

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2018

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ROBIN HOOD FOUNDATION			<b>D</b> Employer identification number 13-3441066
	Doing Business As			<b>E</b> Telephone number (212) 227-6601
	Number and street (or P.O. box if mail is not delivered to street address) 826 BROADWAY		Room/suite 9TH FL	<b>G</b> Gross receipts \$ 158,577,843.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10003			
<b>F</b> Name and address of principal officer: WES MOORE, CEO 826 BROADWAY, 9TH FLOOR, NEW YORK, NY 10003			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J</b> Website: ▶ WWW.ROBINHOOD.ORG	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1988 <b>M</b> State of legal domicile: NY	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: 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.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	41.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	41.
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	135.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	570.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	108,746.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	129,301,900.	139,544,245.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,763,026.	5,798,709.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-12,163,504.	-12,340,516.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	120,901,422.	133,002,438.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	115,246,750.	173,290,830.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	18,055,433.	18,365,113.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,577,675.	75,000.	75,000.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,651,533.	7,035,423.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	142,028,716.	198,766,366.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-21,127,294.	-65,763,928.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	410,831,803.	345,370,943.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	76,426,105.	75,578,590.
		334,405,698.	269,792,353.

## 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.

<b>Sign Here</b>	Signature of officer	11/12/2019		
	BETH ZOLKIND CFO	Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	SCOTT THOMPSETT	<i>Scott Thompsett</i>	11/12/2019	PTIN P00741490
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-605558	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. Form **990** (2018)

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

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

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

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

0	1
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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, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2018 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

<b>3a</b> 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.	<b>3a</b> \$	0.
<b>b</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.	<b>3b</b> \$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	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 [X]

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? [X] Yes [ ] No

[X] 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 [X] No

[ ] Yes [X] 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 \$ 183,000,230. including grants of \$ 171,861,698. ) (Revenue \$ 0. )

SEE DESCRIPTION OF CORE GRANTMAKING IN SCHEDULE O.

4b (Code: ) (Expenses \$ 1,069,211. including grants of \$ 1,004,132. ) (Revenue \$ 0. )

SEE DESCRIPTION OF MANAGEMENT AND TECHNICAL ASSISTANCE IN SCHEDULE

O.

4c (Code: ) (Expenses \$ 452,545. including grants of \$ 425,000. ) (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 2018, ROBIN HOOD AWARDED CAPITAL GRANTS TO TWO 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 \$ 0. including grants of \$ 0. ) (Revenue \$ 0. )

4e Total program service expenses 184,521,986.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 (41), 1b (41), 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 2
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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

**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 (THRU 02/2018)	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	1.00 0.	X						0.	0.	0.
(12) GEOFFREY CANADA DIRECTOR	1.00 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) ROLAND FRYER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 19) JOHN GRIFFIN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 20) DOUG HAYNES ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 21) KAYA HENDERSON ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 22) JEFFREY R IMMELT ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 23) PAUL TUDOR JONES II ----- DIRECTOR	1.50 ----- 0.	X						0.	0.	0.
( 24) PETER D KIERNAN III ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 25) JOHN KING ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								4,468,161.	0.	1,004,698.
<b>d Total (add lines 1b and 1c)</b> . . . . .								4,468,161.	0.	1,004,698.

**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 **▶** 54

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

**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 **▶** 9

**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) JOEL MARCUS ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
( 27) WES MOORE ----- CEO/NON-VOTING DIRECTOR	60.00 0.	X		X			839,658.	0.	94,420.	
( 28) DOUG MORRIS ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
( 29) ALEX NAVAB ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
( 30) DANIEL S OCH ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
( 31) JOHN OVERDECK ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
( 32) ROBERT PITTMAN ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
( 33) DAVID PUTH ----- DIRECTOR	1.50 0.	X					0.	0.	0.	
( 34) DAVID SALTZMAN ----- FORMER EXEC. DIR. & BOARD DIR.	1.50 0.	X					0.	0.	0.	
( 35) ALAN D SCHWARTZ ----- DIRECTOR	1.50 0.	X					0.	0.	0.	
( 36) DAVID SOLOMON ----- DIRECTOR	1.50 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 54

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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) BARRY STERNLICHT ----- DIRECTOR	1.50 ----- 0.	X					0.	0.	0.	
( 38) JOHN SYKES ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 39) DAVID TEPPER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 40) MARTA TIENDA ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 41) KENNETH TROPIN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 42) STEVE STOUTE ----- DIRECTOR (AS OF 10/2018)	1.00 ----- 0.	X					0.	0.	0.	
( 43) BEATRICE WELTERS ----- DIRECTOR (AS OF 10/2018)	1.00 ----- 0.	X					0.	0.	0.	
( 44) BETH ZOLKIND ----- CFO & ASSISTANT TREASURER	60.00 ----- 0.			X			367,798.	0.	102,951.	
( 45) JOANNA PRESSMAN ----- GENERAL COUNSEL/ASST SECRETARY	54.00 ----- 0.			X			235,103.	0.	95,863.	
( 46) DEREK FERGUSON ----- CHIEF OPERATING OFFICER	60.00 ----- 0.			X			465,659.	0.	137,438.	
( 47) KRISTINE SUDANO ----- CHIEF DEVELOPMENT OFFICER	60.00 ----- 0.				X		424,792.	0.	124,296.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 ► 54

