.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	176,957,636.	150,751,968.	195,718,658.	170,869,502.	129,301,900.	823,599,664.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,421,863.	428,179.	1,274,665.	824,504.	892,217.	4,841,428.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	231,124.	0.	0.	0.	231,124.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	1,712,970.	1,704,642.	1,677,469.	8,701,964.	1,341,829.	15,138,874.
11 Total support. Add lines 7 through 10.						843,811,090.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	76.16%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	75.06%

16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2016 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
FUNDRAISING EVENTS	1,700,868.	1,683,926.	1,551,179.	1,484,265.	1,298,670.	7,718,908.
INSURANCE SETTLEMENT				7,200,000.		7,200,000.
MISCELLANEOUS	12,102.	20,716.	126,290.	17,699.	43,159.	219,966.
TOTALS	<u>1,712,970.</u>	<u>1,704,642.</u>	<u>1,677,469.</u>	<u>8,701,964.</u>	<u>1,341,829.</u>	<u>15,138,874.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

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

- ▶ **Complete if the organization is described below.**
- ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures		142,028,716.													
e Total exempt purpose expenditures (add lines 1c and 1d)		142,028,716.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

LOBBYING

ROBIN HOOD FOUNDATION DID NOT UNDERTAKE ANY LOBBYING ACTIVITIES IN 2017;

THE FOUNDATION IS COMPLETING A SCHEDULE C BECAUSE IT HAS MADE THE SECTION

501(H) ELECTION.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

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

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

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

Part II Conservation Easements.

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

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

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2017

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS IN LIMITED	117,258,778.	FMV
(B) PARTNERSHIPS/ HEDGE FUNDS		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	117,258,778.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Part XIII Supplemental Information (continued)

FIN 48

PART X, LINE 2

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

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

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

Part XIII Supplemental Information *(continued)*

SCHEDULE D RECONCILIATION

FORM 990, PART XII, LINE 4B RESCINDED GRANTS: \$1,913,803

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		74,400,547.
(2) EUROPE	0.	0.	INVESTMENTS		13,465,270.
(3) NORTH AMERICA	0.	0.	INVESTMENTS		7,249,423.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					95,115,240.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					95,115,240.

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

Schedule F (Form 990) 2017

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

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

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

3 Enter total number of other organizations or entities ▶ _____

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

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

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

PART IV, LINE 1, 3, 4 & 5

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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 NGK GLOBAL, LLC	FUNDRAISING POLO EVENT	X		840,200.	75,000.	765,200.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				840,200.	75,000.	765,200.

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

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

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

Table with 5 columns: (a) Event #1 BIG BENEFIT, (b) Event #2 INV. CONF., (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Direct expense summary, Net gaming income summary).

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain:

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

SCHEDULE G, PART I, COLUMN B(III)

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

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART II

FOR PURPOSES OF REPORTING THE EXPENDITURES RELATED TO ROBIN HOOD
 FOUNDATION'S SPECIAL EVENTS, ALL FOOD AND BEVERAGES COSTS ARE INCLUDED
 WITHIN THE RENT/FACILITY COSTS (LINE 6).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

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? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 1199 SEIU HOME INDUSTRY 330 WEST 42ND ST. NEW YORK, NY 10036	71-1028611	501(C)(3)	325,000.				GENERAL
(2) ACCION NEW YORK 80 MAIDEN LN. NEW YORK, NY 10038	11-3317234	501(C)(3)	200,000.				GENERAL
(3) ACHIEVEMENT FIRST 403 JAMES STREET NEW HAVEN, CT 06513	65-1203744	501(C)(3)	2,750,000.				GENERAL
(4) ADAM STREET FOUNDTION INC. 283 ADAMS STREET BROOKLYN, NY 11201	90-0394877	501(C)(3)	250,000.				GENERAL
(5) ADVOCATES FOR CHILDREN OF NY, INC. 88 THIRD AVENUE BROOKLYN, NY 11217	11-2247307	501(C)(3)	500,000.				GENERAL
(6) AFTER HOURS PROJECT, INC 1204 BROADWAY BROOKLYN, NY 11221	33-1007278	501(C)(3)	50,000.				GENERAL
(7) ALI FORNEY CENTER 224 W. 35TH ST. NEW YORK, NY 10001	30-0104507	501(C)(3)	200,000.				GENERAL
(8) ASIAN AMERICANS FOR EQUALITY, INC. 35-34 UNION STREET FLUSHING, NY 11354	13-3187792	501(C)(3)	200,000.				GENERAL
(9) ASSOCIATION OF THE BAR OF THE CITY 42 WEST 44TH STREET NEW YORK, NY 10036	13-6003018	501(C)(3)	100,000.				GENERAL
(10) ASSOCIATION TO BENEFIT CHILDREN 419 EAST 86TH STREET NEW YORK, NY 10028	13-3303089	501(C)(3)	550,000.				GENERAL
(11) ASTOR SVCS FOR CHILDREN & FAMILIES 6339 MILL ST. RHINEBECK, NY 12572	53-0196617	501(C)(3)	300,000.				GENERAL
(12) AVENUES FOR JUSTICE INC 100 CENTRE STREET NEW YORK, NY 10013	13-3267496	501(C)(3)	485,000.				GENERAL

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

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

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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? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BED-STUY RESTORATION CORP 1368 FULTON STREET BROOKLYN, NY 11216	11-6083182	501(C)(3)	20,000.				GENERAL
(2) BENEFITS DATA TRUST 2 LOGAN SQUARE PHILADELPHIA, PA 19103	20-3455598	501(C)(3)	600,000.				GENERAL
(3) BLOOMINGDALE FAMILY PROGRAM 125 WEST 109TH ST. NEW YORK, NY 10025	13-2638566	501(C)(3)	385,000.				GENERAL
(4) BLUE ENGINE 75 BROAD ST. NEW YORK, NY 10004	27-1182991	501(C)(3)	300,000.				GENERAL
(5) BOTTOM LINE, INC 44 COURT ST. BROOKLYN, NY 11201	04-3351427	501(C)(3)	300,000.				GENERAL
(6) BOWERY RESIDENTS' COMMITTEE 131 WEST 25TH ST. NEW YORK, NY 10001	13-2736659	501(C)(3)	400,000.				GENERAL
(7) BREAKING GROUND HOUSING DEV. 505 8TH AVE. NEW YORK, NY 10018	11-3048002	501(C)(3)	775,000.				GENERAL
(8) BRONX DEFENDERS 360 EAST 161ST ST. BRONX, NY 10451	13-3931074	501(C)(3)	100,000.				GENERAL
(9) BRONX-LEBANON HOSPITAL CENTER 1650 SELWYN AVE. BRONX, NY 10457	13-3479996	501(C)(3)	530,000.				GENERAL
(10) BRONXWORKS 60 E TREMONT AVE. BRONX, NY 10453	13-3254484	501(C)(3)	600,000.				GENERAL
(11) BROOKDALE HOSPITAL ONE BROOKDALE PLAZA BROOKLYN, NY 11212	11-1631746	501(C)(3)	459,000.				GENERAL
(12) BROOKLYN KINDERGARTEN SOCIETY 57 WILLOUGHBY ST. BROOKLYN, NY 11201	11-1631820	501(C)(3)	425,000.				GENERAL

