efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Firm's address \blacktriangleright 757 THIRD AVE 3RD FLOOR

May the IRS discuss this return with the preparer shown above? (see $\ensuremath{\text{I}}$ For Paperwork Reduction Act Notice, see the separate instructions.

NEW YORK, NY 100172013

Use Only

Department of the

Internal Revenue Service

Treasury

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/foim990

DLN: 93493316031356 OMB No 1545-0047

> Open to Public Inspection

	rtne	2013 Ca	endar year, or tax year beginning (01-01-2015 , and ending 12-31-201	•			
B Che	ck ıf aı	pplicable	C Name of organization ROBIN HOOD FOUNDATION			D Emplo	yer ide	entification number
Ad	dress c	change				13-34	4106	6
_	me cha	-	% BETH ZOLKIND Doing business as					
Ini	tıal reti	urn				E Talamba		
return/		ated		is not delivered to street address) Room/suit	te	E Telepho	ne nun	nder
Am	ended	return	826 broadway Suite 9th fl			(212)	227-	6601
App	lication	n pending	City or town, state or province, country new york, NY 10003	, and ZIP or foreign postal code		G Gross r	eceipts	\$ 201,069,367
			F Name and address of principal	officer	H(a) Is th	ls a droun	retur	n for
			Reynold Levy president			rdinates?	returi	⊤ Yes 🗸
			826 broadway 9th floor new york, NY 10003		No			
I Tax	-exem	npt status	√ 501(c)(3)	ert no.)	H(b) Are a		nates	□Yes □ No
7 100				1 4547 (d)(1) 61 527			a list	(see instructions)
	ebsite	e: F www	v robinhood org		H(c) Grou	ıp exempt	ıon nu	mber ▶
K Form	of org	ganızatıon	✓ Corporation	n	L Year of fo	rmation 19	88 M	State of legal domicile N
Par	rt I	Sum	mary					
1.61			cribe the organization's mission or	most significant activities				
	ro	bin hood	supports the most effective pover	ty-fighting programs in NYC RH's bo	ard pays all	overhead	costs	, so 100% of non-
e e	bc	oard don	ations go to helping New Yorkers in	n need				
JUE	_							
Ĕ								
0 / 6	2 (Check th	s box ▶ ┌─ if the organization disc	ontinued its operations or disposed o	f more than 2	25% of its	net a	ssets
Activities & Governance							l <u>-</u>	l
₹				body (Part VI, line 1a)			3	37
Ă,				he governing body (Part VI, line 1b)			4	36
cti			, ,	endar year 2015 (Part V, line 2a) .			5	136
٩			,	essary)			6	480
				VIII, column (C), line 12 Form 990-T, line 34			7a 7b	,
	U IV	et um eta	ted business taxable medile from	101111 3 30 1 , IIIIC 3 4		r Year	76	Current Year
	8	Contri	outions and grants (Part VIII, line	1 h)		150,751,9	268	195,718,658
g:	9		m service revenue (Part VIII, line	,		130,,31,	0	1337, 107036
Ę.	-	1.109.0	in service revenue (i are vill) inie	29)			- +	2,658,837
	10	Invest	ment income (Part VIII, column (A	A). lines 3.4. and 7d)		2.201.9	989I	2.030.037
Ravenue	10 11		·	A), lines 3, 4, and 7d)		2,201,9		, ,
Rạv	11	Other	revenue (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and 11e)		-10,533,6	586	-13,417,025
Rav		Other	revenue (Part VIII, column (A), lin				586	, ,
R _è v	11	Other Total r 12)	revenue (Part VIII, column (A), lin evenue—add lines 8 through 11 (n	es 5, 6d, 8c, 9c, 10c, and 11e)	:	-10,533,6	271	-13,417,025
Rev	11 12	Other Total r 12) Grants Benefi	revenue (Part VIII, column (A), linevenue—add lines 8 through 11 (neand similar amounts paid (Part IX, spaid to or for members (Part IX,	nes 5, 6d, 8c, 9c, 10c, and 11e) nust equal Part VIII, column (A), line 1, column (A), lines 1-3) column (A), line 4)	:	-10,533,6 142,420,2	271	-13,417,025 184,960,470
	11 12 13	Other Total r 12) Grants Benefi Salarie	revenue (Part VIII, column (A), linevenue—add lines 8 through 11 (neand similar amounts paid (Part IX, spaid to or for members (Part IX,	les 5, 6d, 8c, 9c, 10c, and 11e) nust equal Part VIII, column (A), line , column (A), lines 1–3)	:	-10,533,6 142,420,2	586 271 379 0	-13,417,025 184,960,470
	11 12 13 14 15	Other Total r 12) Grants Benefi Salarie 5-10)	revenue (Part VIII, column (A), linevenue—add lines 8 through 11 (note and similar amounts paid (Part IX, as paid to or for members (Part IX, as, other compensation, employee	nes 5, 6d, 8c, 9c, 10c, and 11e) nust equal Part VIII, column (A), line (, column (A), lines 1–3) column (A), line 4) benefits (Part IX, column (A), lines		-10,533,6 142,420,2 132,440,8 15,873,2	586 271 379 0	-13,417,025 184,960,470 132,381,627 0
	11 12 13 14 15	Other Total r 12) Grants Benefi Salarie 5-10) Profes	revenue (Part VIII, column (A), linevenue—add lines 8 through 11 (n and similar amounts paid (Part IX, is paid to or for members (Part IX, is, other compensation, employee	nust equal Part VIII, column (A), lines, column (A), lines, column (A), lines 1-3) column (A), line 4) benefits (Part IX, column (A), lines		-10,533,6 142,420,2 132,440,8	586 271 379 0	-13,417,025 184,960,470 132,381,627
Expenses Rev	11 12 13 14 15 16a b	Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu	revenue (Part VIII, column (A), linevenue—add lines 8 through 11 (n) and similar amounts paid (Part IX, cs, other compensation, employee sional fundraising fees (Part IX, condraising expenses (Part IX, column (D), lindraising expenses (Part	nust equal Part VIII, column (A), lines, column (A), lines 1–3) column (A), lines 1–3) benefits (Part IX, column (A), lines column (A), line 11e) nue 25) ▶9,018,760		-10,533,6 142,420,2 132,440,8 15,873,2	0 379 0 383	-13,417,025 184,960,470 132,381,627 (16,161,356
	11 12 13 14 15	Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other	revenue (Part VIII, column (A), linevenue—add lines 8 through 11 (n) and similar amounts paid (Part IX as paid to or for members (Part IX, as, other compensation, employee sional fundraising fees (Part IX, column (D), linexpenses (Part IX, column (A), linexpenses (A), linexpens	nust equal Part VIII, column (A), lines, column (A), lines, column (A), lines 1-3) column (A), line 4) benefits (Part IX, column (A), lines		-10,533,6 142,420,2 132,440,8 15,873,2	586 271 379 0 383 000	-13,417,025 184,960,470 132,381,627 0
	11 12 13 14 15 16a b	Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other	revenue (Part VIII, column (A), linevenue—add lines 8 through 11 (n) and similar amounts paid (Part IX, es, other compensation, employee sional fundraising fees (Part IX, column (D), linexpenses (Part IX, column (A), linexpenses Add lines 13–17 (must	nust equal Part VIII, column (A), lines (, column (A), lines 1-3) column (A), line 4) benefits (Part IX, column (A), lines column (A), line 11e) ne 25) ▶9,018,760 es 11a-11d, 11f-24e)		-10,533,6 142,420,2 132,440,8 15,873,2 130,6	586 271 379 0 383 000 598 360	-13,417,025 184,960,470 132,381,627 0 16,161,356 140,000
Expenses	11 12 13 14 15 16a b 17 18	Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other	revenue (Part VIII, column (A), linevenue—add lines 8 through 11 (n) and similar amounts paid (Part IX, es, other compensation, employee sional fundraising fees (Part IX, column (D), linexpenses (Part IX, column (A), linexpenses Add lines 13–17 (must	nust equal Part VIII, column (A), lines, column (A), lines 1-3)		15,873, 130,0 10,105,9 158,549,8	0 379 0 383 000 598 360 589	-13,417,025 184,960,470 132,381,627 0 16,161,356 140,000 8,535,481 157,218,464 27,742,006
Expenses	11 12 13 14 15 16a b 17 18 19	Other Total r 12) Grants Benefi Salaris 5-10) Profes Total fu Other Total s	revenue (Part VIII, column (A), linevenue—add lines 8 through 11 (note and similar amounts paid (Part IX, as paid to or for members (Part IX, as, other compensation, employee sional fundraising fees (Part IX, condraising expenses (Part IX, column (D), linexpenses (Part IX, column (A), linexpenses Add lines 13–17 (must use less expenses Subtract line 18	nust equal Part VIII, column (A), lines 7, column (A), lines 1-3) column (A), line 4) benefits (Part IX, column (A), lines plumn (A), line 11e) ne 25) ▶9,018,760 es 11a-11d, 11f-24e) equal Part IX, column (A), line 25) from line 12	Beginning of	15,873,3 130,440,8 15,873,3 130,6 10,105,5 158,549,8 -16,129,5	586 271 379 0 383 000 598 360 589 Year	-13,417,025 184,960,470 132,381,627 16,161,356 140,000 8,535,481 157,218,464 27,742,006 End of Year
Expenses	11 12 13 14 15 16a b 17 18 19	Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	revenue (Part VIII, column (A), linevenue—add lines 8 through 11 (n) and similar amounts paid (Part IX is paid to or for members (Part IX, is, other compensation, employee sional fundraising fees (Part IX, column (D), linexpenses (Part IX, column (A), linexpenses Add lines 13–17 (must use less expenses Subtract line 18 issets (Part X, line 16)	nust equal Part VIII, column (A), lines , column (A), lines 1–3) column (A), line 4) benefits (Part IX, column (A), lines plumn (A), line 11e) ne 25) ▶9,018,760 es 11a-11d, 11f-24e) equal Part IX, column (A), line 25) from line 12	Beginning of	15,873,3 130,0 10,105,5 158,549,6 -16,129,5 f Current \(446,826,	586 271 379 0 383 000 598 360 589 Year	-13,417,025 184,960,470 132,381,627 0 16,161,356 140,000 8,535,481 157,218,464 27,742,006 End of Year 462,935,695
	11 12 13 14 15 16a b 17 18 19	Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	revenue (Part VIII, column (A), linevenue—add lines 8 through 11 (note and similar amounts paid (Part IX, as paid to or for members (Part IX, as, other compensation, employee sional fundraising fees (Part IX, condraising expenses (Part IX, column (D), linexpenses (Part IX, column (A), linexpenses Add lines 13–17 (must use less expenses Subtract line 18	nust equal Part VIII, column (A), lines , column (A), lines 1-3) column (A), line 4) benefits (Part IX, column (A), lines clumn (A), line 11e) ne 25) ▶9,018,760 es 11a-11d, 11f-24e) equal Part IX, column (A), line 25) from line 12	Beginning o	15,873,3 130,440,8 15,873,3 130,6 10,105,5 158,549,8 -16,129,5	586 271 379 0 383 000 598 360 589 Year 179 965	-13,417,025 184,960,470 132,381,627 16,161,356 140,000 8,535,481 157,218,464 27,742,006 End of Year