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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 ) EMARY ARONSON ----- CHIEF PROGRAM OFFICER	60.00 0.				X			373,522.	0.	89,584.
( 49 ) DEBORAH MCCOY ----- MNG. DIRECTOR EARLY CHILDHOOD	60.00 0.					X		265,678.	0.	90,137.
( 50 ) ROSE BROMKA ----- CHIEF OF STAFF	60.00 0.					X		372,849.	0.	94,428.
( 51 ) SUSAN EPSTEIN ----- MD, JOBS AND ECON. SEC.	60.00 0.					X		275,149.	0.	81,947.
( 52 ) AMY HOUSTON ----- MD, MGT ASSIST. (THRU 03/2018)	60.00 0.					X		363,234.	0.	11,318.
( 53 ) SUSAN SACK ----- MD, REAL ESTATE	60.00 0.					X		345,361.	0.	82,316.
( 54 ) LAURENCE JAHNS ----- SVP ADVANCEMENT	0. 0.						X	139,358.	0.	0.
-----										
-----										
-----										
-----										
-----										
-----										
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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 **54**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	57,985,260.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	81,558,985.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		12,322,596.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			139,544,245.				
	<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>					
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> _____								
<b>e</b> _____								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . .				0.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			2,117,464.			2,117,464.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .			0.				
	<b>5</b> Royalties . . . . .			0.				
	<b>6a</b> Gross rents . . . . .	(i) Real	43,350.					
		(ii) Personal						
		<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .		43,350.					
	<b>d</b> Net rental income or (loss) . . . . .			43,350.			43,350.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	15,613,870.					
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		11,932,625.				
		<b>c</b> Gain or (loss) . . . . .		3,681,245.				
	<b>d</b> Net gain or (loss) . . . . .			3,681,245.			3,681,245.	
	<b>8a</b> Gross income from fundraising events (not including \$ 57,985,260. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		1,255,870.				
		<b>b</b> Less: direct expenses . . . . .		13,642,780.				
<b>c</b> Net income or (loss) from fundraising events . . . . .				-12,386,910.			-12,386,910.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>		0.					
	<b>b</b> Less: direct expenses . . . . .		0.					
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		0.					
	<b>b</b> Less: cost of goods sold . . . . .		0.					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0.				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11a</b> MISCELLANEOUS INCOME		900099	3,044.			3,044.		
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			3,044.					
<b>12 Total revenue.</b> See instructions. . . . .			133,002,438.			-6,541,807.		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	173,290,830.	173,290,830.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	3,409,885.	862,100.	1,200,709.	1,347,076.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	11,175,541.	5,843,054.	1,837,818.	3,494,669.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,207,945.	704,108.	105,041.	398,796.
<b>9</b> Other employee benefits . . . . .	1,791,932.	838,588.	374,894.	578,450.
<b>10</b> Payroll taxes . . . . .	779,810.	378,014.	157,397.	244,399.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	90,208.	38,975.	46,983.	4,250.
<b>c</b> Accounting . . . . .	128,844.		128,844.	
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services. See Part IV, line 17.	75,000.			75,000.
<b>f</b> Investment management fees . . . . .	4,644.		4,644.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	1,038,132.	721,303.	235,154.	81,675.
<b>12</b> Advertising and promotion . . . . .	0.			
<b>13</b> Office expenses . . . . .	395,547.	161,961.	122,393.	111,193.
<b>14</b> Information technology . . . . .	639,809.	144,255.	192,093.	303,461.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	2,311,058.	863,362.	783,324.	664,372.
<b>17</b> Travel . . . . .	75,384.	22,080.	28,842.	24,462.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	198,314.	115,229.	39,188.	43,897.
<b>20</b> Interest . . . . .	0.			
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	654,444.	191,687.	250,390.	212,367.
<b>23</b> Insurance . . . . .	205,007.	36,160.	128,786.	40,061.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> INDIRECT EVENT COSTS	377,125.			377,125.
<b>b</b> MARKETING AND COMMUNICATIONS	354,054.			354,054.
<b>c</b> ROBIN HOOD PRIZE EXPENSES	218,645.	218,645.		
<b>d</b> CONTRACTED MANAGEMENT ASST.	91,635.	91,635.		
<b>e</b> All other expenses	252,573.		30,205.	222,368.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	198,766,366.	184,521,986.	5,666,705.	8,577,675.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	0.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments	68,707,687.	<b>2</b>	61,821,746.
	<b>3</b> Pledges and grants receivable, net	110,271,423.	<b>3</b>	96,534,228.
	<b>4</b> Accounts receivable, net	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> 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.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	60,415,540.	<b>7</b>	4,000,000.
	<b>8</b> Inventories for sale or use	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges	605,872.	<b>9</b>	474,037.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 9,303,556.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 7,736,123.	1,935,312.	<b>10c</b> 1,567,433.
	<b>11</b> Investments - publicly traded securities	50,544,965.	<b>11</b>	66,940,854.
	<b>12</b> Investments - other securities. See Part IV, line 11	117,258,778.	<b>12</b>	112,855,182.
	<b>13</b> Investments - program-related. See Part IV, line 11	0.	<b>13</b>	0.
	<b>14</b> Intangible assets	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11	1,092,226.	<b>15</b>	1,177,463.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	410,831,803.	<b>16</b>	345,370,943.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	6,733,900.	<b>17</b>	6,548,866.
	<b>18</b> Grants payable	69,350,730.	<b>18</b>	68,813,256.
	<b>19</b> Deferred revenue	341,475.	<b>19</b>	216,468.
	<b>20</b> Tax-exempt bond liabilities	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> 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.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25	76,426,105.	<b>26</b>	75,578,590.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	166,194,531.	<b>27</b>	125,686,661.
	<b>28</b> Temporarily restricted net assets	168,211,167.	<b>28</b>	144,105,692.
	<b>29</b> Permanently restricted net assets	0.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	334,405,698.	<b>33</b>	269,792,353.	
<b>34</b> Total liabilities and net assets/fund balances	410,831,803.	<b>34</b>	345,370,943.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	133,002,438.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	198,766,366.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-65,763,928.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	334,405,698.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,119,319.
<b>6</b>	Donated services and use of facilities	<b>6</b>	-750,000.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	3,019,902.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	269,792,353.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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>b</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	
<b>c</b>	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	
<b>3a</b>	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>b</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)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

**Part I 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 . . . . .
  - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2018

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	150,751,968.	195,718,658.	170,869,502.	129,301,900.	139,544,245.	786,186,273.
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 <b>Total.</b> Add lines 1 through 3. . . . .	150,751,968.	195,718,658.	170,869,502.	129,301,900.	139,544,245.	786,186,273.
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). . . . .						137,311,534.
6 <b>Public support.</b> Subtract line 5 from line 4						648,874,739.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4. . . . .	150,751,968.	195,718,658.	170,869,502.	129,301,900.	139,544,245.	786,186,273.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	428,179.	1,274,665.	824,504.	892,217.	2,160,814.	5,580,379.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	231,124.	0.	0.	0.	0.	231,124.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	1,704,642.	1,677,469.	8,701,964.	1,341,829.	1,258,914.	14,684,818.
11 <b>Total support.</b> Add lines 7 through 10. . . . .						806,682,594.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). . . . .	14	80.44%
15 Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	15	76.16%
16a <b>33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test - 2018.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2017.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2017.** 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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.

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

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

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

**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 <b>Total annual distributions.</b> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 . . . . .			
b From 2014 . . . . .			
c From 2015 . . . . .			
d From 2016 . . . . .			
e From 2017 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 . . . . .			
b Excess from 2015 . . . . .			
c Excess from 2016 . . . . .			
d Excess from 2017 . . . . .			
e Excess from 2018 . . . . .			

**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.)

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ATTACHMENT 1

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## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
FUNDRAISING EVENTS	1,683,926.	1,551,179.	1,484,265.	1,298,670.	1,255,870.	7,273,910.
INSURANCE SETTLEMENT			7,200,000.			7,200,000.
MISCELLANEOUS	20,716.	126,290.	17,699.	43,159.	3,044.	210,908.
<b>TOTALS</b>	<u>1,704,642.</u>	<u>1,677,469.</u>	<u>8,701,964.</u>	<u>1,341,829.</u>	<u>1,258,914.</u>	<u>14,684,818.</u>



**Schedule of Contributors**

**2018**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization **ROBIN HOOD FOUNDATION**

Employer identification number  
13-3441066

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 18,276,521.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,602,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,020,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,000,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **ROBIN HOOD FOUNDATION**

Employer identification number  
13-3441066

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 4,030,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 3,255,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 3,239,555.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **ROBIN HOOD FOUNDATION**

Employer identification number

13-3441066

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization **ROBIN HOOD FOUNDATION**

Employer identification number  
13-3441066

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (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) 2018

**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.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .			
<b>d</b> Other exempt purpose expenditures . . . . .		198,766,366.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		198,766,366.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2015</b>	<b>(b) 2016</b>	<b>(c) 2017</b>	<b>(d) 2018</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

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: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

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 questions about dues, lobbying expenditures, and carryover.

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 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) expenditures, and carryover.

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 2018;

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

501(H) ELECTION.



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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

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. (Sub-rows: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 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. b 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) 2018

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	112,855,182.	FMV
(B) PARTNERSHIPS/HEDGE FUNDS		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	112,855,182.	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 133,002,438.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 198,766,366.

Part XIII Supplemental Information.

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

SEE PAGE 5

**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)*

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SCHEDULE D RECONCILIATION

FORM 990, PART XII, LINE 4B RESCINDED GRANTS: \$3,019,902

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2018**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

**Part I** **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		93,577,511.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .					93,577,511.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					93,577,511.

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

Schedule F (Form 990) 2018



**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).

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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.

**2018**

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](http://www.irs.gov/Form990) for instructions and 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		773,855.	75,000.	698,855.
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				773,855.	75,000.	698,855.

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, 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BIG BENEFIT (event type)	INV. CONF. (event type)	12. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	53,313,382.	3,925,289.	2,002,459.	59,241,130.
	<b>2</b> Less: Contributions . . . . .	52,596,257.	3,614,889.	1,774,114.	57,985,260.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	717,125.	310,400.	228,345.	1,255,870.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	3,299,225.	311,610.	222,781.	3,833,616.
	<b>7</b> Food and beverages . . . . .	954,553.	217,021.	190,430.	1,362,004.
	<b>8</b> Entertainment . . . . .	192,058.		83,473.	275,531.
	<b>9</b> Other direct expenses . . . . .	6,275,374.	1,229,039.	667,216.	8,171,629.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				13,642,780.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-12,386,910.	