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

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

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BROOKLYN NAVY YARD DEV. CORP. 63 FLUSHING AVE. BROOKLYN, NY 11205	11-2137138	501(C)(3)	180,000.				GENERAL
(2) CAMBA INC 1720 CHURCH AVE. BROOKLYN, NY 11226	11-2480339	501(C)(3)	275,000.				GENERAL
(3) CENTER FOR ALT. SENTENCING 346 BROADWAY NEW YORK, NY 10013	13-2668080	501(C)(3)	200,000.				GENERAL
(4) CENTER FOR EMPLOYMENT OPP. 50 BROADWAY NEW YORK, NY 10004	13-3843322	501(C)(3)	310,000.				GENERAL
(5) CENTER FOR URBAN COMMUNITY SVCS 198 E. 121ST STREET NEW YORK, NY 10035	13-3687891	501(C)(3)	925,000.				GENERAL
(6) CHARLES B. WANG COMMUNITY 268 CANAL STREET NEW YORK, NY 10013	13-2739694	501(C)(3)	325,000.				GENERAL
(7) CHILD MIND INSTITUTE 445 PARK AVENUE NEW YORK, NY 10022	13-4178608	501(C)(3)	190,000.				GENERAL
(8) CHILDREN'S AID SOCIETY 350 EAST 88TH ST. NEW YORK, NY 10128	13-5562191	501(C)(3)	3,515,000.				GENERAL
(9) CHILDREN'S DEFENSE FUND 15 MAIDEN LANE NEW YORK, NY 10038	52-0895622	501(C)(3)	1,600,000.				GENERAL
(10) CHILDREN'S HEALTH FUND 215 WEST 125TH STREET NEW YORK, NY 10027	13-3468427	501(C)(3)	670,000.				GENERAL
(11) CHINESE AMERICAN PLANNING COUNCIL 150 ELIZABETH STREET NEW YORK, NY 10012	13-6202692	501(C)(3)	313,100.				GENERAL
(12) CITY HARVEST INC 6 EAST 32ND STREET NEW YORK, NY 10016	13-3170676	501(C)(3)	850,000.				GENERAL

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

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

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CITY HEALTH WORKS! 127 WEST 127TH STREET NEW YORK, NY 10027	45-5450887	501(C)(3)	300,000.				GENERAL
(2) COALITION FOR QUEENS INCORPORATED 31-00 47TH AVE. LONG ISLAND CITY, NY 11101	61-1652332	501(C)(3)	325,000.				GENERAL
(3) COALITION FOR THE HOMELESS 129 FULTON STREET NEW YORK, NY 10038	13-3072967	501(C)(3)	509,000.				GENERAL
(4) COMMUNITY ACCESS, INC. 2 WASHINGTON STREET NEW YORK, NY 10004	23-7399839	501(C)(3)	150,000.				GENERAL
(5) COMM HLTH ACTION OF STATEN ISLAND 56 BAY STREET STATEN ISLAND, NY 10301	13-3556132	501(C)(3)	235,000.				GENERAL
(6) COMPREHENSIVE DEVELOPMENT INC 240 SECOND AVENUE NEW YORK, NY 10003	13-3861648	501(C)(3)	300,000.				GENERAL
(7) COMPUTERS FOR YOUTH FDN INC. 520 8TH AVENUE NEW YORK, NY 10018	13-3915309	501(C)(3)	300,000.				GENERAL
(8) COOPER UNION FOR THE 30 COOPER SQUARE NEW YORK, NY 10003	13-5562985	501(C)(3)	225,000.				GENERAL
(9) CORP. FOR SUPPORTING HOUSING 61 BROADWAY NEW YORK, NY 10006	13-3600232	501(C)(3)	515,000.				GENERAL
(10) CRISTO REY NEW YORK HIGH SCHOOL 112 EAST 106TH STREET NEW YORK, NY 10029	03-0495750	501(C)(3)	105,000.				GENERAL
(11) CYPRESS HILLS LOCAL DEV. CORP 625 JAMAICA AVENUE BROOKLYN, NY 11208	11-2683663	501(C)(3)	420,000.				GENERAL
(12) DISCIPLESHIP OUTREACH MINISTRIES 5216 FOURTH AVENUE BROOKLYN, NY 11220	11-2838138	501(C)(3)	320,000.				GENERAL

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

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

2017

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Department of the Treasury
Internal Revenue Service

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Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DREAM CHARTER SCHOOL (HARLEM RBI) 333 EAST 100TH ST. NEW YORK, NY 10029	26-1841386	501(C)(3)	300,000.				GENERAL
(2) EAST HARLEM EMPLOYMENT SERVICES 205 EAST 122 STREET NEW YORK, NY 10035	13-3255679	501(C)(3)	150,000.				GENERAL
(3) E. HARLEM SCHO. ACAD. CHARTER SCHOOL 2050 SECOND AVE. NEW YORK, NY 10029	27-4713450	501(C)(3)	175,000.				GENERAL
(4) EAST SIDE HOUSE SETTLEMENT 337 ALEXANDER AVENUE BRONX, NY 10454	13-1623989	501(C)(3)	385,000.				GENERAL
(5) EDUCATION DEVELOPMENT CENTER 43 FOUNDRY AVENUE WALTHAM, MA 02453	04-2241718	501(C)(3)	600,000.				GENERAL
(6) FDNY FOUNDATION 9 METROTECH CENTER BROOKLYN, NY 10454	11-2632404	501(C)(3)	125,000.				GENERAL
(7) FEDCAP REHABILITATION SERVICES INC 633 3RD AVENUE NEW YORK, NY 10017	13-5645879	501(C)(3)	100,000.				GENERAL
(8) FOOD BANK FOR NEW YORK CITY 121 SIXTH AVENUE NEW YORK, NY 10013	13-3179546	501(C)(3)	1,000,000.				GENERAL
(9) FRIENDS OF THE CHILDREN P.O. BOX 1649 NEW YORK, NY 10026	06-1597902	501(C)(3)	285,000.				GENERAL
(10) FUND FOR NYC (AIR NYC) 121 AVE. OF THE AMERICAS NEW YORK, NY 10013	13-2612524	501(C)(3)	550,000.				GENERAL
(11) FUND FOR NYC (BROWNSVILLE) 520 8TH AVENUE NEW YORK, NY 10018	13-2612524	501(C)(3)	250,000.				GENERAL
(12) FUND FOR NYC (CCI) 520 8TH AVENUE NEW YORK, NY 10018	13-2612524	501(C)(3)	1,021,000.				GENERAL