140,147,510 including grants of \$

including grants of \$

including grants of \$

grant making following hurricane sandy in october 2012, robin hood reactivated the robin hood relief fund in order to make financial grants to organizations throughout the tri-state area that were helping victims recover from the storm. Since 2012, the relief fund has raised \$76 million. Of the funds, 44% has been granted to organizations helping individuals and families in new Jersey, 38% to new york city, 16% to long island/ny state, and 2% to connecticut the majority of

these grants (66%) went to housing-related programs, such as home repairs and renovations, mold remediation, rental assistance and moving fees

1.447.285

1,359,559

761,353 including grants of \$

143,715,707

SCHOOLS, JOB-TRAINING PROGRAMS AND OTHER VITAL SERVICES THAT GIVE NEW YORK'S NEEDIEST CITIZENS THE TOOLS THEY NEED TO BUILD BETTER LIVES ROBIN HOOD'S BOARD OF DIRECTORS PAYS ALL ADMINISTRATIVE, FUNDRAISING AND

EVALUATION COSTS, SO 100% OF YOUR DONATION GOES DIRECTLY TO ORGANIZATIONS HELPING NEW YORKERS IN NEED

Did the organization undertake any significant program services during the year which were not listed on

Did the organization cease conducting, or make significant changes in how it conducts, any program

Tes √No

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

128,853,811) (Revenue \$

1,330,656) (Revenue \$

1,250,000) (Revenue \$

700,000) (Revenue \$

core grant making robin hood made cash grants to organizations in four areas education, early childhood and youth, jobs and economic secunty, and, survival, which primarily addresses hunger, homelessness and health robin hood provides more than 200 organizations with program grants, general operating support, capital grants, and funds to build capacity and deepen services and management strength, robin hood's grantmaking staff evaluated 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 initiatives funded by robin hood included programs to build high-

performing public charter schools throughout New York city, targeted outreach aimed at helping newly discharged veterans (and their families) receive job training and job placement assistance, physical and mental health care, education, housing assistance, and other needed services. Robin Hood funding also provided public benefits screening and counseling, and helped poor New Yorkers claim tax credits to which they were entitled Robin Hood's American Dream Fund helps Robin Hood and our nonprofit partners innovate against the unique challenges that immigrant new yorkers face in building lives out of poverty. Our work in this area helps ensure that immigrants are able to access high-quality healthcare, jobs and legal services, so that they can build foundations for better lives in the united states robin hood seed-funded immigrant justice corps, which, at its launch, was the largest expansion of immigration legal services in new york city's history. We

launched icare and the terra firma clinic, a new legal collaborative and a new health clinic to support the influx of child refugees from central america, we've helped new york city create its first immigrant-focused job center and we've helped the city design and implement a new program to improve uninsured immigrants'

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 grantees. Examples include developing a strategic plan to ensure effective resource allocation, streamlining a financial reporting system to manage costs or designing an effective website to enhance fundraising. In 2015, we

completed 103 projects for 70 nonprofit partners. We granted \$1.9 million and provided pro-bono services valued at \$4 million. We placed 48 professionals on

CAPITAL GRANTS ROBIN HOOD MADE CAPITAL GRANTS TO 5 ORGANIZATIONS TO FACILITATE PROGRAM EXPANSION AND ENHANCEMENT THROUGH the leasing of

0)

new or additional space CAPITAL TEAM STAFF ASSESS FACILITY NEEDS AND ORGANIZATIONAL READINESS TO UNDERTAKE PROJECTS AND PROVIDE TECHNICAL ASSISTANCE IN ASSEMBLING A PROJECT TEAM, ANALYZING AND SECURING FINANCING AND COMPLETING CAPITAL PROJECTS Form 990, Part III, Line 4d Relief

Form 990 (2015)

Page 2

4b

4a

(Code

(Code

(Code

(Expenses \$

the prior Form 990 or 990-EZ? . .

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

) (Expenses \$

access to healthcare, one of the only such models in the country

nonprofit governing and auxiliary boards

Total program service expenses ▶

) (Expenses \$

) (Expenses \$

Other program services (Describe in Schedule O)

If "Yes," describe these changes on Schedule O

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Νo

Nο

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Nο

Nο

Form 990 (2015)

Pai	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 💆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I "	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III "	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt	9		No

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

14a Did the organization maintain an office, employees, or agents outside of the United States?

Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 🐒

assistance to or for foreign individuals? If "Yes," complete Schedule F, Paits III and IV \ldots . \square

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

negotiation services? If "Yes," complete Schedule D, Part IV 🕲 .

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 😼

17

Page 4

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

29

30

32

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

28a

28b

28c

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35a

35b

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Yes

Yes

Yes

Form 990 (2015)

Νo

Νo

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Nο

orm	990 (2015)			Page
Par	t 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	<u></u>		ᅲᄃ
1.	Enter the number reported in Box 2 of Form 1006 Enter 10 if not applicable 172		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 173 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country \			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	- 55		
-		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
_	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			I
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	and the state of t			I

13b

13c

b Enter the amount of reserves the organization is required to maintain by the states

 ${f c}$ Enter the amount of reserves on hand

in which the organization is licensed to issue qualified health plans \dots

14a Did the organization receive any payments for indoor tanning services during the tax year? . . .

 ${f b}$ If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .

Νo

14a

14b

independent

year by the following a The governing body? . .

Section C. Disclosure

90 ((2015)	Р
VΙ	Governance, Management, and Disclosure	
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 1	Ob 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

Yes No 1a 37

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee

or similar committee, explain in Schedule O

Did the organization have members or stockholders?

10a Did the organization have local chapters, branches, or affiliates? . . .

Did the organization have a written whistleblower policy?

Enter the number of voting members included in line 1a, above, who are

Did the organization become aware during the year of a significant diversion of the organization's assets? ...

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

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

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ▼ Own website ▼ Another's website ▼ Upon request □ Other (explain in Schedule O)

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

Did the organization have a written document retention and destruction policy? .

The organization's CEO, Executive Director, or top management official . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

▶BETH ZOLKIND 826 BROADWAY 9TH FLOOR new york, NY 10003 (212) 227-6601

List the States with which a copy of this Form 990 is required to be filed▶

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Each committee with authority to act on behalf of the governing body?

Did the organization delegate control over management duties customarily performed by or under the direct

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

1b

supervision of officers, directors or trustees, or key employees to a management company or other person?

Did the organization make any significant changes to its governing documents since the prior Form 990 was

6

7a

7b

10a

10h

11a

12a

12b

12c

13

15a

15b

16a

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

, VA , WI

Yes

age **6**

Nο Νo Νo Νo Νo Νo

Yes Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Nο

Form 990 (2015)

Νo

No

Νo

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
- ullet List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 (B) (F) (A) (C) (D) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations from the 2/1099-MISC) (W-2/1099for related organization and Highest compensati employee Officer Individual trustee or director MISC) organizations Institutional related helow organizations employee dotted line) Trustee £ See Additional Data Table

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	more t	han d in is	one b both	ox, an c	heck unless officer stee)		(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,20002007	, ,	organization and related organizations
See Additional Data Table										
1b Sub-Total			•			•				
 c Total from continuation sheet d Total (add lines 1b and 1c) . 	s to Part VII, S				٠.	. >		4,337,959	0	761,073
2 Total number of individuals (ins	cluding but not	ımıted t	o the	se I		d abov	e) wl	ho received more th	an	

\$100,000 of reportable compensation from the organization \blacktriangleright 49

3	Did the organization list any former officer, director or trus	tee	, key	em	ploy	ee,	or	hıgh	est	com	pen:	sate
	on line 1a? If "Yes," complete Schedule J for such individual	•	•	•	•	•	•	•	•	•	•	•

For any individual listed on line 1a, is the sum of reportable organization and related organizations greater than \$150,000? If "Yes," complete Schedule

																	Ye	:5
st	ee,	key	em	plo	yee,	orl	high	est	com	pen	sat	ed e	mpl	oyee	: [_
1		•			•	•		•	•	•	•	•	•	•		3	Ye	S
le	со	mpe	nsa	tion	and	d oth	her	com	pen	satı	on f	om	the		Γ			

legal services

videography

EVENT DESIGN SERVICE

EVENT DESIGN SERVICE

EVENT DESIGN SERVICE

compensated employee			
	3	Yes	
pensation from the le J for such	4	Yes	
		103	

(B)