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

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

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

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 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: NGK GLOBAL, LLC ("NGK") 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) NGK 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 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 NGK 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. NGK WORKS WITH ROBIN HOOD TO FOLLOW UP ON OUTSTANDING PLEDGES.



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**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](http://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) 1199 SEIU HOME INDUSTRY 310 WEST 43RD ST. NEW YORK, NY 10036	71-1028611	501C3	250,000.				GENERAL
(2) ACCION NEW YORK 115 EAST 23RD ST. NEW YORK, NY 10010	11-3317234	501C3	150,000.				GENERAL
(3) ACHIEVEMENT FIRST 403 JAMES ST. NEW HAVEN, CT 06513	65-1203744	501C3	2,000,000.				GENERAL
(4) ADAMS STREET FOUNDATION INC 283 ADAMS STR. BROOKLYN, NY 11201	90-0394877	501C3	225,000.				GENERAL
(5) ADVOCATES FOR CHILDREN OF NEW YORK INC 151 WEST 30TH ST. NEW YORK, NY 10001	11-2247307	501C3	500,000.				GENERAL
(6) ALI FORNEY CENTER 224 WEST 35TH ST. NEW YORK, NY 10001	30-0104507	501C3	200,000.				GENERAL
(7) ALL OUR KIN INC. 414A CHAPEL ST. NEW HAVEN, CT 06511	06-1539280	501C3	450,000.				GENERAL
(8) ASIAN AMERICANS FOR EQUALITY 35-34 UNION ST. FLUSHING, NY 11354	13-3187792	501C3	175,000.				GENERAL
(9) ASSOC OF THE BAR OF CITY OF NY 42 WEST 44TH ST. NEW YORK, NY 10036	13-6003018	501C3	100,000.				GENERAL
(10) ASSOCIATION TO BENEFIT CHILDREN 419 EAST 86TH STREET NEW YORK, NY 10028	13-3303089	501C3	550,000.				GENERAL
(11) ASTOR SERVICES FOR CHILDREN AND FAMILIES 6339 MILL ST RHINEBECK, NY 12572	53-0196617	501C3	300,000.				GENERAL
(12) AVENUES FOR JUSTICE INC 100 CENTRE ST. NEW YORK, NY 10013	13-3267496	501C3	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) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**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](http://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) BENEFITS DATA TRUST CENTRE SQ. W PHILADELPHIA, PA 19102	20-3455598	501C3	450,000.				GENERAL
(2) BLOOMINGDALE FAMILY PROGRAM INC 125 WEST 109TH ST. NEW YORK, NY 10025	13-2638566	501C3	385,000.				GENERAL
(3) BLUE ENGINE INC 75 BROAD ST. NEW YORK, NY 10004	27-1182991	501C3	250,000.				GENERAL
(4) BOTTOM LINE INC 44 COURT ST. BROOKLYN, NY 11201	04-3351427	501C3	300,000.				GENERAL
(5) BOWERY RESIDENTS COMMITTEE 131 WEST 25TH ST. NEW YORK, NY 10001	13-2736659	501C3	400,000.				GENERAL
(6) BREAKING GROUND HOUSING DEVELOPMENT FUND 505 8TH AVE NEW YORK, NY 10018	11-3048002	501C3	810,000.				GENERAL
(7) BRIDGE FUND OF NEW YORK INC 271 MADISON AVE NEW YORK, NY 10016	13-3824852	501C3	180,000.				GENERAL
(8) BRIGHTPOINT HEALTH 71 W 23RD. ST NEW YORK, NY 10010	13-4118387	501C3	256,000.				GENERAL
(9) BRONX DEFENDERS 360 EAST 161ST ST BRONX, NY 10451	13-3931074	501C3	100,000.				GENERAL
(10) BRONXCARE HEALTH SYSTEM 1650 SELWYN AVE BRONX, NY 10457	13-3479996	501C3	255,000.				GENERAL
(11) BRONXWORKS 60 E TREMONT AVE BRONX, NY 10453	13-3254484	501C3	500,000.				GENERAL
(12) BROOKDALE HOSPITAL MEDICAL CENTER ONE BROOKDALE PL BROOKLYN, NY 11212	11-1631746	501C3	459,000.				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) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**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](http://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) BROOKLYN KINDERGARTEN SOCIETY 25 CHAPEL ST BROOKLYN, NY 11201	11-1631820	501C3	400,000.				GENERAL
(2) BROOKLYN LEGAL SERVICES 105 COURT ST BROOKLYN, NY 11201	13-2605605	501C3	320,000.				GENERAL
(3) BROOKLYN NAVY YARD DEVELOPMENT CORPORATION 63 FLUSHING AVE BROOKLYN, NY 11205	11-2137138	501C3	150,000.				GENERAL
(4) BUILDING SKILLS NY 570 LEXINGTON AVE NEW YORK, NY 10022	45-5146915	501C3	150,000.				GENERAL
(5) CASES 151 LAWRENCE ST BROOKLYN, NY 11201	13-2668080	501C3	217,500.				GENERAL
(6) CENTER FOR EMPLOYMENT OPPORTUNITIES 50 BROADWAY, STE 1604 NEW YORK, NY 10004	13-3843322	501C3	320,000.				GENERAL
(7) CENTER FOR URBAN COMMUNITY SERVICES INC 198 E 121ST ST NEW YORK, NY 10032	13-3687891	501C3	790,000.				GENERAL
(8) CHARLES B. WANG COMMUNITY HEALTH CENTER INC 268 CANAL ST NEW YORK, NY 10013	13-2739694	501C3	365,000.				GENERAL
(9) CHILD MIND INSTITUTE 445 PARK AVE NEW YORK, NY 10022	80-0478843	501C3	190,000.				GENERAL
(10) CHILDREN'S AID SOCIETY 711 THIRD AVE NEW YORK, NY 10017	13-5562191	501C3	2,480,000.				GENERAL
(11) CHILDREN'S DEFENSE FUND 15 MAIDEN LANE NEW YORK, NY 10038	52-0895622	501C3	140,000.				GENERAL
(12) CHINESE AMERICAN PLANNING COUNCIL INC 150 ELIZABETH ST NEW YORK, NY 10012	13-6202692	501C3	318,000.				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) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**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](http://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) CITY HARVEST INC 6 EAST 32ND STR NEW YORK, NY 10016	13-3170676	501C3	850,000.				GENERAL
(2) COALITION FOR THE HOMELESS INC 129 FULTON ST NEW YORK, NY 10038	13-3072967	501C3	500,000.				GENERAL
(3) CODE NATION 85 BROAD ST NEW YORK, NY 10004	46-0557527	501C3	130,000.				GENERAL
(4) COMMUNITY HEALTH ACTION OF STATEN ISLAND 56 BAY ST ISLAND, NY 10301	13-3556132	501C3	185,000.				GENERAL
(5) COMPREHENSIVE DEVELOPMENT INC 240 SECOND AVE NEW YORK, NY 10003	13-3861648	501C3	300,000.				GENERAL
(6) COOPER UNION FOR THE ADVANCEMENT OF SCIENCE 30 COOPER SQ NEW YORK, NY 10003	13-5562985	501C3	250,000.				GENERAL
(7) COOPERATE INC 140 ST. JAMES PL. #1 BROOKLYN, NY 11238	47-1662773	501C3	150,000.				GENERAL
(8) CORNELL UNIVERSITY 2 W. LOOP RD. NEW YORK, NY 10044	15-0532082	501C3	675,000.				GENERAL
(9) CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY NEW YORK, NY 10006	13-3600232	501C3	25,000.				GENERAL
(10) CRISTO REY NEW YORK HIGH SCHOOL 112 EAST 106TH ST NEW YORK, NY 10029	03-0495750	501C3	105,000.				GENERAL
(11) CYPRESS HILLS LOCAL DEVELOPMENT CORPORATION 625 JAMAICA AVE BROOKLYN, NY 11208	11-2683663	501C3	420,000.				GENERAL
(12) DISCIPLESHIP OUTREACH MINISTRIES INC 5216 FOURTH AVE BROOKLYN, NY 11220	11-2838138	501C3	275,000.				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) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**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](http://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) DREAM CHARTER SCHOOL 333 E 100TH GROUND FL NEW YORK, NY 10029	26-1841386	501C3	300,000.				GENERAL
(2) EAST SIDE HOUSE INC 337 ALEXANDER AVE BRONX, NY 10454	13-1623989	501C3	385,000.				GENERAL
(3) EL EDUCATION 247 W. 35TH ST 8TH FL NEW YORK, NY 10001	06-1576405	501C3	720,000.				GENERAL
(4) ENTERPRISE COMMUNITY PARTNERS 1 WHITEHALL ST, 11TH FL NEW YORK, NY 10004	52-1231931	501C3	194,000.				GENERAL
(5) FAMILY CENTER INC 493 NOSTRAND AVE BROOKLYN, NY 11216	13-3910716	501C3	215,000.				GENERAL
(6) FDNY FOUNDATION 9 METROTECH CENTER BROOKLYN, NY 11201	11-2632404	501C3	125,000.				GENERAL
(7) FOOD BANK FOR NEW YORK CITY FOR SURVIVAL 39 BROADWAY, 10TH FL NEW YORK, NY 10006	13-3179546	501C3	800,000.				GENERAL
(8) FUND FOR PUBLIC HEALTH IN NEW YORK INC 225 BROADWAY, 23RD FL NEW YORK, NY 10007	05-0539199	501C3	725,000.				GENERAL
(9) FUND FOR PUBLIC HOUSING INC 250 BROADWAY 11TH FL NEW YOK, NY 10007	47-4915755	501C3	150,000.				GENERAL
(10) FUND FOR THE CITY OF NEW YORK 121 6TH AVE NEW YORK, NY 10013	13-2612524	501C3	2,112,000.				GENERAL
(11) GATEWAY DEMONSTRATION ASSISTANCE CORP 588 BROADWAY NEW YORK, NY 10012	47-4298646	501C3	182,000.				GENERAL
(12) GODDARD RIVERSIDE COMMUNITY CENTER 593 COLUMBUS AVE NEW YORK, NY 10024	13-1893908	501C3	570,000.				GENERAL