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

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

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Department of the Treasury
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Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FUND FOR NYC (FINANCIAL CLINIC) 115 WEST 30TH NEW YORK, NY 10001	13-2612524	501(C)(3)	60,000.				GENERAL
(2) FUND FOR NYC (JUSTFIX NYC PBC) 150 COURT STREET BROOKLYN, NY 11201	13-2612524	501(C)(3)	120,000.				GENERAL
(3) FUND FOR NYC (PROMISE PROJECT) 121 6TH AVENUE FLOOR 6 NEW YORK, NY 10013	13-2612524	501(C)(3)	150,000.				GENERAL
(4) FUND FOR NYC (RED HOOK) 520 8TH AVENUE NEW YORK, NY 10018	13-2612524	501(C)(3)	250,000.				GENERAL
(5) FUND FOR NYC (STRONG STARTS) 520 8TH AVENUE NEW YORK, NY 10018	13-2612524	501(C)(3)	180,000.				GENERAL
(6) FUND FOR NYC (WOMEN'S CTR) 121 6TH AVENUE FLOOR 6 NEW YORK, NY 10013	13-2612524	501(C)(3)	75,000.				GENERAL
(7) FUNDACION AID FOR AIDS, INC 515 GREENWICH STREET NEW YORK, NY 10013	13-3954568	501(C)(3)	80,000.				GENERAL
(8) GODDARD RIVERSIDE COMMUNITY CTR 593 COLUMBUS AVENUE NEW YORK, NY 10024	13-1893908	501(C)(3)	570,000.				GENERAL
(9) GOOD SHEPHERD SERVICES 305 SEVENTH AVENUE NEW YORK, NY 10001	53-0196617	501(C)(3)	1,310,000.				GENERAL
(10) GOOD SHEPHERD SERVICES (LIFELINK) 305 SEVENTH AVENUE NEW YORK, NY 10001	53-0196617	501(C)(3)	425,000.				GENERAL
(11) GRACE INSTITUTE 1233 SECOND AVENUE NEW YORK, NY 10065	13-1641069	501(C)(3)	100,000.				GENERAL
(12) GRAMEEN AMERICA 150 WEST 30TH NEW YORK, NY 10001	20-8497991	501(C)(3)	1,365,000.				GENERAL

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

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GRAND STREET SETTLEMENT 80 PITT STREET NEW YORK, NY 10002	13-5662230	501(C)(3)	305,000.				GENERAL
(2) H.E.L.P. SOCIAL SERVICE CORPORATION 5 HANOVER SQUARE NEW YORK, NY 10004	13-3678724	501(C)(3)	255,000.				GENERAL
(3) HARLEM CHILDREN'S ZONE 35 EAST 125TH STREET NEW YORK, NY 10035	23-7112974	501(C)(3)	2,000,000.				GENERAL
(4) HARLEM RBI (DREAM) 333 EAST 100TH ST. NEW YORK, NY 10029	13-4025290	501(C)(3)	460,000.				GENERAL
(5) HELP/PSI, INC. (BRIGHTPOINT) 71 WEST 23RD STREET NEW YORK, NY 10010	13-3464470	501(C)(3)	612,500.				GENERAL
(6) HENRY STREET SETTLEMENT 265 HENRY STREET NEW YORK, NY 10002	13-1562242	501(C)(3)	380,000.				GENERAL
(7) HETRICK-MARTIN INSTITUTE 2 ASTOR PLACE NEW YORK, NY 10003	13-3104537	501(C)(3)	325,000.				GENERAL
(8) HOT BREAD KITCHEN LTD 1607 PARK AVENUE NEW YORK, NY 10029	26-3332972	501(C)(3)	120,000.				GENERAL
(9) HOUSING RIGHTS INITIATIVE 305 BROADWAY NEW YORK, NY 10007	81-2013546	501(C)(3)	180,000.				GENERAL
(10) HOUSING WORKS 57 WILLOUGHBY ST. NEW YORK, NY 11201	13-3584089	501(C)(3)	250,000.				GENERAL
(11) HUNGER FREE AMERICA INC 50 BROAD STREET NEW YORK, NY 10004	13-3471350	501(C)(3)	18,000.				GENERAL
(12) ICAHN SCHOOL OF MEDICINE 320 EAST 94TH STREET NEW YORK, NY 10128	13-1624096	501(C)(3)	590,000.				GENERAL

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

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

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

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Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

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(1) IMENTOR 30 BROAD STREET NEW YORK, NY 10004	30-0105507	501(C)(3)	450,000.				GENERAL
(2) IMMIGRANT JUSTICE CORPS, INC. 17 BATTERY PLACE NEW YORK, NY 10004	46-4879076	501(C)(3)	1,850,000.				GENERAL
(3) INSTITUTE FOR FAMILY HEALTH 16 EAST 16TH STREET NEW YORK, NY 10003	13-3273402	501(C)(3)	1,150,000.				GENERAL
(4) JERICHO PROJECT 245 WEST 29TH STREET NEW YORK, NY 10001	13-3213525	501(C)(3)	350,000.				GENERAL
(5) JEWISH CHILD CARE ASSOCIATION 858 EAST 29TH STREET BROOKLYN, NY 11210	13-1624060	501(C)(3)	500,000.				GENERAL
(6) JEWISH COMM. HOUSE - BENSONHURST 7802 BAY PARKWAY BENSONHURST, NY 11214	11-1633484	501(C)(3)	225,000.				GENERAL
(7) KIND, INC. 1300 L STREET NW WASHINGTON, DC 20005	26-2763038	501(C)(3)	120,000.				GENERAL
(8) KIPP NEW YORK, INC. 470 SEVENTH AVENUE NEW YORK, NY 10018	20-3971209	501(C)(3)	2,400,000.				GENERAL
(9) LAWYERS FOR CHILDREN 110 LAFAYETTE STREET NEW YORK, NY 10013	13-3202043	501(C)(3)	425,000.				GENERAL
(10) LEAP INC (FIFTH AVENUE COMMITTEE) 621 DEGRAW STREET BROOKLYN, NY 11217	11-2475743	501(C)(3)	1,950,000.				GENERAL
(11) LEGAL SERVICES FOR NEW YORK CITY 40 WORTH STREET NEW YORK, NY 10013	13-2600199	501(C)(3)	350,000.				GENERAL
(12) MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501(C)(3)	570,000.				GENERAL

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Department of the Treasury
Internal Revenue Service