Description of services

No

Νo

848,048

726,256

653,811

482,343

266,719

Form 990 (2015)

(C)

Compensation

Se	ction	В.	Ind	eper	ıde	nt (Con	tract	ors
1	Compl	ete	this	table	for	your	five	highes	stc

5

NEW YORK, NY 10011 Control Freak Systems LLC,

550 Meadowlands PKWY SECAUCUS, NJ 07094 DW Productions LLC,

126 Hidden Valley Road

Performance Environment Design Grou,

219 Maple Avenue RED BANK, NJ 07701

(A)

200 park avenue 47

NEW YORK, NY 10166 Atomic Lighting LLC, 111 Eighth Avenue

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 Name and business address

\$100,000 of compensation from the organization \triangleright 17

Gibson Dunn Crutcher LLP,

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 99								Page
Part V	/	Statement o						-
		Check If Sched	ule O contains a respoi	nse or note to any lir	ne 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
s S	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b					
- G	С	Fundraising eve	ents 1c	109,823,198				
ifts. ar A	d	Related organiz	zations 1d					
E G	e	Government grant	s (contributions) 1e					
ions Si	f		ons, gifts, grants, and 1f	85,895,460			 	
Contributions, Giffs, Grants and Other Similar Amounts		similar amounts no	ot included above ons included in lines					
n tri	g	1a-1f \$	ons included in lines	11,561,351				
Contand	h	Total. Add lines	s 1a-1f	· · · · •	195,718,658			
Program Service Revenue	2a b			Business Code				
ıν́ CΣ	c							
er vi	d							
ა E	e							
ograi	f	All other progra	am service revenue					
ΔĔ	g	Total. Add lines	s 2a-2f	•	0			
	3		ome (including dividendar amounts)		1,267,465			1,267,46
	4		stment of tax-exempt bond	H	0			
	5	Royalties	<u></u>	▶	0			
	6 a	Gross rents	(I) Real 7,200	(II) Personal				
	Ь	Less rental						
	_c	expenses Rental income	7,200	0				
	d	or (loss) Net rental inco	me or (loss)	<u> </u>	7,200			7,20
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	2,398,575					
	ь	Less cost or other basis and	1,007,203					
		sales expenses Gain or (loss)	1,391,372					
	c d	Net gain or (los	· · ·		1,391,372			1,391,37
Other Revenue		Gross income f events (not inc \$ 109,823	from fundraising luding ,198 s reported on line 1c)					
her			a	1,551,179				
ŏ	c		penses b (loss) from fundraising	15,101,694 events ►	-13,550,515			-13,550,51
	1		rom gaming activities	-				
	ь	Less direct ex	penses b					
	c	Net income or ((loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo	owances .	P .				
	b c	_	a oods sold b (loss) from sales of inve	entory ►	0			
		Miscellaneou		Business Code	126 262			400.00
	11a b	MISCELLANEC	DUSINCOME	900099	126,290			126,29
	C							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d	•	126,290			
	12	Total revenue.	See Instructions .		184,960,470			-10,758,18
					,, 0			

Part IX Statement of Functional Expenses

		<u> </u>		
ection 50	11(c)(3) and $501(c)(4)$ organize	vations must complete all c	olumns All other organiza	ations must complete column (A)

	Check if Schedule O contains a response or note to any line in	this Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	132,381,627	132,381,627		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,726,271	808,592	594,731	1,322,948
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	304,788		163,838	140,950
7	Other salaries and wages	9,818,712	4,893,901	1,635,875	3,288,936
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,168,616	603,203	213,944	351,469
9	Other employee benefits	1,455,000	723,408	183,306	548,286
10	Payroll taxes	687,969	305,672	144,454	237,843
11	Fees for services (non-employees)	<u> </u>	,	,	,
а	Management	0			
b	Legal	100,349	8,391	91,958	1
c	Accounting	111,236	,	111,236	
d	Lobbying	0		,	
e	Professional fundraising services See Part IV, line 17	140,000			140,000
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,681,147	834,788	506,653	339,706
12	Advertising and promotion	0			
13	Office expenses	468,696	159,796	84,109	224,791
14	Information technology	570,807	153,961	46,428	370,418
15	Royalties	0			
16	Occupancy	1,554,403	758,131	244,012	552,260
17	Travel	60,695	33,870	8,064	18,761
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	181,262	97,284	21,318	62,660
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,259,047	516,209	226,629	516,209
23	Insurance	212,750	15,598	181,554	15,598
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	ROBIN HOOD PRIZE EXPENSES	1,361,907	1,361,907		
b	MARKETING AND COMMUNICATIONS	357,791			357,791
С	CONTRACTED MANAGEMENT ASST	59,369	59,369		
d	INDIRECT EVENT COSTS	271,647			271,647
е	All other expenses	284,375		25,888	258,487
25	Total functional expenses. Add lines 1 through 24e	157,218,464	143,715,707	4,483,997	9,018,760
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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34

Net Assets or Fund Balances

112,615,540

842,908

2,007,222

118,277,821

2,744,534

6,292,135

64,350,064

1,174,956

462,935,695

C

C

С

C

С

C

C

71,817,155

272,330,470

118,788,070

391,118,540

462,935,695

Form 990 (2015)

0 6

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10c

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22 0

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34

0 14

0

n

0 24

84,945,965

284,583,085

77,297,129

361,880,214

446,826,179

0 29

112,615,540

228,857

3,039,719

110,138,697

1,405,239

7,260,687

64,970,691

12,714,587

446,826,179

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

Notes and loans receivable, net

Complete Part VI of Schedule D

Intangible assets .

Grants payable .

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Less accumulated depreciation .

Other assets See Part IV, line 11

Prepaid expenses and deferred charges

Investments—publicly traded securities

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use .

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	0	1	0
2	Savings and temporary cash investments	162,289,011	2	155,175,056
3	Pledges and grants receivable, net	57,109,116	3	71,272,614
4	Accounts receivable, net	0	4	0
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
ts	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			

10a

10b

9,089,645

7,082,423

Page **12**

184,960,470

157,218,464

27,742,006

-853,674

2,349,994

391,118,540

all VI	Recollemation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part ${\sf XI}$				

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Cash ✓ Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Total revenue (must equal Part VIII, column (A), line 12) . . . 1 Total expenses (must equal Part IX, column (A), line 25)

2 3

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Revenue less expenses Subtract line 2 from line 1 . . Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments .

361,880,214

Yes No Νo Yes

2a 2b 2c Yes

Νo

Form 990 (2015)

3a

3b

Software ID: Software Version:

EIN: 13-3441066

Name: ROBIN HOOD FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	A verage hours per week (list any hours for related organizations below dotted line) A verage hours for related organizations below dotted line) A verage more than one box, unless person is both an officer and a director/trustee) A verage more than one box, unless person is both an officer and a director/trustee) A verage more than one box, unless person is both an officer and a director/trustee) A verage more than one box, unless person is both an officer and a director/trustee. A verage more than one box, unless person is both an officer and a director/trustee. A verage more than one box, unless person is both an officer and a director/trustee. A verage more than one box, unless person is both an officer and a director/trustee. A verage more than one box, unless person is both an officer and a director/trustee. A verage more than one box, unless person is both an officer and a director/trustee. A verage more than one box, unless person is both an officer and a director/trustee. A verage more than one box, unless person is both an officer and a director/trustee. A verage more than one box, unless person is both an officer and a director/trustee. A verage 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			
david einhorn Chair	3 0	×		х				0	0	0
anne dinning Vice-Chair	1 5	×		х				0	0	0
larry robbins Vice-Chair	1 5	×		×				0	0	0
Peter F Bonsh Secretary and Treasurer	1 5	X		x				0	0	0
Lee Ainslie III Director	10	x						0	0	0
Laura Arnold Director	1 0	Х						0	0	0
Jacklyn Bezos Director	1 0	×						0	0	0
Victona Bjorklund Director	1 0	×						0	0	0
Emma Bloomberg Director	1 0	×						0	0	0
Scott Bommer Director	10	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent Co	ntrac	ctor	S				I	1	
(A) Name and Tıtle	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	than erso icer	o not n one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Geoffrey Canada Director	1 0	×						0	0	
Cecily Carson Director	1 0	x						0	0	
Katie Counc Director	1 0 0 0	x						0	0	
Glenn R Dubin Director	1 5 0 0	×						0	0	
Manan Wnght Edelman Director	1 5 0 0	×						0	0	
Laurence Fink Director	0 0	×						0	0	
Roland Fryer Director	1 0	×						0	0	
John griffin Director	0 0	×						0	0	
Doug Haynes Director	1 5	×						0	0	
Jeffrev R Immelt	1 0									

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde					ıru	stee	:s,	Key Employe	ees, nignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Paul Tudor Jones II	1 5									
Director	0 0	×						0	0	(
Peter D Kiernan III Director	1 0	×						0	0	
Philippe Laffont Director	1 0	×						0	0	
Doug Morns Director	10	×						0	0	
Alex Navab Director	0 0	×						0	0	
Daniel S Och Director	0 0	×						0	0	
John Overdeck Director	1 0	×						0	0	
Robert Pittman Director	1 0	×						0	0	

1 5

0 0 10

0 0

Χ

0

0

0

David Puth

Alan D Schwartz

Director

Director

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

David Saltzman

executive director

Deborah Winshel

President & COO (thru 2/27/15)

Compensated Employees, and Inde	pendent Co	ntrac	ctor	S				•	•	
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
David Solomon	1 5	×						0	0	
Director	0.0	,						•	, and the second	
Jes Staley Director	1 0	×						0	0	
barry stemlicht Director	1 0	×						0	0	
Max Stone Director	1 5	×						0	0	
John Sykes Director	1 0	×						0	0	
David Tepper Director	1 0	×						0	0	
Harvey Weinstein Director	1 0	×						0	0	
REYNOLD LEVY President (as of 10/1/15)	60 0			×				204,808	0	238