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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**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.

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Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

**Part I General Information on Grants and Assistance**

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- 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) GOOD CALL NYC CO 150 COURT ST BROOKLYN, NY 11201	82-1011857	501C3	50,000.				GENERAL
(2) GOOD SHEPHERD SERVICES 305 SEVENTH AVE NEW YORK, NY 10001	52-0196617	501C3	1,350,000.				GENERAL
(3) GRACE INSTITUTE 1233 SECOND AVENUE NEW YORK, NY 10065	13-1641069	501C3	100,000.				GENERAL
(4) GRAMEEN AMERICA INC 150 W 30TH, 8TH FL NEW YORK, NY 10001	20-8497991	501C3	300,000.				GENERAL
(5) GRAND STREET SETTLEMENT 80 PITT STREET NEW YORK, NY 10002	13-5562230	501C3	305,000.				GENERAL
(6) GREATNONPROFITS 330 TWIN DOLPHIN DR REDWOOD CITY, CA 94065	20-5061881	501C3	50,000.				GENERAL
(7) H.E.L.P. SOCIAL SERVICE CORPORATION 115 E 13TH ST NEW YORK, NY 10003	13-3678724	501C3	555,000.				GENERAL
(8) HARLEM CHILDREN'S ZONE INC 35 EAST 125TH ST NEW YORK, NY 10035	23-7112974	501C3	2,000,000.				GENERAL
(9) HEALTH LEADS INC 24 SCHOOL ST BOSTON, MA 02108	45-0484533	501C3	100,000.				GENERAL
(10) HENRY STREET SETTLEMENT 265 HENRY ST NEW YORK, NY 10002	13-1562242	501C3	400,000.				GENERAL
(11) HETRICK-MARTIN INSTITUTE INC 2 ASTOR PL NEW YORK, NY 10003	13-3104537	501C3	375,000.				GENERAL
(12) HOPE PROGRAM, INC 1 SMITH ST BROOKLYN, NY 11201	13-3268539	501C3	580,000.				GENERAL

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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
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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- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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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) HOT BREAD KITCHEN LTD 1590 PARK AVE NEW YORK, NY 10029	26-3332972	501C3	105,000.				GENERAL
(2) HOUSING RIGHTS INITIATIVE 305 BROADWAY 9TH FL NEW YORK, NY 10007	81-2013546	501C3	180,000.				GENERAL
(3) HOUSING WORKS INC 57 WILLOUGHBY ST BROOKLYN, NY 11201	13-3584089	501C3	275,000.				GENERAL
(4) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 17 E 102ND STREET NEW YORK, NY 10029	19-1624096	501C3	500,000.				GENERAL
(5) IMENTOR 30 BROAD ST, 10TH FL NEW YORK, NY 10004	30-0105507	501C3	425,000.				GENERAL
(6) IMMIGRANT JUSTICE CORPS, INC 17 BATTERY PLACE NEW YORK, NY 10004	46-4879076	501C3	1,611,025.				GENERAL
(7) JERICHO PROJECT 245 WEST 29TH ST NEW YORK, NY 10001	13-3213525	501C3	325,000.				GENERAL
(8) JEWISH CHILD CARE ASSOCIATION OF NEW YORK 858 EAST 29TH ST BROOKLYN, NY 11210	13-1624060	501C3	425,000.				GENERAL
(9) JEWISH COMMUNITY HOUSE OF BENSONHURST INC. 7802 BAY PARKWAY BENSONHURST, NY 11214	11-1633484	501C3	535,027.				GENERAL
(10) JUSTFIX INC 150 COURT STREET 2ND FL BROOKLYN, NY 11201	81-3080695	501C3	120,000.				GENERAL
(11) KENNEDY CHILD STUDY CENTER 2212 THIRD AVE, 2ND FL NEW YORK, NY 10035	13-5671639	501C3	100,000.				GENERAL
(12) KIND INC 1300 L STREET NW WASHINGTON, DC 20005	26-2763038	501C3	320,000.				GENERAL

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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**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.

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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) KIPP NEW YORK 470 SEVENTH AVE, 10TH FL NEW YORK, NY 10018	20-3971209	501C3	2,400,000.				GENERAL
(2) KITAMBA MANAGEMENT INC 300 BROADACRES DR BLOOMFIELD, NJ 07003	94-3378756	501C3	100,000.				GENERAL
(3) LAWYERS FOR CHILDREN INC 110 LAFAYETTE ST NEW YORK, NY 10013	13-3202043	501C3	440,000.				GENERAL
(4) LEAP INC 621 DEGRAW ST BROOKLYN, NY 11217	11-2475743	501C3	1,825,000.				GENERAL
(5) LEGAL SERVICES FOR NEW YORK CITY 40 WORTH ST NEW YORK, NY 10013	13-2600199	501C3	75,000.				GENERAL
(6) LITERACY DESIGN COLLABORATIVE INC 90 BROAD ST NEW YORK, NY 10004	46-3418612	501C3	750,000.				GENERAL
(7) MAKE THE ROAD NEW YORK 301 GROVE ST BROOKLYN, NY 11237	11-3344389	501C3	670,000.				GENERAL
(8) MAYOR'S FUND TO ADVANCE NEW YORK CITY 253 BROADWAY, 6TH FL NEW YORK, NY 10007	11-3783906	501C3	1,635,000.				GENERAL
(9) MDRC 200 VESEY ST NEW YORK, NY 10281	23-7379473	501C3	1,739,000.				GENERAL
(10) MEDGAR EVERS EDUCATIONAL FOUNDATION INC 1650 BEDFORD AVE BROOKLYN, NY 11225	11-2581640	501C3	115,000.				GENERAL
(11) METROPOLITAN NY COORDINATING COUNCIL 77 WATER ST NEW YORK, NY 10271	13-2738818	501C3	175,000.				GENERAL
(12) MONTEFIORE MEDICAL CENTER_EINSTEIN 1225 MORRIS PARK AVENUE BRONX, NY 10461	13-1740114	501C3	50,000.				GENERAL