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MAYOR'S FUND TO ADVANCE NYC 253 BROADWAY NEW YORK, NY 10007	13-3783906	501(C)(3)	1,253,000.				GENERAL
(2) MAYOR'S FUND TO ADVANCE NYC (HHP) 253 BROADWAY NEW YORK, NY 10007	13-3783906	501(C)(3)	500,000.				GENERAL
(3) MDRC 16 EAST 34TH STREET NEW YORK, NY 10016	23-7379473	501(C)(3)	2,064,000.				GENERAL
(4) METRO. COUNCIL ON JEWISH POVERTY 120 BROADWAY, 7TH FL. NEW YORK, NY 10271	13-2738818	501(C)(3)	183,450.				GENERAL
(5) MONTEFIORE MEDICAL CENTER 3332 ROCHAMBEAU AVE. BRONX, NY 10467	13-1740114	501(C)(3)	725,000.				GENERAL
(6) MONTEFIORE MEDICAL CTR (EINSTEIN) 1225 MORRIS AVENUE BRONX, NY 10461	13-1740114	501(C)(3)	525,000.				GENERAL
(7) MONTEFIORE MED CTR (HEALTHYSTEPS) 111 EAST 210 STREET BRONX, NY 10467	13-1740114	501(C)(3)	715,000.				GENERAL
(8) NATIONAL COLLEGE ADVISING CORPS 301 W BARBEE CHAPEL CHAPEL HILL, NC 27517	46-1192687	501(C)(3)	100,000.				GENERAL
(9) NTNL DOMESTIC WORKERS ALLIANCE 395 HUDSON STREET NEW YORK, NY 10014	35-2420942	501(C)(3)	155,000.				GENERAL
(10) NEIGHBORHOOD TRUST FIN. PARTNERS 1112 ST. NICHOLAS AVE. NEW YORK, NY 10032	13-3849263	501(C)(3)	300,000.				GENERAL
(11) NEIGHBORS TOGETHER 2094 FULTON STREET BROOKLYN, NY 11233	11-2632100	501(C)(3)	210,154.				GENERAL
(12) NEW CLASSROOMS INNOVATION PTNRS 1250 BROADWAY NEW YORK, NY 10001	45-2736163	501(C)(3)	300,000.				GENERAL

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

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Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEW ECONOMY PROJECT 121 WEST 27TH STREET NEW YORK, NY 10001	13-3842270	501(C)(3)	200,000.				GENERAL
(2) NEW VISIONS FOR PUBLIC SCHOOL 320 WEST 13TH STREET NEW YORK, NY 10014	13-3538961	501(C)(3)	225,000.				GENERAL
(3) NEW WORKFORCE DIR(MADISON GROUP) 1250 BROADWAY NEW YORK, NY 10001	27-2323749	501(C)(3)	400,000.				GENERAL
(4) NYC DISTRICT COUNC. OF CARPENTERS 395 HUDSON STREET NEW YORK, NY 10014	13-2583087	501(C)(3)	175,000.				GENERAL
(5) NEW YORK COMMON PANTRY 8 EAST 109TH STREET NEW YORK, NY 10029	13-3127972	501(C)(3)	335,000.				GENERAL
(6) NEW YORK FOUNDLING 590 AVE. OF THE AMERICAS NEW YORK, NY 10011	13-1624123	501(C)(3)	1,690,000.				GENERAL
(7) NEW YORK LEGAL ASSISTANCE GROUP 7 HANOVER SQUARE NEW YORK, NY 10004	13-3505428	501(C)(3)	1,115,000.				GENERAL
(8) NY PRESBYTERIAN FUND (AUDUBON) 654 WEST 170TH STREET NEW YORK, NY 10032	13-3160356	501(C)(3)	450,000.				GENERAL
(9) NY PRES. HOS. (CHILDRENS HOSPITAL) 654 WEST 170TH STREET NEW YORK, NY 10032	13-3957095	501(C)(3)	525,000.				GENERAL
(10) NEW YORK UNIVERSITY (BELLEVUE) 462 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	245,000.				GENERAL
(11) NEW YORK UNIVERSITY (CTI) ONE PARK AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	100,000.				GENERAL
(12) NEW YORK UNIVERSITY (FURMAN) ONE PARK AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	80,000.				GENERAL

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

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Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEW YORK UNIVERSITY (MCSILVER) 1 WASHINGTON SQUARE N. NEW YORK, NY 10003	13-5562308	501(C)(3)	715,000.				GENERAL
(2) NEW YORK UNIVERSITY (MILITARY) ONE PARK AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	300,000.				GENERAL
(3) NEW YORK UNIVERSITY (STEINHARDT) 82 WASHINGTON SQUARE E. NEW YORK, NY 10003	13-5562308	501(C)(3)	145,000.				GENERAL
(4) NON TRAD. EMPLOYMENT FOR WOMEN 243 WEST 20TH STREET NEW YORK, NY 10011	13-3272001	501(C)(3)	505,000.				GENERAL
(5) NORTHSIDE CTR FOR CHILD DEV. 1301 FIFTH AVENUE NEW YORK, NY 10029	13-1656679	501(C)(3)	450,000.				GENERAL
(6) NPOWERNY 3 METROTECH CENTER BROOKLYN, NY 11201	13-4145441	501(C)(3)	125,000.				GENERAL
(7) ONE GOAL 215 W. SUPERIOR STREET CHICAGO, IL 60654	56-2369898	501(C)(3)	150,000.				GENERAL
(8) OPPORTUNITIES FOR A BETTER TOM. 783 FOURTH AVENUE BROOKLYN, NY 11232	11-2934620	501(C)(3)	680,000.				GENERAL
(9) PARAPROFESSIONAL HEALTHCARE INST. 400 EAST FORDHAM RD. BRONX, NY 10458	13-3575492	501(C)(3)	900,000.				GENERAL
(10) PART OF THE SOLUTION 2759 WEBSTER AVENUE BRONX, NY 10458	13-3425071	501(C)(3)	300,000.				GENERAL
(11) PARTNERSHIP WITH CHILDREN 299 BROADWAY NEW YORK, NY 10007	13-5596751	501(C)(3)	775,000.				GENERAL
(12) PER SCHOLAS 804 EAST 138TH STREET BRONX, NY 10454	04-3252955	501(C)(3)	560,000.				GENERAL

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Schedule I (Form 990) (2017)

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**Grants and Other Assistance to Organizations,
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PROJECT HOSPITALITY 100 PARK AVE. STATEN ISLAND, NY 10302	13-3234441	501(C)(3)	639,000.				GENERAL
(2) PROJECT RENEWAL 200 VARICK STREET NEW YORK, NY 10014	13-2602882	501(C)(3)	280,000.				GENERAL
(3) PUBLIC HEALTH SOLUTIONS 40 WORTH STREET NEW YORK, NY 10013	13-5669201	501(C)(3)	7,861.				GENERAL
(4) QUEENS COMMUNITY HOUSE 108-25 62ND DRIVE FOREST HILLS, NY 11375	11-2375583	501(C)(3)	324,199.				GENERAL
(5) READING PARTNERS 225 WEST 35TH NEW YORK, NY 10010	77-0568469	501(C)(3)	180,000.				GENERAL
(6) REBUILDING TOGETHER NYC 126 10TH STREET #A BROOKLYN, NY 11215	13-3997769	501(C)(3)	100,000.				GENERAL
(7) RELAY SCHOOL OF EDUCATION 40 WEST 20TH STREET NEW YORK, NY 10011	27-5316628	501(C)(3)	37,500.				GENERAL
(8) RES. FDN. OF CITY UNI. (ACE PROGRAM) 205 EAST 42ND STREET NEW YORK, NY 10017	13-1988190	501(C)(3)	1,002,000.				GENERAL
(9) RES. FDN. OF CITY UNI. (CITY TECH) 300 JAY STREET BROOKLYN, NY 11201	13-1988190	501(C)(3)	235,000.				GENERAL
(10) RES. FDN. OF CITY UNI. (CUNY) 230 WEST 31ST STREET NEW YORK, NY 10036	13-1988190	501(C)(3)	99,712.				GENERAL
(11) RES. FDN. OF CITY UNI. (FUTURE NOW) WEST 181ST ST. BRONX, NY 10453	13-1988190	501(C)(3)	555,000.				GENERAL
(12) RES. FDN. OF CITY UNI. (KINGBOROUGH) 2001 ORIENTAL BLVD. BROOKLYN, NY 11235	13-1988190	501(C)(3)	375,000.				GENERAL