0 0

85,46

0

636,067

165,601

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors**

51,75

72,23

71,04

56,03

70,47

0

0

0

0

(A) Name and Title	(B) A verage hours per week (list any hours for related	unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Beth Zolkınd	60 0									
Charles and Officer				Х				297,549	0	65,28
Chief Financial Officer	0.0									
Alan Blum Chief Marketing Officer	60 0				x			240,014	0	64,45
LAURENCE JAHNS	60 0									
SVP, Advancement	0 0				Х			381,929	0	72,73
KRISTINE SUDANO	60 0									
					Х			363,059	0	78,46
SVP, DEVELOPMENT	0.0									
Michael Weinstein	60 0									
SVP, Programs					X			500,515	0	72,89
	0 0 60 0									
Emary Aronson	60 0					l			_	

0 0 60 0

0.0 60 0

0.0

MD, Relief Fund & Education

MD, Jobs Economic Security

MD, Human Capital & Management

Susan Epstein

Amy Houston

Susan Sack

MD, Real Estate

Eric Weingartner

MD, Survival

Χ

Χ

Χ

Χ

301,844

255,266

276,364

335,753

238,240

Compensated Employees, and Independent Contractors (A) (B) Name and Title Position (do not check Average

	week (list any hours for related organizatior below dotted line
Mark Bezos	26 0

SVP, Development & Comm

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st	l
rs	l
ed	l
ons	ŀ
	l
ne)	l
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	I
	I

0 0

hours per

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(C)

more than one box,

unless person is both an

officer and a

director/trustee)

compens

940

Х

Institutional



(E)

Reportable

(D)

Reportable

compensation

from the

organization

(W-2/1099-

MISC)

140,950

(F)

Estimated

amount of

other

compensation

from the

organization

and related organizations

efi	le GF	RAPHIC pr	int - DO I	NOT PROCES	SS As Filed Da	ta -		DLN: 93	3493316031356
(F0 990	rm ()EZ)		•	Complete if the	c Charity Statue organization is a section 4947(a)(1) nonexelocate Attach to Form the property of the section 1990.	Ort r a section	2015 Open to Public Inspection		
Treas		enue Service	VV	ww.iis.gov/ic	<u> </u>				
Nam	e of tl	he organizat	ion					Employer identific	ation number
ROBIN	1 HOOD	FOUNDATION						12 2444066	
Da	rt I	Passon	for Bubli	ic Charity S	tatue (All organiza	itions must c	omplete this	13-3441066 part.) See instruction	one .
				-	ause it is (For lines 1				JII3.
1	organi		•		r association of churc		•	•	
2	<u> </u>			•)(1)(A)(ii).(Attach So		•		
3	L			=	service organization (•			
4	<u> </u>	' - '	•	· ·	-			ction 170(b)(1)(A)(ii	i). Enter the
•	ı		name, city,	-	nacea in conjunction i	men a nospital	4000 mbca m 50		.,. Emeer end
5		170(b)(1)	(A)(iv).(C	omplete Part I	I)			a governmental unit	described in section
6	<u> </u>			-	or governmental unit				aanaral nublia
7	✓				i). (Complete Part II		rom a governm	ental unit or from the	general public
8	г				ion 170(b)(1)(A)(vi)		rt II)		
9	Ė	receipts fi from gross organizati	om activitions investmer on after Jun	es related to it nt income and i ne 30, 1975 S	s exempt functions—s	subject to certa xable income ((Complete Par	ain exceptions, less section 51 t III)	ributions, membership and (2) no more than 11 tax) from business	331/3% of its support
11	<u> </u>	_	_	·	•	•	•	ictions of, or to carry o	out the purposes of
	ı							509(a)(2) See sectio	
								l complete lines 11e,	
а				-				organization(s), typica	
			_	, ,	rt IV, Sections A and		nty of the direct	tors or trustees of the	supporting
b		-		•	·		n with its suppo	orted organization(s),	by having control or
	'	-				same persons	that control or	manage the supported	organization(s) You
_	_	-		V, Sections A					
С					supporting organizatio uctions) You must co			i, and functionally inte and F	grated with, its
d			-		•	=		with its supported org	ganization(s) that is
	'		, -		- ,	•	•	rement and an attentiv	eness requirement
_	_	•	,	•	te Part IV, Sections A	•		o a Tuna I Tuna II T	una III funationally
е	ı			_	ceived a written deter ally integrated suppor			ıs a Type I, Type II, T	ype III lunctionally
f	Ente	_			ns				
g				=	out the supported orga				
		(i)		(ii)EIN	(iii)	(iv		(v)	(vi)
Nar	Name of supported orga		ganızatıon		Type of organization (described on lines 1-9 above (see instructions))	Is the orga listed in your docum	governing	A mount of monetary support (see instructions)	A mount of other support (see instructions)
						Yes	No		
Tota	1								
For F	aperv	work Reduct	ion Act Not	ice, see the In	structions for Form 99	90 or 990EZ.	Cat No 112		n 990 or 990-EZ) 2015

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	

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	164,898,420	228,080,396	176,957,636	150,751,968	195,718,658	916,407,078
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						(
The value of services or facilities furnished by a governmental unit to the organization without charge						(

The portion of total

or publicly supported

Total. Add lines 1 through 3

contributions by each person (other than a governmental unit

organization) included on line 1

164,898,420

228,080,396

(b)2012

228,080,396

1,679,738

4.973.111

17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly

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

16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

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,

176,957,636

150,751,968

195,718,658

916,407,078 209.867.756 706.539.322

(f)Total

916,407,078

6,101,621

231,124

11,457,413

934,197,236

75 631 %

75 885 %

▶▽

▶□

▶□

Schedule A (Form 990 or 990-EZ) 2015

that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar vear (or fiscal year beginning in) ▶

> Gross income from interest, dividends, payments received on securities loans, rents,

royalties and income from

Net income from unrelated business activities, whether or

10 Other income Do not include gain or loss from the sale of

11 Total support. Add lines 7

supported organization

instructions

not the business is regularly

capital assets (Explain in Part

similar sources

carried on

through 10

VI)

15

Amounts from line 4

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

Section C. Computation of Public Support Percentage

Public support percentage for 2014 Schedule A, Part II, line 14

(a)2011

164,898,420

1,297,176

1,389,221

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))

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

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

(c)2013

176,957,636

1,421,863

1,712,970

(d)2014

150,751,968

428,179

231,124

1,704,642

(e)2015

195,718,658

1,274,665

1,677,469

12

14

15

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

ınder Part

(Com	iplete	only	if you	checked	the box	on line	9 of	Part I	or if the	e organization	i failed to qualif	ty u
									1 1				

	II. II the organization	i ialis to qualii	y under the tes	its listed below	, piease compie	ete Part II.)	
Se	ction A. Public Support		1	1	1	1	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)						
1	Gifts, grants, contributions, and membership fees received (Do						
	not include any "unusual grants")						
2	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						
3	Gross receipts from activities						
	that are not an unrelated trade or						
_	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
,	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,				İ		
	and 3 received from disqualified				1		
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
-	Public support. (Subtract line 7c						
8	from line 6)						
Se	ction B. Total Support		l	ı		1	1
	Calendar year						
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
104	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	hith tax year as a	section 501(c)(· · · ·
	check this box and stop here						▶ □
Se	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	13, column (f))		15	
16	Public support percentage from 201	.4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae		1 1	
17	Investment income percentage for				nn (f))	17	
	Investment income percentage from				(17)		
18	- coves coem income percentage trop	. ZULIM SCHEOUIE	e can in HDP			18	

19a 33 1/3% support tests—2015. 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

b 33 1/3% support tests—2014. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Se	I, complete Sections A and D, and complete Part V) ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
3а	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?			
b	If "Yes," answer (b) and (c) below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3a 3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
b	A family member of a person described in (a) above?	11b		·
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Nο

Yes

Yes

No

No

			•	
Section I	B. Type	I Supporting	Organization	ns

Section D. All Type III Supporting Organizations

supported organization(s)

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

	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of		
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		

3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at		
	all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	з	

Section F. Type III Functionally-Integrated Supporting Organizations

	ection L. Type III I unctionally-integrated Supporting Organizations							
1	. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)							

The organization satisfied the Activities Test Complete line 2 below

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year. (1) a written notice describing the type and amount of support provided during the prior

If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the

organization(s) or (ii) serving on the governing body of a supported organization?

- The organization is the parent of each of its supported organizations. Complete line 3 below

- ernment entity (see

C		The organization supported a governmental entity. Describe in Part VI how you supported a go	ove
	•	instructions)	

Activities lest Answer (a) and (b) below.	Yes
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the	
supported erganization(s) to which the erganization was responsive?	

supported organization(s) to which the organization was responsive?	
If "Yes," then in Part VI identify those supported organizations and explain how these activities directly	
furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the	
organization determined that these activities constituted substantially all of its activities	2a

- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of
- the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have
- engaged in these activities but for the organization's involvement 2b 3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of
- 3а each of the supported organizations? Provide details in Part VI **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each 3b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Type III non-functionally integrated supporting organizations must complete Sections A through E

Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		

5

5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property 6 held for production of income (see instructions) 7 Other expenses (see instructions) **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4) 8

(B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see 1 instructions for short tax year or assets held for part of year)

Average monthly value of securities **1**a 1b Average monthly cash balances **1**c Fair market value of other non-exempt-use assets

1d Total (add lines 1a, 1b, and 1c) **Discount** claimed for blockage or other factors е (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater 4 amount, see instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 7 Recoveries of prior-year distributions

8 Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1

2 2 Enter 85% of line 1

Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 4 Enter greater of line 2 or line 3 4

5 Income tax imposed in prior year **Distributable Amount.** Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

instructions) Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integr	ated E00(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions	ateu 509(a)(3) Suppo	ting Organizations (C	Current Year
Section D - Distributions			Current rear
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ners exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exem	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	auıred)		
6 Other distributions (describe in Part VI) See instri			
· · · · · · · · · · · · · · · · · · ·	detions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
	1		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
С			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
<u>b</u>			
c Excess from 2013			
d From 2014			

Schedule A	Schedule A (Form 990 or 990-EZ) 2015 Page 8							
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5 and 6. Also complete this part for any additional information. (See instructions).								
		Facts And Circumstances Test						
R	eturn Reference	Explanation						
		Schedule A (Form 990 or 990-i	EZ) 2015					

DLN: 93493316031356 Political Campaign and Lobbying Activities OMB No 1545-0041 **SCHEDULE C** (Form 990 or For Organizations Exempt From Income Tax Under section 501(c) and section 527 990-EZ) ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Open to Public Department of the Inspection www.irs.gov/form990. Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number ROBIN HOOD FOUNDATION 13-3441066 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B 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

Was a correction made? If "Yes," describe in Part IV

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

Enter the amount of the filing organization's funds contributed to other organizations for section 527 2

exempt function activities

(a) Name

4

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 3

Did the filing organization fileForm 1120-POL for this year?