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Schedule I (Form 990) (2018)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

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Employer identification number

13-3441066

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- 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) MONTEFIORE MEDICAL CENTER_HEALTHYSTEPS 200 CORPORATE BLVD S. YONKERS, NY 10701	13-1740114	501C3	380,000.				GENERAL
(2) MONTEFIORE MEDICAL CENTER_ROSE F KENNEDY 111 EAST 210TH ST BRONX, NY 10467	13-1740114	501C3	475,000.				GENERAL
(3) NATIONAL COLLEGE ADVISING CORPS INC 301 BARBEE CHAPEL RD CHAPEL HILL, NC 27517	46-1192687	501C3	100,000.				GENERAL
(4) NATIONAL DOMESTIC WORKERS ALLIANCE INC 45 BROADWAY NEW YORK, NY 10006	35-2420942	501C3	150,000.				GENERAL
(5) NEIGHBORHOOD TRUST FINANCIAL PARTNERS INC 112 ST. NICHOLAS AVE NEW YORK, NY 10032	13-3849263	501C3	300,000.				GENERAL
(6) NEIGHBORS TOGETHER CORP 2094 FULTON ST BROOKLYN, NY 11233	11-2632109	501C3	100,500.				GENERAL
(7) NEW CLASSROOMS INNOVATION PARTNERS INC 1250 BROADWAY NEW YORK, NY 10001	45-2736163	501C3	300,000.				GENERAL
(8) NEW ECONOMY PROJECT 121 WEST 27TH ST NEW YORK, NY 10001	13-3842270	501C3	205,000.				GENERAL
(9) NEW SETTLEMENT APARTMENTS 1512 TOWNSEND AVE BRONX, NY 10452	14-1719016	501C3	575,000.				GENERAL
(10) NEW VISIONS FOR PUBLIC SCHOOL 205 E 42ND ST, 4TH FL NEW YORK, NY 10017	13-3538961	501C3	225,000.				GENERAL
(11) NEW WORKFORCE DIRECTIONS INC DBA MADISON ST 1250 BROADWAY NEW YORK, NY 10001	27-2323749	501C3	350,000.				GENERAL
(12) NEW YORK CITY CENTER FOR CHARTER SCHOOL EXC 111 BROADWAY NEW YORK, NY 10006	20-0759687	501C3	900,000.				GENERAL

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Schedule I (Form 990) (2018)

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OMB No. 1545-0047

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(1) NYC DISTRICT COUNCIL CARPENTERS APPRENTICES 395 HUDSON ST NEW YORK, NY 10014	13-2583087	501C3	140,000.				GENERAL
(2) NEW YORK CITY DOWN PAYMENT ASSISTANCE FUND 588 BROADWAY NEW YORK, NY 10012	83-2816680	501C3	1,000,000.				GENERAL
(3) NEW YORK COMMON PANTRY 8 EAST 109TH ST NEW YORK, NY 10029	13-3127972	501C3	300,000.				GENERAL
(4) NEW YORK FOUNDLING HOSPITAL 590 AVE OF THE AMERICAS NEW YORK, NY 10011	13-1624123	501C3	1,174,250.				GENERAL
(5) NEW YORK HALL OF SCIENCE 47-01 111TH STREET QUEENS, NY 11368	11-2104059	501C3	500,000.				GENERAL
(6) NEW YORK LEGAL ASSISTANCE GROUP, INC 7 HANOVER SQUARE NEW YORK, NY 10004	13-3505428	501C3	1,205,000.				GENERAL
(7) NEW YORK PRESBYTERIAN FUND INC 850 3RD AVENUE NEW YORK, NY 10022	13-3160356	501C3	450,000.				GENERAL
(8) NYU CHILDREN'S TRAUMA INSTITUTE 1 WASHINGTON SQUARE N. NEW YORK, NY 10016	13-5562308	501C3	565,000.				GENERAL
(9) NYU DEPARTMENT OF POPULATION HEALTH ONE PARK AVENUE NEW YORK, NY 10016	13-5562308	501C3	285,000.				GENERAL
(10) NYU MCSILVER INSTITUTE FOR POVERTY 1 WASHINGTON SQUARE N NEW YORK, NY 10003	13-5562308	501C3	312,500.				GENERAL
(11) NYU SCHOOL OF MEDICINE ONE PARK AVE 11TH FLOOR NEW YORK, NY 10016	13-5562308	501C3	751,000.				GENERAL
(12) NYU STEINHARDT SCHOOL OF CULTURE, 82 WASHINGTON SQUARE E. NEW YORK, NY 10003	13-5562308	501C3	465,000.				GENERAL

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Schedule I (Form 990) (2018)

**SCHEDULE I  
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OMB No. 1545-0047

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(1) NEW YORKERS FOR CHILDREN INC 450 SEVENTH AVE. STE 403 NEW YORK, NY 10123	13-3904537	501C3	112,200.				GENERAL
(2) NONTRADITIONAL EMPLOYMENT FOR WOMEN 243 WEST 20TH ST NEW YORK, NY 10011	13-3272001	501C3	525,000.				GENERAL
(3) NORTHSIDE CENTER FOR CHILD DEVELOPMENT 1301 5TH AVE NEW YORK, NY 10029	13-1656679	501C3	400,000.				GENERAL
(4) NPOWERNY INC 3 METROTECH CENTER BROOKLYN, NY 11201	13-4145441	501C3	135,000.				GENERAL
(5) ONEGOAL 215 W. SUPERIOR ST CHICAGO, IL 60654	56-2369898	501C3	150,000.				GENERAL
(6) OPPORTUNITIES FOR A BETTER TOMORROW INC 882 3RD AVE BROOKLYN, NY 11232	11-2934620	501C3	650,000.				GENERAL
(7) PARAPROFESSIONAL HEALTHCARE INSTITUTE INC 400 EAST FORDHAM RD BRONX, NY 10458	13-3575492	501C3	947,000.				GENERAL
(8) PART OF THE SOLUTION INC 2759 WEBSTER AVE BRONX, NY 10458	13-3425071	501C3	275,000.				GENERAL
(9) PARTNERSHIP WITH CHILDREN INC 299 BROADWAY NEW YORK, NY 10007	13-5596751	501C3	725,000.				GENERAL
(10) PER SCHOLAS INC. 804 EAST 138TH ST BRONX, NY 10454	04-3252955	501C3	565,000.				GENERAL
(11) POWER MY LEARNING 520 8TH AVE NEW YORK, NY 10018	13-3915309	501C3	300,000.				GENERAL
(12) PROJECT HOSPITALITY INC 100 PARK AVE STATEN ISLAND, NY 10302	13-3234441	501C3	300,000.				GENERAL