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(1) RES. FDN. OF CITY UNI. (LAGUARDIA) 31-10 THOMSON LONG ISLAND CITY, NY 11101	13-1988190	501(C)(3)	570,000.				GENERAL
(2) RES. FDN. OF CITY UNI. (GUTMAN) 230 W. 41ST ST. NEW YORK, NY 10036	13-1988190	501(C)(3)	407,000.				GENERAL
(3) RIVER FUND NEW YORK INC 89-11 LEFFERTS RICHMOND HILL, NY 11418	11-3450363	501(C)(3)	150,000.				GENERAL
(4) SAFE HORIZON (STREETWORK) 2 LAFAYETTE ST. NEW YORK, NY 10007	13-2946970	501(C)(3)	450,000.				GENERAL
(5) SAFE HORIZONS (CHILD ADVOCACY) 320 SCHERMERHORN ST. BROOKLYN, NY 11201	13-2946970	501(C)(3)	200,000.				GENERAL
(6) SAFE PASSAGE PROJECT CORP. 185 WEST BROADWAY NEW YORK, NY 10013	46-2946211	501(C)(3)	260,000.				GENERAL
(7) SAMARITAN FOUNDATION, INC. 138-02 QUEENS BLVD. BRIARWOOD, NY 11435	11-2490500	501(C)(3)	164,000.				GENERAL
(8) SAMASOURCE INC. 2017 MISSION STREET SAN FRANCISCO, CA 94110	26-2547062	501(C)(3)	125,000.				GENERAL
(9) SANCTUARY FOR FAMILIES P.O. BOX 1406 NEW YORK, NY 10268	13-3193119	501(C)(3)	80,000.				GENERAL
(10) SCO FAMILY OF SERVICES 1 ALEXANDER PLACE GLEN COVE, NY 11542	11-2777066	501(C)(3)	2,500,000.				GENERAL
(11) SCO FAMILY OF SVCS (CTR. FOR FAM. LIFE) 443 39TH STREET BROOKLYN, NY 11232	53-0196617	501(C)(3)	243,500.				GENERAL
(12) SCRIPTED, INC. 85 BROAD STREET NEW YORK, NY 10004	46-0557527	501(C)(3)	155,000.				GENERAL

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(1) SELFHELP COMMUNITY SERVICES, INC 520 EIGHTH AVENUE NEW YORK, NY 10018	13-1624178	501(C)(3)	225,000.				GENERAL
(2) SVCS FOR THE UNDERSERVED (SUS) 305 SEVENTH AVENUE NEW YORK, NY 10001	91-1918247	501(C)(3)	245,000.				GENERAL
(3) SHELTERING ARMS CHILDREN&FAMILY 305 SEVENTH AVENUE NEW YORK, NY 10001	13-3709095	501(C)(3)	315,000.				GENERAL
(4) SINGLE STOP, USA 1825 PARK AVENUE NEW YORK, NY 10035	20-8837690	501(C)(3)	14,960,460.				GENERAL
(5) SOUTH BROOKLYN LEGAL SERVICES 105 COURT STREET BROOKLYN, NY 11201	13-2605605	501(C)(3)	320,000.				GENERAL
(6) SPONSORS FOR EDUCATIONAL OPP. 55 EXCHANGE PLACE NEW YORK, NY 10005	13-2578670	501(C)(3)	120,000.				GENERAL
(7) ST. JOHN'S BREAD AND LIFE PROGRAM 795 LEXINGTON AVE BROOKLYN, NY 11221	11-3174514	501(C)(3)	325,000.				GENERAL
(8) ST. NICHOLAS NBHD. PRESERVATION 2 KINGSLAND AVENUE BROOKLYN, NY 11211	51-0192170	501(C)(3)	300,000.				GENERAL
(9) STANLEY M. ISAACS NBHD. CENTER 415 EAST 93RD STREET NEW YORK, NY 10128	13-2572034	501(C)(3)	275,000.				GENERAL
(10) STATEN ISLAND MENTAL HEALTH SOC. 669 CASTLETON AV. STATEN ISLAND, NY 10301	13-5623729	501(C)(3)	350,000.				GENERAL
(11) SUCCESS CHARTER NETWORK 52 CHAMBERS STREET NEW YORK, NY 10007	20-5298861	501(C)(3)	2,250,000.				GENERAL
(12) SUNNYSIDE COMMUNITY SERVICES 43-31 39TH STREET SUNNYSIDE, NY 11104	51-0189327	501(C)(3)	207,380.				GENERAL

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

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SUPPORTIVE HOUSING NETWORK OF NY 247 W. 37TH ST. 18TH FL. NEW YORK, NY 10018	13-3755149	501(C)(3)	75,000.				GENERAL
(2) TEACH FOR AMERICA, INC 519 8TH AVENUE NEW YORK, NY 10018	13-3541913	501(C)(3)	500,000.				GENERAL
(3) THE BRIDGE FUND OF NEW YORK 271 MADISON AVE NEW YORK, NY 10016	13-3824852	501(C)(3)	180,000.				GENERAL
(4) LENOX HILL HOSPITAL 210 EAST 64TH STREET NEW YORK, NY 10065	13-1624070	501(C)(3)	150,000.				GENERAL
(5) THE CRENULEATED CO. LTD SETTLEMENT 1512 TOWNSEND AVENUE BRONX, NY 10452	24-1719016	501(C)(3)	525,000.				GENERAL
(6) THE CRENULEATED COMPANY 1512 TOWNSEND AVENUE BRONX, NY 10452	24-1719016	501(C)(3)	50,000.				GENERAL
(7) THE DOOR-A CTR OF ALTERNATIVES INC 121 AVE. OF THE AMERICAS NEW YORK, NY 10013	13-6127348	501(C)(3)	1,630,000.				GENERAL
(8) THE EAGLE ACADEMY FOUNDATION 12 WALL STREET NEW YORK, NY 10005	20-1532382	501(C)(3)	132,600.				GENERAL
(9) THE FAMILY CENTER 493 NOSTRAND AVENUE BROOKLYN, NY 11216	13-3910716	501(C)(3)	215,000.				GENERAL
(10) THE FORTUNE SOCIETY 29-76 N. BLVD. LONG ISLAND CITY, NY 11101	13-2645436	501(C)(3)	400,000.				GENERAL
(11) THE FUND FOR PS (COMP. SCIENCE ED) 52 CHAMBERS STREET NEW YORK, NY 10007	11-2656137	501(C)(3)	2,330,000.				GENERAL
(12) THE FUND FOR PS (FLOCABULARY) 52 CHAMBERS STREET NEW YORK, NY 10007	11-2656137	501(C)(3)	62,000.				GENERAL