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

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

(b) Address

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the

separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a

(c) EIN

(d) A mount paid from

filing organization's

funds If none, enter -0-

Cat No 50084S

Yes

Schedule C (Form 990 or 990-EZ) 2015

(e) A mount of political

contributions received

and promptly and directly delivered to a separate political organization If none, enter -0-

□ No

(b) Affiliated

group totals

		-
 	coction	E01/611
unuer	Section	501(h)).

expenses, and share of excess lobbying expenditures) Check \blacktriangleright If the filing organization checked box A and "limited control" provisions apply

Total lobbying expenditures to influence a legislative body (direct lobbying)

	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)

(a) Filing organization's

totals

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d)

157,218,464

157,218,464 1,000,000

Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000

reporting section 4911 tax for this year?

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

Calendar year (or fiscal year

beginning in)

Over \$17,000,000

g

2a

The lobbying nontaxable amount is:

Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000

20% of the amount on line 1e

\$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000

250,000

Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

(b)2013

1,000,000

250,000

(e) Total

4,000,000

6,000,000

1,000,000

1,500,000

Yes ☐ No

(c)2014

1.000.000

250,000

(d)2015

1,000,000

250,000

Schedule C (Form 990 or 990-EZ) 2015

4-Year Averaging Period Under section 501(h)

columns below. See the separate instructions for lines 2a through 2f.)

(Some organizations that made a section 501(h) election do not have to complete all of the five **Lobbying Expenditures During 4-Year Averaging Period**

(a)2012

1,000,000

250,000

Return Reference

Lobbying

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying			(a)		(b)	
activ			No	A	mour	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	501(c	:)(5), c	or se		
	Management of the state of the		_	_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		-	2		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		F	3		-
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
	Total	2c				
c	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3				
c	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
с 3	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 5				
c 3 4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					

Explanation

completing a Schedule C because it has made the Section 501(h) election

Robin Hood Foundation did not undertake any lobbying activities in 2015, the Foundation is

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(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990,

OMB No 1545-0047 2015

DLN: 93493316031356

Department of the Treasury Internal Revenue Service					Open to Inspe			
Na	me of the organi BIN HOOD FOUNDAT				-	•	fication numl	oer
Pa	rt I Organi	izations Maintaining Dono	r Advised Funds or Oth	er Similar Fu		441066 or Acco ur	nts.	
		ete if the organization answer						
			(a) Donor advised funds		(b)	Funds and o	other accoun	ts
1	Total numbe	r at end of year						
2	Aggregate v year)	alue of contributions to (during						
3	Aggregate v	alue of grants from (during year)						
4	Aggregate v	alue at end of year						
5	_	ation inform all donors and donor granization's property, subject to	-		r advı:	sed	☐ Yes	☐ No
6	used only for cl	ation inform all grantees, donors, haritable purposes and not for the ermissible private benefit?				purpose	☐ Yes	┌ N o
Pa	rt III Conse	rvation Easements. Comple	ete if the organization ans	wered "Yes" or	Forn	า 990, Par	t IV, line 7.	
1	. , ,	onservation easements held by th	,	apply)				
	Preservati education)	on of land for public use (e g , recr	reation or	reservation of an	histor	ically impor	rtant land are	. 3
	•	of natural habitat	•	reservation of a c				u
	•	on of open space	•					
2	Complete lines	2a through 2d if the organization ne last day of the tax year	held a qualified conservation	contribution in th	e form	of a conse	rvation	
						Held at	the End of tl	ne Year
а		f conservation easements		_	2a			
b	_	restricted by conservation easeme		, , <u> </u>	2b			
C		servation easements on a certified		` ′ ⊢	2 c			
d		servation easements included in (ire listed in the National Register	c) acquired after 8/1//06, and	d not on a	2d			
3	Number of cons	servation easements modified, tra	nsferred, released, extinguish	ed, or terminated	by th	e organızatı	on during the	:
	tax year ▶							
4	Number of stat	es where property subject to cons	ervation easement is located	>	_			
5	_	nization have a written policy regai enforcement of the conservation (inspection, handl	ing of	Г	Yes	No
6	Staff and volun year	teer hours devoted to monitoring,	inspecting, handling of violati	ons, and enforcin	g cons	servation ea	asements dur	ing the
	>							
7	A mount of expe	enses incurred in monitoring, insp	ecting, handling of violations,	and enforcing coi	nserva	ition easem	ents during t	he year
8		servation easement reported on li on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requ	urements of sect	ion 17	_	Yes	No
9	balance sheet, the organizatio	escribe how the organization repor and include, if applicable, the text n's accounting for conservation ea	of the footnote to the organizes	ation's financial s	tatem	ents that d	escribes	
Par		izations Maintaining Collectors of the corrections			r Oth	er Simila	ar Assets.	
		ete if the organization answer tion elected, as permitted under S			ie stat	ement and	halance shee	<u></u>
1a	In the organizat	c.cccca, as permitted under s	110 (1100) 30), 1100 00 10	spore in its icvelle		.cment and	Paramet 3116	

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

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

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Schedule D (Form 990) 2015

> \$ __

	t III O	rm 990) 2015 rganizations Maintaining ontinued)	Collections of I	Art, His	torio	cal	Treasure	es, or	Other S	imilar A	sset	Page S
3		e organization's acquisition, accenticentics (check all that apply)	ssion, and other re	cords, ch	ieck a	iny	of the follow	ing tha	t are a sıgı	nıfıcant us	e of it	S
а	┌ Pub	lic exhibition		d		Lo	oan or excha	inge pr	ograms			
b	┌ Sch	olarly research		e	Γ	0	ther					
c	Pres	servation for future generations										
4	Provide a Part XIII	description of the organization's	collections and ex	plain hov	v they	fur fur	ther the org	anızatı	on's exemp	ot purpose	e in	
5		e year, did the organization solic be sold to raise funds rather tha								┌ Ye	s [No
Ра	C	scrow and Custodial Arra omplete if the organization a art X, line 21.		n Form	990,	Pai	rt IV, line 9	9, or r	eported a	ın amour	nt on	Form 990,
1a		ganization an agent, trustee, cus on Form 990, Part X?	todian or other intei	rmediary	for co	ontr	ributions or c	other a	ssets not	☐ Ye	s [No
b	If "Yes	s," explain the arrangement in Pa	rt XIII and complet	te the fol	lowing	g ta	ble			Am	ount	
c	Beginn	ing balance			_			:	lc			
d	A dditio	ons during the year						1	.d			
е	Distrib	utions during the year						1	.e			
f	Ending	balance							lf			
2a b Pa	If"Yes,"	rganization include an amount or explain the arrangement in Part	XIII Check here ıf	the expl	anatio	n h	as been prov	vided i	n Part XIII			No
			(a)Current year	(b) Pr	or year	r	b (c) Two ye	ears bac	(d)Three	years back	(e) Fo	our years back
1a	-	g of year balance										
b	Contribu	tions										
c	Net inve losses	stment earnings, gains, and										
d	Grants o	rscholarships										
е	O ther ex	penditures for facilities rams										
f	A dminist	trative expenses										
g	End of ye	ear balance										
2	Provide t	he estimated percentage of the c	urrent year end bal	ance (lin	e 1g,	col	umn (a)) hel	d as				
а	Board de	signated or quasi-endowment 🕨										
b	Permane	nt endowment >										
С	•	rily restricted endowment ► entages on lines 2a, 2b, and 2c s	should equal 100%									
3а	A re there organizat	endowment funds not in the pos	session of the orga				neld and adm	nınıste	red for the	3;	a(i)	Yes No

Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (a) Cost or other basis Accumulated (d)Book value Description of property (c)depreciation (investment) (other) Land . **b** Buildings 4,189,830 c Leasehold improvements 3,618,972 570,858 **d** Equipment . 402,715 369,905 32,810 4,497,100 3,093,546 1,403,554

(ii) related organizations .

If "Yes" on 3a(II), are the related organizations listed as required on Schedule R?