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

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- 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) PROJECT RENEWAL INC 200 VARICK ST NEW YORK, NY 10014	13-2602882	501C3	300,000.				GENERAL
(2) PUBLIC POLICY LAB 20 JAY STREET #203 BROOKLYN, NY 11201	27-4631171	501C3	189,000.				GENERAL
(3) PURSUIT TRANSFORMATION COMPANY INC. 31-00 47TH AVE LONG ISLAND CITY, NY 11101	61-1652332	501C3	395,000.				GENERAL
(4) QUEENS COMMUNITY HOUSE INC 108-25 62ND DR FOREST HILLS, NY 11375	11-2375583	501C3	350,000.				GENERAL
(5) READING PARTNERS 225 WEST 35TH NEW YORK, NY 10001	77-0568469	501C3	150,000.				GENERAL
(6) RESEARCH FDN OF CITY UNIV_ ACE PROGRAM 205 EAST 42ND ST NEW YORK, NY 10017	13-1988190	501C3	2,100,000.				GENERAL
(7) RESEARCH FDN OF CITY UNIV_FUTURE NOW WEST 181ST STAND UNIV AVE BRONX, NY 10453	13-1988190	501C3	555,000.				GENERAL
(8) RESEARCH FDN OF CITY UNIV_KINGSBOROUG 2001 ORIENTAL BLVD BROOKLYN, NY 11235	13-1988190	501C3	300,000.				GENERAL
(9) RESEARCH FDN OF CITY UNIV_LAGUARDIA 29-10 THOMSON AVE LI CITY, NY 11101	13-1988190	501C3	520,000.				GENERAL
(10) RESEARCH FDN OF CITY UNIV_NYC COLLEGE 25 CHAPEL ST HOWARD BLDG BROOKLYN, NY 11201	13-1988190	501C3	75,000.				GENERAL
(11) RESEARCH FDN OF CITY UNIV_STELLA 50 WEST 40TH ST NEW YORK, NY 10018	13-1988190	501C3	485,000.				GENERAL
(12) RIVER FUND NEW YORK INC 89 LEFFERTS BLVD. RICHMOND HILL, NY 11418	11-3450363	501C3	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) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**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](http://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) SAFE HORIZON INC 2 LAFAYETTE ST NEW YORK, NY 10007	13-2946970	501C3	650,000.				GENERAL
(2) SAFE PASSAGE PROJECT CORPORATION 185 WEST BROADWAY NEW YORK, NY 10013	46-2946211	501C3	570,000.				GENERAL
(3) SAMASOURCE INC 2017 MISSION ST SAN FRANCISCO, CA 94110	26-2547062	501C3	125,000.				GENERAL
(4) SANCTUARY FOR FAMILIES BOX 1406 WALL ST NEW YORK, NY 10268	13-3193119	501C3	377,250.				GENERAL
(5) SCO FAMILY OF SERVICES 1 ALEXANDER PLACE GLEN COVE, NY 11542	11-2777066	501C3	2,415,000.				GENERAL
(6) SELFHELP COMMUNITY SERVICES INC 520 EIGHTH AVE NEW YORK, NY 10018	13-1624178	501C3	225,000.				GENERAL
(7) SERVICES FOR THE UNDERSERVED INC 305 SEVENTH AVE, 10TH FL NEW YORK, NY 10001	91-1918247	501C3	200,000.				GENERAL
(8) SHELTERING ARMS CHILDREN AND FAMILY SERVICE 305 SEVENTH AVENUE NEW YORK, NY 10001	13-3709095	501C3	315,000.				GENERAL
(9) SINGLE STOP USA INC. 123 WILLIAM STR NEW YORK, NY 10038	20-8837690	501C3	15,309,458.				GENERAL
(10) SOCIAL FINANCE INC 10 MILK ST BOSTON, MA 02108	27-4620963	501C3	250,000.				GENERAL
(11) SPONSORS FOR EDUCATIONAL OPPORTUNITY 55 EXCHANGE PL NEW YORK, NY 10005	13-2578670	501C3	120,000.				GENERAL
(12) ST. JOHN'S BREAD AND LIFE PROGRAM INC 795 LEXINGTON AVE BROOKLYN, NY 11221	11-3174514	501C3	275,000.				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) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**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](http://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) ST. NICHOLAS NEIGHBORHOOD PRESERVATION CORP 2 KINGSLAND AVE BROOKLYN, NY 11211	51-0192170	501C3	310,000.				GENERAL
(2) STATEN ISLAND MENTAL HEALTH SOCIETY INC 669 CASTLETON AVE STATEN ISLAND, NY 10301	13-5623279	501C3	350,000.				GENERAL
(3) SUCCESS ACADEMY CHARTER NETWORK INC 95 PINE ST NEW YORK, NY 10005	20-5298861	501C3	2,150,000.				GENERAL
(4) SUNNYSIDE COMMUNITY SERVICES INC 43-31 39TH ST SUNNYSIDE, NY 11104	51-0189327	501C3	208,840.				GENERAL
(5) SUPPORTIVE HOUSING NETWORK OF NEW YORK INC 247 W. 37TH ST NEW YORK, NY 10018	13-3755149	501C3	100,000.				GENERAL
(6) TEACH FOR AMERICA INC 519 8TH AVE NEW YORK, NY 10018	13-3541913	501C3	500,000.				GENERAL
(7) TEACHERS COLLEGE COLUMBIA UNIVERSITY 525 W. 120TH ST NEW YORK, NY 10027	13-1624202	501C3	500,000.				GENERAL
(8) TECH NYC INC 349 5TH AVE NEW YORK, NY 10016	81-1219959	501C3	100,000.				GENERAL
(9) THE CENTER FOR ATTN & LEARNING DISORDERS 210 EAST 64TH ST NEW YORK, NY 10065	13-1624070	501C3	150,000.				GENERAL
(10) THE CHILDREN'S HEALTH FUND 215 WEST 125TH ST NEW YORK, NY 10027	13-3468427	501C3	637,500.				GENERAL
(11) THE DOOR - A CENTER OF ALTERNATIVES INC 121 AVE OF AMERICAS NEW YORK, NY 10013	13-6127348	501C3	1,350,000.				GENERAL
(12) THE EAGLE ACADEMY FOUNDATION 12 WALL ST, 20TH FL NEW YORK, NY 10005	20-1532382	501C3	125,000.				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) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**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) THE FORTUNE SOCIETY 29-76 NORTHERN BLVD LI CITY, NY 11101	13-2645436	501C3	400,000.				GENERAL
(2) THE GO PROJECT 86 FOURTH AVE NEW YORK, NY 10003	27-1411019	501C3	325,000.				GENERAL
(3) THE INSTITUTE FOR FAMILY HEALTH 2006 MADISON AVE NEW YORK, NY 10035	13-3273402	501C3	1,150,000.				GENERAL
(4) THE LEGAL AID SOCIETY 199 WATER ST. NEW YORK, NY 10038	13-5562265	501C3	1,300,000.				GENERAL
(5) THE MELTING POT FOUNDATION USA INC 7 TIMES SQUARE, 40TH FL NEW YORK, NY 10036	47-3901620	501C3	100,000.				GENERAL
(6) THE NEW YORK AND PRESBYTERIAN HOSPITAL 654 WEST 170TH ST NEW YORK, NY 10032	13-3957095	501C3	525,000.				GENERAL
(7) THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND 476 FIFTH AVE NEW YORK, NY 10018	13-1887440	501C3	5,000,000.				GENERAL
(8) THE PARTNERSHIP FOR INNER CITY EDUCATION 1011 FIRST AVE NEW YORK, NY 10022	13-3976873	501C3	150,000.				GENERAL
(9) THE STELLA AND CHARLES GUTTMAN COMMUNITY CO 50 WEST 40TH ST. NEW YORK, NY 10018	13-1988190	501C3	50,000.				GENERAL
(10) THE YOUNG CENTER FOR IMMIGRANT CHILDRENS RI 6020 S. UNIVERSITY AVE. CHICAGO, IL 60637	26-1839249	501C3	100,000.				GENERAL
(11) TNTP INC 500 7TH AVE NEW YORK, NY 10018	13-3850158	501C3	985,000.				GENERAL
(12) TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY 1255 AMSTERDAM AVE NEW YORK, NY 10027	13-5598093	501C3	2,085,240.				GENERAL