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

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

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE FUND FOR PS (LIGHTSAIL) 52 CHAMBERS STREET NEW YORK, NY 10007	11-2656137	501(C)(3)	130,000.				GENERAL
(2) THE FUND FOR PS (PS 516) 52 CHAMBERS STREET NEW YORK, NY 10007	11-2656137	501(C)(3)	330,000.				GENERAL
(3) THE GO PROJECT 86 FOURTH AVENUE NEW YORK, NY 10003	27-1411019	501(C)(3)	350,000.				GENERAL
(4) THE HOPE PROGRAM 1 SMITH STREET BROOKLYN, NY 11201	13-3268539	501(C)(3)	580,000.				GENERAL
(5) THE LEGAL AID SOCIETY 199 WATER STREET NEW YORK, NY 10038	13-5562265	501(C)(3)	960,000.				GENERAL
(6) THE MELTING POT FOUNDATION USA INC 69 BELMONT AVENUE BROOKLYN, NY 11212	47-3901620	501(C)(3)	100,000.				GENERAL
(7) THE NEW YORK CITY CENTER FOR 111 BROADWAY NEW YORK, NY 10006	20-0759687	501(C)(3)	950,000.				GENERAL
(8) THE NY IMMIGRATION COALITION 131 W. 33RD STREET NEW YORK, NY 10001	13-3573409	501(C)(3)	20,000.				GENERAL
(9) THE PARTNERSHIP FOR INNER-CITY ED. 1011 FIRST AVENUE NEW YORK, NY 10022	13-3976873	501(C)(3)	150,000.				GENERAL
(10) TRUSTEES OF COLUMBIA UNI. IN NYC 1255 AMSTERDAM AVE. NEW YORK, NY 10027	13-5598093	501(C)(3)	59,200.				GENERAL
(11) TRUSTEES OF COLUMBIA UNI IN NYC(RES) 1255 AMSTERDAM AVE. NEW YORK, NY 10027	13-5598093	501(C)(3)	1,206,500.				GENERAL
(12) TURNAROUND FOR CHILDREN 5216 FOURTH AVENUE BROOKLYN, NY 11220	11-2838138	501(C)(3)	150,000.				GENERAL

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

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UKA FACILITIES FOUNDATION, INC. 826 BROADWAY NEW YORK, NY 10003	27-4109092	501(C)(3)	564,155.				GENERAL
(2) UNCOMMON SCHOOLS, INC. 826 BROADWAY NEW YORK, NY 10003	31-1488698	501(C)(3)	2,000,000.				GENERAL
(3) UNION SETTLEMENT ASSOCIATION 237 EAST 104TH STREET NEW YORK, NY 10029	13-1632530	501(C)(3)	250,000.				GENERAL
(4) US CONF. OF CATHOLIC (ARCHDIOCESE) 1011 FIRST AVENUE NEW YORK, NY 10022	53-0196617	501(C)(3)	255,000.				GENERAL
(5) US CONF. OF CATHOLIC(LITTLE SISTERS) 333 EAST 115TH STREET NEW YORK, NY 10029	13-2867881	501(C)(3)	300,000.				GENERAL
(6) UNIVERSITY OF OR FDN (FIND) 5219 UNIVERSITY OF OR EUGENE, OR 97403	46-4727800	501(C)(3)	215,000.				GENERAL
(7) UNIVERSITY OF OR FDN (PSI) 1720 EAST 13TH AVENUE EUGENE, OR 97403	93-6015767	501(C)(3)	110,000.				GENERAL
(8) UNI. SETTLEMENT SOCIETY OF NY 184 ELDRIDGE STREET NEW YORK, NY 10002	13-5562374	501(C)(3)	415,000.				GENERAL
(9) UPWARDLY GLOBAL 505 8TH AVENUE NEW YORK, NY 10018	94-3346127	501(C)(3)	204,000.				GENERAL
(10) URBAN ARTS PARTNERSHIP 21 HOWARD STREET NEW YORK, NY 10013	13-3554734	501(C)(3)	10,000.				GENERAL
(11) URBAN JUSTICE CENTER 40 RECTOR STREET NEW YORK, NY 10006	13-3442022	501(C)(3)	100,000.				GENERAL
(12) URBAN PATHWAYS 575 EIGHTH AVENUE NEW YORK, NY 10018	13-2933675	501(C)(3)	175,000.				GENERAL

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

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

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VISITING NURSE SERVICE OF NY 107 EAST 70TH STREET NEW YORK, NY 10021	13-3189926	501(C)(3)	1,000,000.				GENERAL
(2) W. SIDE CAMPAIGN AGAINST HUNGER 263 WEST 86TH STREET NEW YORK, NY 10024	71-0908184	501(C)(3)	250,000.				GENERAL
(3) WOMEN IN NEED 115 WEST 31ST STREET NEW YORK, NY 10001	13-3164477	501(C)(3)	577,000.				GENERAL
(4) YEAR UP 55 EXCHANGE PLACE NEW YORK, NY 10005	04-3534407	501(C)(3)	275,000.				GENERAL
(5) YOUNG WOMEN'S LEADERSHIP NTKW. 322 EIGHTH AVENUE NEW YORK, NY 10001	06-1517218	501(C)(3)	575,000.				GENERAL
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 209.

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

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

Schedule I (Form 990) (2017)

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

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

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

SCHEDULE I - MONITORING GRANTS TO ORGANIZATIONS WITHIN THE UNITED STATES

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

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

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

RELEASES GRANT FUNDS IN INSTALLMENTS AND REQUIRES A GRANTEE TO

DEMONSTRATE THAT IT HAS MET CERTAIN BENCHMARKS SPECIFIED IN THE GRANT

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

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

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

ADDITION, PROGRAM OFFICERS MAY MAKE UNSCHEDULED VISITS TO OBSERVE THE

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

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

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

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

THE COLLEGE SUCCESS PRIZE IS DESIGNED TO EMPOWER STUDENTS AND ARM THEM WITH THE TOOLS THEY NEED TO GRADUATE FROM COLLEGE. WITH THE ULTIMATE GOAL OF ALLEVIATING POVERTY, THE PRIZE HOPES TO SPUR THE DEVELOPMENT OF AN INNOVATIVE, SCALABLE, AND TECHNOLOGY-ENABLED TOOL THAT CAN HELP MORE STUDENTS GRADUATE FROM COMMUNITY COLLEGE. ROBIN HOOD HAS ESTABLISHED