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

2,007,222

. ▶

3a(ii)

	(Form 990) 2015					Page 3
Part VII	Investments—Other Securities. Con See Form 990, Part X, line 12.	nplete if the or	ganıza	ation answered 'Ye	s' on Fo	rm 990, Part IV, line 11b.
	(a) Description of security or category			(b)Book value		c)Method of valuation
/1)Einancia	(including name of security) al derivatives				Cost	or end-of-year market value
	-held equity interests					
(3)Other	TMENTS IN LIMITED			118,277,821		F
(A)11112	THENTS IN CIPITED			110,277,021		
	nn (b) must equal Form 990, Part X, col (B) line 12)	•		118,277,821		
Part VIII	Investments—Program Related. Complete if the organization answered	'Yes' on Form	990, F	Part IV, line 11c.Se	e Form	990 Part X line 13
	(a) Description of investment			(b) Book value	(c) Method of valuation
					Cost	or end-of-year market value
	nn (b) must equal Form 990, Part X, col (B) line 13)	•				
Part IX	Other Assets. Complete if the organization (a) Descri		on For	m 990, Part IV, line	11d See	Form 990, Part X, line 15 (b) Book value
	(a) besen	peron				(B) Book Value
Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) line 1:	5) .			•	
Part X	Other Liabilities. Complete if the orga		ered '\	es' on Form 990,		
	See Form 990, Part X, line 25. (a) Description of liability	(b) Book va	ماراد	T		
1.	(a) Description of habiney	(B) Book vo				
Federal inc	ome taxes		0			
		+		1		
]		
				1		
]		

0

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

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

Schedule D (Form 990) 2015

1

3

b

c

1

2

а

b

c d

е

b

c

fin 48

Part XIII

information

3

3

4c

2e

4c

1,150,850

3,151,856

Page 4

-504,686

184,960,470

184,960,470

155,217,458

1,150,850

3,151,856

157,218,464

Schedule D (Form 990) 2015

154,066,608

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments -853,674 а Donated services and use of facilities 2b 348,988 b Recoveries of prior year grants 2c c d Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e

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

Total revenue, gains, and other support per audited financial statements

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Subtract line 2e from line 1 а

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Add lines **4a** and **4b**

Add lines 2a through 2d . . .

Return Reference

Subtract line 2e from line 1

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b .

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)

Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)

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

Explanation

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

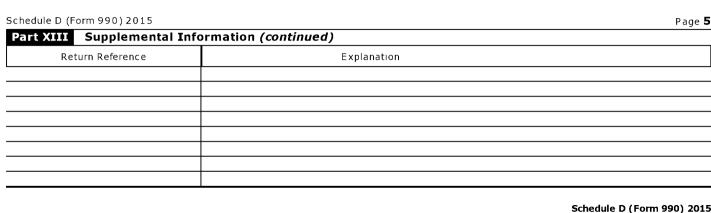
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25

2a

2b 2c

Part x, Line 2 Robin Hood follows the accounting guidance for uncertainties in income tax positions which requires that a tax position be recognized or derecognized based on a "more likely than not" threshold. This applies to positions taken or expected to be taken in a tax return and the tax years ended 2012, 2013, 2014 and 2015 are still open to audit for both federal and state purposes Robin Hood does not believe its activities result in any uncertain tax positions that would be material to its financial statements taken as a whole Further, Robin Hood has processes presently in place to ensure the maintenance of its tax-exempt status, to identify and report unrelated income, determine its filing and tax obligations in jurisdictions for which it has nexus, and to assess other matters that may be considered tax positions. Accordingly, a loss contingency is recognized when it is probable that a liability has been incurred as of the date of the financial statements and the amount of the loss

can be reasonably estimated Management believes that no such loss contingencies exist



efile GRAPHIC print	- DO NOT	PROCESS	As Filed Da	ta -		DLN:	9349331603	1356
SCHEDULE F (Form 990) Statement of Activities Outside the United States								0047
► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.							201	5
Department of the Treasury Internal Revenue Service	▶ Information	on about Schedu		o Form 990. and its instructions is at w	ww.irs.go	ov/form990.	Open to Pub Inspection	lic
Name of the organization ROBIN HOOD FOUNDATI	ION					Employer iden	tification numbe	r
				he United States. orm 990, Part IV, line	14b.			
_	ice, the gra	intees' eligibil		s to substantiate the ants or assistance, and		-	┌ Yes	┌ No
assistance outside	the United	d States		rocedures for monitori	J	J	nts and other	,
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	<u> </u>	(e) If active program	vity listed in (d) is a service, describe ecific type of ce(s) in region	a (f) Total expend for and investn in region	nents
(1) Central America and Caribbean	I the			Investments			54,0	81,066
(2) Europe (Including Ic Greenland)	eland and			Investments			30,1	58,936
(3) North America				Investments			7,1	64,28
(4)								
(5)								
3a Sub-total b Total from continuat to Part I							·	04,283
c Totals (add lines 3a		the Instructions	for Form 990	L Cat	No 500	82W Scher	91,4 Jule F (Form 990)	04,283 2015

Page 2

I GI C LL	Grants a	····
	Complete	ıf
	addıtıonal	sp

1	(a) org

7	~ `	
_		
7	1)	

(1)	
(2)	
(3)	

-,		
3)		
1)		
	_	_

Enter	

Complet		ation answered "Ye	s" to Form 990, Par			erved more than \$5	,000. Part II can be	duplicated if
Name of Janization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
					ies by the foreign co (c)(3) equivalency l			
nter total nu	mber of other or	rganızatıons or ent	ities				•	
							Schedule F	(Form 990) 2015

Part III

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Schedule F (Form 990) 2015

Part III can be duplicated if additional space is needed. (a) Type of grant or (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of assistance recipients cash grant disbursement of non-cash valuation non-cash assistance assistance (book, FMV, appraisal, other)

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 file Form 5713, International Boycott Report (see Instructions for Form

Νo 5713, do not file with Form 990) Yes

Schedule F (Form 990) 2015

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

Page 5

Schedule F (Form 990) 2015

this part to provide any additional information (see instructions). 990 Schedule F, Supplemental Information Return Reference Explanation

Return Reference	Explanation
Part IV, Line 1, 3, 4 & 5	Robin Hood invests in domestic and foreign limited partnerships that may own an interest in a foreign corporation, passive foreign investment company, or foreign partnership. Robin Hood also invests directly in offshore foreign corporations. In 2015, to the extent Robin hood's investment 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.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493316031356

OMB No 1545-0047

Open to Public

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Complete if the organization answered "Yes" on Form 990 Part IV lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Inspection Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Name of the organization Employer identification number ROBIN HOOD FOUNDATION 13-3441066

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.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
 - Mail solicitations Solicitation of non-government grants
 - **☑** Internet and email solicitations Solicitation of government grants
 - Phone solicitations **☑** Special fundraising events
- 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 ✓Yes No services?

b If "Yes," list the ten hig to be compensated at le				sers) pursuant to agreer	ments under which the fu	ındraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
1 EVENT ASSOCIATES	fundraising dinner	Yes		35,640,056	85,000	35,555,056
NGK Global LLC	Fundraising Polo Event	Yes		1,174,950	55,000	1,119,950
3						
4						
5						
6						
7						
8						
9						
10						
Total	_1			36,815,006	140,000	36,675,006

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

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

50044.0	_	٧.	•			٠.	_	-	-		,	_	~
Part II	Г	F	Tuna	dr	ai	sii	n	7	F	Ve	n	t	c

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)O ther events	(d)
		Big Benefit	Inv Conf	8	Total events (add col (a) through
		(event type)	(event type)	(total number)	col (c))
E	-				
Revenue	1 Gross receipts	101,862,316	6,089,015	3,423,046	111,374,377
~	2 Less Contributions	100,988,891	5,629,325	3,204,982	109,823,198
	3 Gross income (line 1 minus				
	line 2)	873,425	459,690	218,064	1,551,179
	4 Cash prizes				
	5 Noncash prizes				
တ္	6 Rent/facility costs	3,191,575	166,212	167,271	3,525,058
Expenses	7 Food and beverages	886,886	21,007	212,743	1,120,636
ă ă	8 Entertainment	25,175	2,500	4,880	32,555
	9 Other direct expenses	7,466,290	2,211,958	745,197	10,423,445
ਹ ⊡ਵ਼ਰ	10 Direct expense summary Add lines 4	through 9 in column (d)		15,101,694
	11 Net income summary Subtract line 1	0 from line 3, column (d)		-13,550,515
Paı	rt IIII Gaming.	· · · · ·	·	l	
	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on
Ф		(a)Bingo	(b)Pull tabs/Instant	(c)O ther gaming	(d)
Revenue		(4,23	bingo/progressive bingo	(-, g	Total gaming (add col (a) through col (c))
3e√					3 (7)
_	1 Gross revenue				
Ses	2 Cash prizes				
Expenses	D. Namasah numas				
	3 Noncash prizes				
Hed Hed	4 Rent/facility costs				
₫	5 Other direct expenses				
	6 Volunteer labor	□ No	No	No	
	Volunteer labor 1 1 1 1		<u> </u>		
	7 Direct expense summary Add lines 2	2 through 5 in column (d)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)		
9 a	Enter the state(s) in which the organiza Is the organization licensed to conduct				Yes No
	-				, ,
b	If "No," explain				
					I
L0a	Were any of the organization's gaming li	censes revoked, susper	nded or terminated during	the tax year?	Yes No
b	If "Yes," explain				
					I

arrangements with two fundraisers Event associates ("EA") and NKG Global, LLC ("NKG") to Column b(III) handle the ticketing for robin hood's annual benefit and polo event respectively robin hood develops the guest list and mails the invitations when donors buy tickets (either cash or pledges) EA and NKG release the tickets to the donor every week (or more frequently at the busiest times) funds are remitted to Robin hood and a summary report is prepared by EA and NKG and given to