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**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) UKA FACILITIES FOUNDATION INC C/O RH FDN 826 BROADWAY NEW YORK, NY 10003	26-3952842	501C3	56,415,540.				GENERAL
(2) UNCOMMON SCHOOLS INC C/O RH FDN 826 BROADWAY NEW YORK, NY 10003	31-1488698	501C3	2,000,000.				GENERAL
(3) UNION SETTLEMENT ASSOCIATION 237 EAST 104TH ST. NEW YORK, NY 10029	13-1632530	501C3	250,000.				GENERAL
(4) UNITED STATES CONFERENCE OF CATHOLIC BISHOP 1011 FIRST AVE NEW YORK, NY 10022	53-0196617	501C3	670,000.				GENERAL
(5) UNITED STATES CONFERENCE OF CATHOLIC BISHOP 333 E 115TH ST. NEW YORK, NY 10029	13-2867881	501C3	300,000.				GENERAL
(6) UNIVERSITY OF OREGON 5219 UNIV OF OREGON EUGENE, OR 97403	46-4727800	501C3	660,000.				GENERAL
(7) UNIVERSITY OF OREGON FOUNDATION 1720 EAST 13TH AVE EUGENE, OR 97403	93-6015767	501C3	275,000.				GENERAL
(8) UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK 184 ELDRIDGE ST. NEW YORK, NY 10002	13-5562374	501C3	400,000.				GENERAL
(9) UPSOLVE INC 150 COURT ST. BROOKLYN, NY 11201	82-1736267	501C3	95,000.				GENERAL
(10) UPWARDLY GLOBAL 505 8TH AVE NEW YORK, NY 10018	94-3346127	501C3	200,000.				GENERAL
(11) URBAN JUSTICE CENTER 40 RECTOR ST. NEW YORK, NY 10006	13-3442022	501C3	50,000.				GENERAL
(12) URBAN PATHWAYS 575 EIGHTH AVE NEW YORK, NY 10018	13-2933675	501C3	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) (2018)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**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) VETERANS COORDINATED APPROACH TO RECOVERY 10 MILK ST. BOSTON, MA 02108	61-1885310	501C3	250,000.				GENERAL
(2) VISITING NURSE SERVICE OF NEW YORK 107 EAST 70TH ST. NEW YORK, NY 10021	22-2500031	501C3	1,000,000.				GENERAL
(3) WEST SIDE CAMPAIGN AGAINST HUNGER 263 WEST 86TH ST. NEW YORK, NY 10024	71-0908184	501C3	292,000.				GENERAL
(4) WILLIAM F RYAN COMMUNITY HEALTH CENTER INC 110 W 97TH ST. NEW YORK, NY 10025	13-2884976	501C3	475,000.				GENERAL
(5) WOMEN IN NEED INC 115 WEST 31ST ST, NEW YORK, NY 10001	13-3164477	501C3	600,000.				GENERAL
(6) YALE UNIVERSITY 25 SCIENCE PARK NEW HAVEN, CT 06511	06-0646973	501C3	570,000.				GENERAL
(7) YEAR UP 85 BROAD STREET NEW YORK, NY 10004	04-3534407	501C3	265,000.				GENERAL
(8) YOUNG WOMENS LEADERSHIP FOUNDATION 322 8TH AVENUE NEW YORK, NY 10001	06-1517218	501C3	575,000.				GENERAL
(9) ZEARN INC 261 W. 35TH ST NEW YORK, NY 10001	37-1665745	501C3	200,000.				GENERAL
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 201.

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) (2018)

**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.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**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
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

**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 CEO/NON-VOTING DIRECTOR	(i) 790,858.	(ii) 0.	(iii) 48,800.	54,000.	40,420.	934,078.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	LAURENCE JAHNS SVP ADVANCEMENT	(i) 0.	(ii) 0.	(iii) 139,358.	0.	0.	139,358.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	KRISTINE SUDANO CHIEF DEVELOPMENT OFFICER	(i) 372,044.	(ii) 51,668.	(iii) 1,080.	88,879.	35,417.	549,088.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	BETH ZOLKIND CFO & ASSISTANT TREASURER	(i) 312,849.	(ii) 53,869.	(iii) 1,080.	78,324.	24,627.	470,749.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	DEBORAH MCCOY MNG. DIRECTOR EARLY CHILDHOOD	(i) 246,278.	(ii) 18,500.	(iii) 900.	54,720.	35,417.	355,815.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	ROSE BROMKA CHIEF OF STAFF	(i) 311,769.	(ii) 60,000.	(iii) 1,080.	64,898.	29,530.	467,277.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7	SUSAN EPSTEIN MD, JOBS AND ECON. SEC.	(i) 255,714.	(ii) 18,500.	(iii) 935.	53,876.	28,071.	357,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	AMY HOUSTON MD, MGT ASSIST. (THRU 03/2018)	(i) 57,223.	(ii) 16,425.	(iii) 289,586.	2,500.	8,818.	374,552.	27,595.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	SUSAN SACK MD, REAL ESTATE	(i) 325,781.	(ii) 18,500.	(iii) 1,080.	68,043.	14,273.	427,677.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10	JOANNA PRESSMAN GENERAL COUNSEL/ASST SECRETARY	(i) 211,765.	(ii) 22,526.	(iii) 812.	55,443.	40,420.	330,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11	DEREK FERGUSON CHIEF OPERATING OFFICER	(i) 454,579.	(ii) 0.	(iii) 11,080.	97,000.	40,438.	603,097.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12	EMARY ARONSON CHIEF PROGRAM OFFICER	(i) 346,501.	(ii) 24,857.	(iii) 2,164.	75,311.	14,273.	463,106.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13		(i)						
	(ii)							
14		(i)						
	(ii)							
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

AMY HOUSTON RECEIVED A \$249,252 SEVERANCE PAYMENT UPON CEASING TO SERVE AS THE ORGANIZATION'S MD, MANAGEMENT ASSISTANCE IN MARCH OF 2018. FORMER SENIOR VICE PRESIDENT OF ADVANCEMENT, LAURENCE JAHNS, RECEIVED A \$138,000 SEVERANCE PAYMENT IN CALENDAR YEAR 2018.

## 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 2018, THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWED AND APPROVED BONUS AWARDS, FOR STAFF OFFICERS AND KEY EMPLOYEES, WHICH WERE JUDGED REASONABLE.

## SCHEDULE J, PART II, COLUMN (F)

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, MS. HOUSTON RECEIVED A PAYOUT FROM HER 457(B) PLAN.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>ROBIN HOOD FOUNDATION</b>	Employer identification number <b>13-3441066</b>
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**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	59.	12,090,691.	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> ) . . . . .			231,905.	
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? . . . . .	<b>30a</b>		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? . . . . .	<b>31</b>	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	<b>32a</b>	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) 2018

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**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		231,905.	FAIR MARKET VALUE
TOTALS			<u>231,905.</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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

13-3441066

FORM 990, PART III, LINE 2

IN 2018, THE ROBIN HOOD FOUNDATION COMMENCED THE FOLLOWING MAJOR  
PROGRAMMATIC INITIATIVES:

1. MOBILITY LEARNING AND ACTION BETS (LABS):

IN 2018, ROBIN HOOD COMMENCED THIS FOUR-YEAR, \$25M INITIATIVE WITH THE  
OBJECTIVE OF LEARNING ABOUT WHAT IT TAKES TO INCREASE MOBILITY FROM  
POVERTY, AND IDENTIFY EFFECTIVE MEASURES OF SHORT-TERM PREDICTORS OF  
MOBILITY. THE WORK WILL TAKE PLACE IN NEW YORK AND FOUR OTHER GEOGRAPHIES  
- BALTIMORE, CHICAGO, NORTH EAST PENNSYLVANIA AND THE BAY AREA OF  
CALIFORNIA. RESTRICTED FUNDING WAS RECEIVED FOR THE WORK IN EACH OF THE  
AREAS OUTSIDE NYC. THE BOARD COMMITTED \$5M FROM ROBIN HOOD RESERVES FOR  
THIS PROJECT, WHICH IS INCLUDED IN BOARD-DESIGNATED NET ASSETS.