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

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

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

OBJECTIVE CRITERIA BY WHICH THE PRIZE WINNER IS SELECTED; ONCE THE FUNDS ARE AWARDED, ROBIN HOOD DOES NOT CONDUCT ANY FURTHER MONITORING OF THE AWARDED FUNDS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WES MOORE (AS OF 4/24/2017) CEO/NON-VOTING DIRECTOR	(i)	452,807.	0.	5,688.	53,400.	18,613.	530,508.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DAVID SALTZMAN FORMER EXEC. DIR. & BOARD DIR.	(i)	0.	62,500.	1,644,241.	0.	0.	1,706,741.	282,807.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 REYNOLD LEVY PRESIDENT (THRU 3/24/2017)	(i)	226,120.	0.	43,331.	0.	204.	269,655.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ALAN BLUM (THRU 7/7/17) CHIEF MARKETING OFFICER	(i)	160,300.	40,000.	66,445.	2,500.	18,561.	287,806.	46,089.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 LAURENCE JAHNS (THRU 12) SVP ADVANCEMENT	(i)	354,224.	35,000.	46,703.	186,500.	26,017.	648,444.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 KRISTINE SUDANO SVP, DEVELOPMENT	(i)	351,619.	35,000.	1,080.	99,702.	33,075.	520,476.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 MICHAEL WEINSTEIN SVP, PROGRAMS (THRU 3/3/2017)	(i)	78,635.	55,000.	281,768.	2,500.	4,373.	422,276.	237,462.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 BETH ZOLKIND CHIEF FINANCIAL OFFICER	(i)	296,581.	35,000.	1,071.	96,482.	22,970.	452,104.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 DEBORAH MCCOY MNG. DIRECTOR EARLY CHILDHOOD	(i)	220,128.	19,000.	811.	50,298.	33,075.	323,312.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 ROSE BROMKA CHIEF OF STAFF	(i)	269,717.	20,000.	939.	97,610.	22,970.	411,236.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 SUSAN EPSTEIN MD, JOBS AND ECON. SEC.	(i)	247,565.	19,000.	907.	53,528.	25,938.	346,938.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 AMY HOUSTON MD, MGT ASSIST.	(i)	247,405.	29,250.	891.	52,345.	33,075.	362,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 SUSAN SACK MD, REAL ESTATE	(i)	322,211.	28,500.	1,080.	63,460.	13,165.	428,416.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 EMARY ARONSON (AS OF 7/ CHIEF PROGRAM OFFICER	(i)	316,269.	27,700.	2,094.	68,910.	13,165.	428,138.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4A

DAVID SALTZMAN, RECEIVED A \$1,300,000 SEVERANCE PAYMENT UPON CEASING TO SERVE AS THE ORGANIZATION'S EXECUTIVE DIRECTOR IN FEBRUARY OF 2017. MR. SALTZMAN COMMENCED SERVING AS A BOARD OF DIRECTORS MEMBER IN FEBRUARY OF 2017; HE IS NOT COMPENSATED IN THAT ROLE.

SCHEDULE J, PART I, LINE 7

ROBIN HOOD'S COMPENSATION PROGRAM INCLUDES, FOR ALL EMPLOYEES, A VARIABLE BONUS IN ADDITION TO SALARY. THE BONUS MAY OR MAY NOT BE PAID, DEPENDING UPON THE OVERALL FINANCIAL CONDITION OF THE ORGANIZATION AND THE INDIVIDUAL PERFORMANCE OF EACH STAFF MEMBER. IN 2017, THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWED AND APPROVED BONUS AWARDS, FOR STAFF OFFICERS AND KEY EMPLOYEES, WHICH WERE JUDGED REASONABLE.

THE BONUS PAID TO THE BOARD MEMBER, PREVIOUS EXECUTIVE DIRECTOR, DAVID SALTZMAN, WAS APPROVED BY THE BOARD OF DIRECTORS IN RECOGNITION OF HIS 28 YEARS OF EXEMPLARY SERVICE AS THE ORGANIZATION'S EXECUTIVE DIRECTOR.

SCHEDULE J, PART II, COLUMN (F)

Part III Supplemental Information

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

COMPENSATION REPORTED IN SCHEDULE J, PART II, COLUMN (F) REPRESENTS A
PAYOUT OF INCOME REPORTED ON PREVIOUSLY FILED FORMS 990 AS SECTION 457(B)
DEFERRED COMPENSATION (IN COLUMN (C)). UPON SEPARATION FROM SERVICE,
THESE THREE INDIVIDUALS RECEIVED A PAYOUT OF THEIR 457(B) BALANCES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	103.	7,885,783.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ATCH 1</u>)			91,186.	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Schedule M (Form 990) (2017)

JSA

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PAGE 75

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
DONATED GOODS FOR EVENTS	X		91,186.	FAIR MARKET VALUE
TOTALS			<u>91,186.</u>	

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ROBIN HOOD FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

13-3441066

FORM 990, PART VI, SECTION A, LINE 2

BOARD OF DIRECTORS MEMBERS PAUL TUDOR JONES AND GLENN DUBIN HAD A
BUSINESS RELATIONSHIP.

BOARD OF DIRECTORS MEMBERS PAUL TUDOR JONES AND DAVID SALTZMAN HAD A
BUSINESS RELATIONSHIP.

BOARD OF DIRECTORS MEMBER PAUL TUDOR JONES AND OFFICER REYNOLD LEVY HAD A
BUSINESS RELATIONSHIP.

BOARD OF DIRECTORS MEMBERS DAN OCH AND DAVID SOLOMON HAD A BUSINESS
RELATIONSHIP.

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

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

BOARD OF DIRECTORS MEMBERS GLENN DUBIN AND BOB PITTMAN HAD A BUSINESS
RELATIONSHIP.

BOARD OF DIRECTORS MEMBERS HARVEY WEINSTEIN AND PAUL TUDOR JONES HAD A
BUSINESS RELATIONSHIP.

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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BOARD OF DIRECTORS MEMBERS JOHN OVERDECK AND DAVID SALTZMAN HAD A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4

THE ROBIN HOOD FOUNDATION AMENDED ITS BYLAWS IN 2017 FOR THE SOLE PURPOSE OF CREATING THE CHIEF EXECUTIVE OFFICER ROLE. THE CHIEF EXECUTIVE OFFICER WILL BE THE CHIEF ADMINISTRATIVE AND EXECUTIVE OFFICER OF THE FOUNDATION WHO WILL BE RESPONSIBLE FOR THE IMPLEMENTATION OF ALL POLICIES ESTABLISHED BY THE BOARD OF DIRECTORS. THE CHIEF EXECUTIVE OFFICER IS A NON-VOTING EX OFFICIO MEMBER OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11

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

FORM 990, PART VI, SECTION B, LINE 12

ROBIN HOOD'S CONFLICT OF INTEREST POLICY PLACES AN AFFIRMATIVE OBLIGATION ON EACH OFFICER, DIRECTOR AND KEY EMPLOYEE TO DISCLOSE ANY CONTRACT OR TRANSACTION IN WHICH HE OR SHE HAS AN INTEREST AT THE TIME THAT THE CONTRACT OR TRANSACTION IS CONSIDERED BY THE BOARD OR COMMITTEE AUTHORIZING THE CONTRACT OR TRANSACTION. THE POLICY ALSO REQUIRES EACH

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

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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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. ROBIN HOOD LAST COMMISSIONED A COMPENSATION STUDY IN 2015; THIS STUDY WAS REVIEWED AND ADJUSTED FOR INFLATION IN LATE 2016 AND UTILIZED TO EVALUATE 2017 EXECUTIVE COMPENSATION. THE FOUNDATION COMMISSIONED A SEPARATE COMPENSATION STUDY WHEN THE NEW CHIEF EXECUTIVE OFFICER, WES MOORE, WAS HIRED IN EARLY 2017.