Robin hood, reporting pledges and payments to date Robin hood records this activity in the financial records Robin hood reconciles this report weekly to the financial records and also updates the invitation lists for all changes a full accounting is prepared at the end of the event and reconciled with Robin hood records EA and NKG work with Robin hood to follow up on outstanding pledges For purposes of reporting the expenditures related to Robin Hood Foundation's special events, all Schedule G, Part II food and beverages costs are included within the rent/facility costs (Line 6) Schedule G (Form 990 or 990-EZ) 2015

efile GRAPHIC prin	t - DO NO	T PROCESS AS	Filed Data -				DLN: 9	93493316031356
Schedule I (Form 990) Department of the Treasury		Gr Gov Complet	ants and Othorernments and	d Individuals in answered "Yes," on Fo Attach to Form 990.	O Organizations the United Stat rm 990, Part IV, line 21 o	es or 22.	2	No 1545-0047 O 15 pen to Public Inspection
Internal Revenue Service Name of the organization							Employer identificati	on number
ROBIN HOOD FOUNDA	TION						13-3441066	
Part I General I	Informatio	on on Grants and	d Assistance					
the selection crite Describe in Part IV Part II Grants and of	ria used to av / the organiza Other Assista	ward the grants or as ation's procedures fo ance to Domestic Or	sistance? or monitoring the use ganizations and Dome	of grant funds in the Un			·	√ Yes No 1, for any recipient
(a) Name and addres organization or government		(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data 1	Table							
		=	=	sted in the line 1 table .			· · · · • _	213
For Paperwork Reduction					Cat No 50055P	· · · · · ·	•	ıle I (Form 990) 2015

(c)A mount of

(b) Number of

Schedule I (Form 990) 2015

(a)Type of grant or assistance

 recipients	cash grant	non-cash assistance	FMV, appraisal, other)	(1)Description of non-easil assistance

(d) A mount of

(e)Method of valuation (book

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

Return Reference Explanation Grants Within the US

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 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

Page 2

(f)Description of non-cash assistance

Additional Data

ACCION NEW YORK

80 Maiden Ln New York, NY 10038 Software ID: Software Version:

EIN: 13-3441066

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Name: ROBIN HOOD FOUNDATION

11-3317234

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1199 SEIU HOME INDUSTRY 330 W 42nd St Fl 2 New York, NY 10036	71-1028611	501(c)(3)	390,000				General
A BETTER BALANCE 80 Maiden Ln St 606 New York, NY 10038	20-3664771	501(c)(3)	100,000				General

231,000

General

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

ACHIEVEMENT FIRST 403 James Street New Haven, CT 06513	65-1203744	501(c)(3)	2,000,000		General
ACKERMAN INSTITUTE FOR	13-1923959	501(c)(3)	100,000		General

General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

THE FAMILY
936 Broadway
New York, NY 10010

URBAN ASSEMBLY SCHOOL

FOR LAW & JUSTICE 283 Adams Street Brooklyn, NY 11201

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) **ADVOCATES FOR** 11-2247307 501(c)(3) 470,000 General

AFFORDABLE HOUSING	22-3114280	501(c)(3)	70,000		General
CHILDREN OF NEW YORK INC 88 Third Avenue Brooklyn, NY 11217		(-)(-)	,		

|General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

ALLIANCE 59 Broad Street

1204 Broadway Brooklyn, NY 11221

INC

Eatontown, NJ 077241528

AFTER HOURS PROJECT

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) F01/-1/21 A ID FOR A IDC 12 2054560 175000 lc - - - - 1

515 Greenwich St New York, NY 10013	13-3954568	501(c)(3)	1/5,000		General
ALI FORNEY CENTER	30-0104507	501(c)(3)	200,000		General

PROGRAM 100 Centre New York, NY 10013

New York, NY 10013					
ALI FORNEY CENTER 224 W 35th St fl 15 New York, NY 10001	30-0104507	501(c)(3)	200,000		General
ANDREW GLOVER YOUTH	13-3267496	501(c)(3)	430,869		General

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

ARIVA 69 E 167th St Bronx,NY 10542	32-0028598	501(c)(3)	9,920		General
ASIAN AMERICANS FOR	13-3187792	501(c)(3)	150,000		General

General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

EQUALITY INC 35-34 Union St Flushing, NY 11354

42 West 44th St New York, NY 10036

ASSOCIATION OF THE BAR

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

General

General

ASSOCIATION TO BENEFIT CHILDREN 419 East 86th St New York, NY 10028	13-3303089	501(c)(3)	550,000		General

250.000

164,108

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

501(c)(3)

53-0196617

11-6083182

ASTOR SERVICES FOR

RESTORATION CORP 1368 Fulton Street Brooklyn, NY 11216

6339 Mill St

CHILDREN AND FAMILIES

Rhinebeck, NY 125725005
BEDEORD STUYVESANT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

BENEFITS DATA TRUST 2 Logan Sq 550 Philadelphia,PA 19103	20-3455598	501(c)(3)	1,300,000		General
BLOOMINGDALE FAMILY	13-2638566	501(c)(3)	385,000		General

General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

27-1182991

PROGRAM 125 W 109th St New York, NY 10025

BLUE ENGINE

75 Broad St 2900 New York, NY 10004

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

CITIWIDE HARM REDUCTION 226 E 144th St Bronx,NY 10451	13-3599121	501(c)(3)	213,171		General
BOTTOM LINE INC	04-3351427	501(c)(3)	225,000		General

1.300.000

General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

44 Court St 300 Brooklyn, NY 11201 BOWERY RESIDENTS'

COMMITTEE 131 West 25th St fl12 New York, NY 10001

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) DDE A KING CDOUND 11 2040002 E 0 1 / - 1/2 1 C 7 F 0 0 0 General

General

BRONX DEFENDERS	13-3931074	501(c)(3)	100,000		General
HOUSING DEVELOPMENT 505 8th Ave 602 New York, NY 10018	11-3048002	201(c)(3)	675,000		General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

360 E 161st St Bronx, NY 10451 BRONX-LEBANON

HOSPITAL CENTER 1650 Selwyn Ave Bronx, NY 10457

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) DDO NIVIMO DIC E 0 1 / - 1/2 1 F 0 0 0 0 0 lc - - - - 1

60 E Tremont Ave Bronx, NY 10453	13-3254484	501(0)(3)	500,000		General
BROOKDALE HOSPITAL HEALTHY FAMILIES NY	11-1631746	501(c)(3)	825,000		General

SOCIETY

57 Willoughby St fl4 Brooklyn, NY 11201

BROOKLYN KINDERGARTEN	11-1631820	501(c)(3)	350,000		General
HEALTHY FAMILIES NY 1 Brookdale Plz Brooklyn,NY 11212					

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 11-2137138 501(c)(3) 200,000 General BROOKLYN NAVY YARD

501(c)(3)

346 Broadway FI3
New York, NY 10013
CENTER FOR EMPLOYMENT

OPPORTUNITIES
50 broadway fl 18
new york, NY 10004

13-3843322

DEVELOPMENT CORP 63 Flushing Ave 300 Brooklyn,NY 11205					
CTR FOR ALTERN SENTENCING AND EMPLOYMNT	13-2668080	501(c)(3)	150,000		General

346,000

General

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CENTER FOR FAMILY LIFE 53-0196617 501(c)(3) 300,000 General

443 39th Street Brooklyn, NY 11232					
CENTER FOR URBAN COMMUNITY SERVICES INC 198 E 121st Street	13-3687891	501(c)(3)	807,512		General

|General

New York, NY 10035 CHARLES B WANG 13-2739694 501(c)(3) 385,000 COMMUNITY HEALTH CTR

268 Canal Street New York, NY 10013

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

General

General

CHILD MIND INSTITUTE	13-4178608	501(c)(3)	190,000		General
445 Park Avenue					
New York, NY 10022					

3,200,000

625.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

501(c)(3)

13-5562191

13-3468427

CHILDREN'S AID SOCIETY

350 East 88th St New York, NY 10128 CHILDREN'S HEALTH FUND

215 W 125th St 301 New York, NY 10027

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

CHINESE AMERICAN PLANNING COUNCIL INC 150 Elizabeth St New York,NY 10012	13-6202692	501(c)(3)	300,000		General
CITY HARVEST INC	13-3170676	501(c)(3)	750,000		General

General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

6 East 32nd St fl 5 New York, NY 10016

CITY HEALTH WORKS

127 W 127th St 207 New York, NY 10027

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) COALITION FOR HISDANIC 13-3546023 501/61/31 504 555 Ganaral

Brooklyn, NY 11237	13-3072967	501(c)(3)	610.000		General
315 Wyckoff Ave fl 4					
FAMIY SERVICES	13-3340023	301(0)(3)	304,333		General

Stanford, CA 94305

129 Fulton Street New York, NY 10038					
THE BOARD OF TRUSTEES OF THE LELAND 579 Serra Mall	94-1156365	501(c)(3)	300,000		General

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

501(c)(3)

23-7399839

COMMUNITIES INC 125 Maiden Ln 16 New York, NY 10028

2 Washington St fl 9 New York, NY 10004

COMMUNITY ACCESS INC

TRUSTEES OF COLUMBIA UNIVERSITY 615 West 131st ST New York,NY 10027	13-5598093	501(c)(3)	46,200		General
COMMON GROUND	27-3523909	501(c)(3)	55,000		General

345,000

General

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) COMMUNITY HEALTH 13-3556132 501(c)(3) 185,000 General

COMMUNITY PRESERVATION	13-2792409	501(c)(3)	1,000,000		General
ACTION OF STATEN ISLAND 56 Bay Street Staten Island, NY 10301					

General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

CORPORATION
28 East 28th Street
New York, NY 10016
COMPREHENSIVE

DEVELOPMENT INC 240 Second Avenue New York, NY 10003

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

	CORPORATION FOR SUPPORTING HOUSING 61 Broadway 2300 New York,NY 10006	13-3600232	501(c)(3)	540,000		General
ı	CRISTO REY NEW YORK	03-0495750	501(c)(3)	105,000		General

General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

DEVELOPMENT CORP 625 Jamaica Ave Brooklyn, NY 11208

11-2683663

HIGH SCHOOL 112 E 106th St New York, NY 10029 CYPRESS HILLS LOCAL

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) DREAM CHARTER SCHOOL 26-1841386 501(c)(3) 400,000 General