2. NEW STORIES:

THIS \$5M INITIATIVE WILL CREATE MORE THAN 150 DEEPLY AFFORDABLE  
APARTMENTS BY REPLACING AN AGING AND OUTDATED PUBLIC LIBRARY IN THE  
INWOOD NEIGHBORHOOD IN UPPER MANHATTAN WITH A NEW BUILDING CONTAINING A  
NEW STATE-OF-THE-ART PUBLIC LIBRARY AND AFFORDABLE HOUSING.

3. FUND FOR EARLY LEARNING (FUEL):

CREATED IN 2016, FUEL IS A \$50 MILLION, FIVE-YEAR FUND THAT LEVERAGES THE  
SCIENCE OF EARLY BRAIN DEVELOPMENT TO IMPROVE THE FUTURE TRAJECTORIES OF  
LOW-INCOME CHILDREN 0-3.

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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4. LEARNING & TECHNOLOGY:

THIS FIVE-YEAR, \$25 MILLION FUND IN COLLABORATION BETWEEN OVERDECK FAMILY FOUNDATION AND SIEGEL FAMILY ENDOWMENT IS IN ITS FIRST YEAR OF BUILDING INNOVATIVE WHOLE-SCHOOL MODELS TO LEVERAGE TECHNOLOGY TO ADVANCE LEARNING FOR LOW-INCOME STUDENTS.

5. IMMIGRANT OPPORTUNITY FUND:

THIS \$25 MILLION FUND WAS RAISED TO SUPPORT IMMIGRANT AND LATINO NEW YORKERS AND WILL BE ALLOCATED OVER TEN YEARS.

PART III, LINE 4A: CORE GRANTMAKING

ROBIN HOOD MADE CASH GRANTS TO ORGANIZATIONS IN THE FOLLOWING AREAS: EARLY CHILDHOOD; EDUCATION; YOUTH; JOB TRAINING; INCOME SECURITY; AND, SURVIVAL, WHICH PRIMARILY ADDRESSES HEALTH, HUNGER, HOUSING AND IMMIGRATION. ROBIN HOOD PROVIDES MORE THAN 250 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 PROGRAMS APPLYING FOR FUNDS TO DETERMINE GRANT RECOMMENDATIONS AND DEVELOP INITIATIVES IN RESPONSE TO UNMET NEEDS. THESE ASSESSMENTS INCLUDED VISITS TO THE ORGANIZATION, INTERVIEWS WITH PROGRAM ADMINISTRATORS, STAFF AND PARTICIPANTS, EVALUATION OF HISTORICAL RESULTS AND FINANCIAL REVIEW.

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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ROBIN HOOD'S GRANTMAKING IN 2018 FOCUSED ON IMPROVING MATH AND LITERACY AMONG K-12 STUDENTS, IMPROVING COLLEGE RETENTION RATES, PROVIDING EMERGENCY MEALS TO FAMILIES THAT WERE FOOD INSECURE, EQUIPPING NEW YORKERS WITH JOB TRAINING THAT IMPROVED THEIR ECONOMIC PROSPECTS, FUNDING HEALTH INITIATIVES THAT SUPPORTED LOW-INCOME COMMUNITIES ADDRESSING ISSUES LIKE DIABETES, CREATING STABLE HOUSING UNITS FOR FAMILIES FACING HOMELESSNESS, ENROLLING NEW YORKERS IN FOOD AND OTHER BENEFITS, AND MORE.

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

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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IN 2018, WE COMPLETED 104 PROJECTS FOR 61 NONPROFIT COMMUNITY PARTNERS. WE GRANTED \$1,004,132 FOR MANAGEMENT ASSISTANCE AND PROVIDED PRO-BONO SERVICES VALUED AT \$3,296,193 MILLION. WE PLACED 20 PROFESSIONALS ON NONPROFIT GOVERNING AND AUXILIARY BOARDS.

FORM 990, PART VI, SECTION A, LINE 2

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

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

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

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

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

BOARD OF DIRECTORS MEMBERS JOHN OVERDECK AND DAVID SALTZMAN HAVE A BUSINESS RELATIONSHIP. BOARD OF DIRECTORS MEMBERS JOHN OVERDECK AND DAVID SALTZMAN HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11

ROBIN HOOD'S BOARD OF DIRECTORS HAS DELEGATED TO THE AUDIT, FINANCE AND

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

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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THE BOARD'S OR COMMITTEE'S DISCUSSION BUT MUST LEAVE THE ROOM FOR THE FINAL DELIBERATION AND VOTE.

FORM 990, PART VI, SECTION B, LINE 15

ROBIN HOOD'S EXECUTIVE COMMITTEE HAS THE AUTHORITY TO MAKE DECISIONS RELATING TO THE COMPENSATION OF ITS TOP MANAGEMENT OFFICIAL AND KEY EMPLOYEES. (NOTE: ROBIN HOOD DOES NOT COMPENSATE ITS DIRECTORS OR NON-STAFF OFFICERS.) THE COMMITTEE IS ASSISTED IN THIS PROCESS BY AN OUTSIDE COMPENSATION CONSULTANT, LEGAL COUNSEL AND ROBIN HOOD'S AUDIT, FINANCE AND COMPLIANCE COMMITTEE.

COMPENSATION DECISIONS ARE MADE WITH REFERENCE TO CURRENT COMPARABILITY DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE ROLES AT SIMILARLY SITUATED ORGANIZATIONS PRESENTED BY THE OUTSIDE COMPENSATION CONSULTANT. ROBIN HOOD COMPLIES WITH THE "REBUTTABLE PRESUMPTION" PROCEDURES FOR DETERMINING THAT COMPENSATION IS REASONABLE UNDER INTERNAL REVENUE CODE SECTION 4958. DELIBERATIONS AND DECISIONS REGARDING COMPENSATION ARRANGEMENTS ARE CONTEMPORANEOUSLY DOCUMENTED IN MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19

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

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

FORM 990, PART XI, LINE 9

RECONCILIATION OF NET ASSETS

RESCINDED GRANTS: \$3,019,902

ATTACHMENT 1

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

ROBIN HOOD IS NEW YORK'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 250 OF NEW YORK CITY'S MOST EFFECTIVE NON-PROFIT ORGANIZATIONS FIGHTING POVERTY. 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.

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

2. HELPING HOUSEHOLDS MOVE OUT OF POVERTY MEASURABLY AND SUSTAINABLY, WHICH IS THE KEY TO ENDING INTERGENERATIONAL POVERTY - ROBIN HOOD PROVIDES SUPPORT IN EDUCATION, EARLY CHILDHOOD AND YOUTH, JOB TRAINING, IMMIGRANT SERVICES AND OTHER AREAS.

ATTACHMENT 2FORM 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 3990, 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	PRODUCTION SERVICES	1,102,372.
DAVID STARK PRODUCTION & DESIGN, INC. 219 36TH STREET, #3A BROOKLYN, NY 17543	PRODUCTION SERVICES	816,000.
ATOMIC DESIGN, INC. 10 WYNFIELD DRIVE LITITZ, PA 17543	PRODUCTION SERVICES	653,960.
HUDSON YARD CATERING 640 W. 28TH STREET NEW YORK, NY 10001	CATERING	687,574.
4 WALL ENTERTAINMENT, INC. 1 CAROL PLACE MOONACHIE, NJ 07074	PRODUCTION SERVICES	677,848.



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**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](http://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) 2018

**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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

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

	(a) 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)													

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**Part VII** **Supplemental Information**

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

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