FORM 990, PART VI, SECTION C, LINE 19

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

FORM 990, PART XI, LINE 9

RECONCILIATION OF NET ASSETS

RESCINDED GRANTS: \$1,931,804

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ROBIN HOOD IS NEW YORK CITY'S LARGEST POVERTY-FIGHTING ORGANIZATION. ROBIN HOOD FINDS, FUNDS AND CREATES PROGRAMS THAT GENERATE MEANINGFUL RESULTS FOR NEW YORK CITY'S POOREST RESIDENTS. INCORPORATED IN NEW YORK STATE IN 1988, ROBIN HOOD IS A NOT-FOR-PROFIT PUBLIC CHARITY THAT IS COMMITTED TO LIFTING NEW YORK CITY HOUSEHOLDS OUT OF POVERTY MEASURABLY AND SUSTAINABLY.

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

1. MEETING URGENT NEEDS - WHICH INVOLVES FUNDING ORGANIZATIONS THAT PROVIDE FOOD, SHELTER AND HEALTH CARE TO POOR NEW YORKERS.
2. HELPING PEOPLE GET THEMSELVES AND THEIR FAMILIES OUT OF POVERTY, WHICH IS THE KEY TO ENDING GENERATIONAL POVERTY - IN WHICH ROBIN HOOD FUNDS WORK AROUND EDUCATION, EARLY CHILDHOOD AND YOUTH, JOB TRAINING, IMMIGRANT SERVICES AND OTHER AREAS.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CORE GRANT MAKING: ROBIN HOOD MADE CASH GRANTS TO ORGANIZATIONS

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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ATTACHMENT 2 (CONT'D)

IN FOUR AREAS: EDUCATION; EARLY CHILDHOOD AND YOUTH; JOBS AND ECONOMIC SECURITY; AND, SURVIVAL, WHICH PRIMARILY ADDRESSES HUNGER, HOMELESSNESS AND HEALTH. ROBIN HOOD PROVIDES MORE THAN 200 ORGANIZATIONS WITH PROGRAM GRANTS, GENERAL OPERATING SUPPORT, CAPITAL GRANTS, AND FUNDS TO BUILD CAPACITY AND DEEPEN SERVICES AND MANAGEMENT STRENGTH.

ROBIN HOOD'S GRANTMAKING STAFF EVALUATED ORGANIZATIONS APPLYING FOR FUNDS TO DETERMINE GRANT RECOMMENDATIONS AND DEVELOP INITIATIVES IN RESPONSE TO UNMET NEEDS. THESE ASSESSMENTS INCLUDED VISITS TO EACH ORGANIZATION, INTERVIEWS WITH PROGRAM ADMINISTRATORS, STAFF AND PARTICIPANTS, EVALUATION OF HISTORICAL RESULTS AND FINANCIAL REVIEW.

INITIATIVES FUNDED BY ROBIN HOOD INCLUDED PROGRAMS TO BUILD HIGH-PERFORMING PUBLIC CHARTER SCHOOLS THROUGHOUT NEW YORK CITY; TARGETED OUTREACH AIMED AT HELPING NEWLY DISCHARGED VETERANS (AND THEIR FAMILIES) RECEIVE JOB TRAINING AND JOB PLACEMENT ASSISTANCE, PHYSICAL AND MENTAL HEALTH CARE, EDUCATION, HOUSING ASSISTANCE, AND OTHER NEEDED SERVICES. ROBIN HOOD FUNDING ALSO PROVIDED PUBLIC BENEFITS SCREENING AND COUNSELING, AND HELPED POOR NEW YORKERS CLAIM TAX CREDITS TO WHICH THEY WERE ENTITLED.

ROBIN HOOD HELPS OUR NONPROFIT PARTNERS INNOVATE AGAINST THE UNIQUE CHALLENGES THAT IMMIGRANT NEW YORKERS FACE IN BUILDING

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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ATTACHMENT 2 (CONT'D)

LIVES OUT OF POVERTY. OUR WORK IN THIS AREA HELPS ENSURE THAT IMMIGRANTS ARE ABLE TO ACCESS HIGH-QUALITY HEALTHCARE, JOBS AND LEGAL SERVICES, SO THAT THEY CAN BUILD FOUNDATIONS FOR BETTER LIVES IN THE UNITED STATES. ROBIN HOOD SEED-FUNDED IMMIGRANT JUSTICE CORPS, WHICH, AT ITS LAUNCH, WAS THE LARGEST EXPANSION OF IMMIGRATION LEGAL SERVICES IN NEW YORK CITY'S HISTORY. WE LAUNCHED ICARE AND THE TERRA FIRMA CLINIC, A NEW LEGAL COLLABORATIVE AND A NEW HEALTH CLINIC TO SUPPORT THE INFLUX OF CHILD REFUGEES FROM CENTRAL AMERICA. WE'VE HELPED NEW YORK CITY CREATE ITS FIRST IMMIGRANT-FOCUSED JOB CENTER. AND WE'VE HELPED THE CITY DESIGN AND IMPLEMENT A NEW PROGRAM TO IMPROVE UNINSURED IMMIGRANTS' ACCESS TO HEALTHCARE, ONE OF THE ONLY SUCH MODELS IN THE COUNTRY.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

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

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

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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ATTACHMENT 3 (CONT'D)

HOOD ALSO PROVIDES TRAINING FOR THE STAFF AND BOARD MEMBERS OF ITS GRANTEES. EXAMPLES INCLUDE DEVELOPING A STRATEGIC PLAN TO ENSURE EFFECTIVE RESOURCE ALLOCATION, STREAMLINING A FINANCIAL REPORTING SYSTEM TO MANAGE COSTS OR DESIGNING AN EFFECTIVE WEBSITE TO ENHANCE FUNDRAISING.

IN 2017, WE COMPLETED 103 PROJECTS FOR 70 NONPROFIT PARTNERS. WE GRANTED \$800,454 AND PROVIDED PRO-BONO SERVICES VALUED AT \$4.7 MILLION. WE PLACED 44 PROFESSIONALS ON NONPROFIT GOVERNING AND AUXILIARY BOARDS.

ATTACHMENT 4FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NIMBLIST, LLC 533 JANET AVE LANCASTER, PA 17601	STAFFING SERVICES	878,795.
CONTROL FREAK SYSTEMS, LLC 201 ROCK LITITZ BLVD., STE. 47 LITITZ, PA 17543	VIDEO SERVICES	575,761.

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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ATTACHMENT 5 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
YURGOSKY CONSULTING LIMITED 27-28 THOMSON AVENUE WS #18 LONG ISLAND CITY, NY 11101	IT CONSULTANT	497,513.
CHRISTIE LITES NASHVILLE, LLC 6990 LAKE ELLENOR DR. ORLANDO, FL 32809	PRODUCTION SERVICES	263,898.
VENTUCOM 145 W 28TH STREET, 10TH FL. NEW YORK, NY 10001	IT MONITORING SVCS	159,234.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

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

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

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

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

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

Schedule R (Form 990) 2017

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

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

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

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

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

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

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

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

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

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

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

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

Part VII **Supplemental Information**

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