333 E 100th St grd fl New York, NY 10029					
EAST HARLEM SCHOLARS ACADEMY	27-4713450	501(c)(3)	150,000		General

HOUSE

337 Alexander Ave Bronx, NY 10454

New York, NY 10029 EAST SIDE SETTLEMENT 501(c)(3) 385,000 13-1623989 |General

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) EDITH AND CARL MARKS 11 1622/0/ E01/c1/21 200 076 Conoral

501(c)(3)

80 Pine Street fl 28 New York, NY 10005 ENTERPRISE COMM

PRTNRS COME HOME NYC 1 Whitehall St fl 11 New York, NY 10004 52-1231931

JEWISH COMMUNITY HOUSE OF BEN 7802 Bay Parkway Bensonhurst, NY 11214	11-1033404	301(0)(3)	300,070		General
EDUCATORS FOR EXCELLENCE INC	26-3252725	501(c)(3)	175,000		General

1.520.000

General

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) F1C 13-3848582 501(c)(3) 100.0001 General

520 Eighth Avenue	15 50 10502	301(0)(3)	100,000		General
New York, NY 10018					
FOOD BANK FOR NEW YORK CITY (SURVIVAL)	13-3179546	501(c)(3)	1,150,000		General

11.675

General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

121 Sixth Avenue
New York, NY 10013
FUND FOR THE CITY OF

NEW YORK (AIR NYC) 121 Ave of Americas New York, NY 10013

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government FUND FOR THE CITY OF NY-13-2612524 501(c)(3) 1,176,500 General

CTR FOR COURT 121 Ave of Americas New York, NY 10013					
FUND FOR THE CITY OF NY- HARLEM ASTHMA	13-2612524	501(c)(3)	550,000		General

New York, NY 10013					
FUND FOR THE CITY OF NY- HARLEM ASTHMA 121 Ave of Americas New York, NY 10013	13-2612524	501(c)(3)	550,000		General
FUND FOR THE CITY OF NY- PROMISE PROJ	13-2612524	501(c)(3)	150,000		General

121 Ave of Americas New York, NY 10013

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) FUND FOR THE CITY OF NY-13-2612524 501(c)(3) 250,000 General

501(c)(3)

New York, NY 10004
GODDARD RIVERSIDE

COMMUNITY CENTER 593 Columbus Ave New York, NY 10024 13-1893908

RED HOOK 121 Ave of Americas New York, NY 10013			,		
FUND FOR THE CITY OF NY- WMNS CTR 11 Broadway 450	13-3254769	501(c)(3)	75,000		General

716,444

|General

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

501(c)(3)

501(c)(3)

53-0196617

20-8497991

GOOD SHEPHERD SERVICES (LIFELINK) 305 7th Ave 9th Fl New York, NY 10001

GRAMEEN AMERICA

150 west 30th st new york, NY 10001

GOOD SHEPHERD SERVICES	53-0196617	501(c)(3)	1,480,000		General
305 7th Ave 9th Fl New York, NY 10001					

General

|General

425,000

3,023,750

(e) A mount of non- (f) Method of valuation (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

GRAND STREET SETTLEMENT 80 Pitt Street New York, NY 10002	13-5662230	501(c)(3)	305,000		General
GREEN CITY FORCE INC	80-0428040	501(c)(3)	70,000		General

General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

630 Flushing Ave fl8
Brooklyn, NY 11206
HELP SOCIAL SERVICE

CORPORATION
5 Hanover Sqr fl 18
New York, NY 10004

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

HARLEM CHILDREN'S ZONE 35 E 125th St New York,NY 10035	23-7112974	501(c)(3)	2,100,000		General
HARLEM RBI	13-4025290	501(c)(3)	712,500		General

General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

333 E 100th St New York, NY 10029

HARLEM UNITED

306 Lenox Ave fl 3 New York, NY 10027

COMMUNITY AIDS CENTER

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

501(c)(3)

26-3332972

INSTITUTE
2 Astor Place
New York, NY 10003
HOT BREAD KITCHEN LTD

1607 Park Ave New York, NY 10029

HENRY STREET SETTLEMENT 265 Henry Street New York, NY 10002	13-1562242	501(c)(3)	375,000		General
HETRICK-MARTIN	13-3104537	501(c)(3)	375,000		General

125,000

|General

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

501(c)(3)

501(c)(3)

13-3584089

30-0105507

HOUSING WORKS
57 Willoughby St fl2
New York, NY 11201

30 Broad Street fl 9 New York, NY 10004

IMENTOR

					II	
HOUSING PLUS SOLUTIONS INC	13-4200638	501(c)(3)	140,000			General
4 West 43rd St 316 New York, NY 10036						
11011 10111/111 10000						

General

General

280,000

677,000

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

General

General

IMMIGRANT JUSTICE CORPS INC	46-4879076	501(c)(3)	2,450,000		General
826 Broadway					
New York, NY 10003					

1.770.000

375,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

501(c)(3)

13-3273402

13-3213525

INSTITUTE FOR FAMILY

JERICHO PROJECT

245 W 29th St 9th fl New York, NY 10001

HEALTH
16 East 16th St
New York, NY 10003

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

General

General

JEWISH CHILD CARE ASSOCIATION	13-1624060	501(c)(3)	600,000		General
858 E 29th St					
Brooklyn, NY 11210					

2,500,000

475,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

501(c)(3)

20-3971209

13-3202043

KIPP NEW YORK INC

110 Lafayette St fl 8 New York, NY 10013

470 7th ave fl 10 New York, NY 10018

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) LEAGUE TREATMENT 11-2867436 501/61/31 450 000 General

CENTER 483 Clermont Ave Brooklyn, NY 11238	11-2807430	301(0)(3)	430,000		General
LEAP INC	11-2475743	501(c)(3)	2,013,978		General

General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

621 DeGraw Street
Brooklyn, NY 11217
LEGAL SERVICES OF NEW

YORK CITY 40 Worth St ste 606 New York, NY 10013

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 12 2067001 FO1/-1/21 200 000

333 East 115th St New York, NY 10029 LOCAL INITIATIVE	13-3030229	501(c)(3)	375,000		General
ASSUMPTION FAMILY HLTH	13-286/881	501(c)(3)	300,000		General

General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

SUPPORT CORPORATION

27-2323749

501 7th Ave FL7
New York, NY 10018
MADISON STRATEGIES

1250 Broadway810 New York, NY 10001

GROUP

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

MAKE THE ROAD NEW YORK 301 Grove Street Brooklyn, NY 11237	11-3344389	501(c)(3)	650,732		General
MAYOR'S FUND TO	13-3783906	501(c)(3)	2,855,000		General

7,111,000

|General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

ADVANCE NEW YORK CITY

23-7379473

253 Broadway fl 8 New York, NY 10007

16 E 34th St fl 19 New York, NY 10016

MDRC

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

501(c)(3)

501(c)(3)

METROPOLITAN COUNCIL

COMMUNITY ACTION INC 139-16 41st Ave fl 3 Flushing, NY 11355

ON JEWISH POVERTY 120 broadway fl 7 New York, NY 102710015 MINKWON CENTER FOR 13-2738818

11-2710506

MEMORIAL SLOAN- KETTERING CANCER	13-1924236	501(c)(3)	40,000		General
CENTER 633 3rd Ave 28th Fl					
New York, NY 10017					

General

General

125,000

110,000

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) MONTEFIORE MEDICAL 13-1624225 501(c)(3) 533.670 General

	CENTER 1225 Morris Ave Bronx, NY 10461	13 102 1223	301(0)(3)	333,670		Ceneral
•	MOUNT SINAI HOSPITAL 320 E 94th St	13-1624096	501(c)(3)	645,000		General

|General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

New York, NY 10128

NECHAMA JEWISH

DISASTER RESPONSE 4330 Cedar Rd Louis Park, MN 55416

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

General

General

NEIGHBORHOOD TRUST FINANCIAL PRTNRS	13-3849263	501(c)(3)	275,000		General
1112 St					
New York, NY 10032					

198,086

450.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

501(c)(3)

11-2632100

45-2736163

NEIGHBORS TOGETHER

INNOVATION PARTNERS 1250 Broadway fl30 New York, NY 10001

2094 Fulton St Brooklyn, NY 11233 NEW CLASSROOMS

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) NEW ECONOMY DROJECT 12 2042270 E01/c1/21 210 275 Canaral

121 W 27th St 804 New York, NY 10001	13-3642270	301(0)(3)	219,273		General
NEW PROFIT 200 Clarendon St	04-3396766	501(c)(3)	200,000		General

1512 Townsend Ave Bronx, NY 10452

NEW PROFIT 200 Clarendon St Boston, MA 02116	04-3396766	501(c)(3)	200,000		General
NEW SETTLEMENT APARTMENTS	14-1719016	501(c)(3)	525,000		General

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance NEW VISIONS FOR PUBLIC 13-3538961 501(c)(3) 200,000 General

SCHOOL 320 West 13th St New York,NY 10014			,		
NYC CTR FOR CHARTER SCHOOL EXCELLENCE	20-0759687	501(c)(3)	1,000,000		General

General

111 Broadway 604 New York, NY 10006 NYC DISTRICT COUNCIL 13-2583087 501(c)(3) 175,000

OFCARPENTERS 395 Hudson St New York, NY 10014

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

NEW YORK COMMON PANTRY 8 East 109th St New York, NY 10029	13-3127972	501(c)(3)	300,000		General
NEW YORK FOUNDLING	13-1624123	501(c)(3)	890,000		General

|General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

590 Ave of Amricas New York, NY 10011

NEWYORKIEGAL

ASSISTANCE GROUP
7 Hanover Sqr fl18
New York, NY 10004

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

General

General

NEW YORK PRESBYTERIAN	13-3160356	501(c)(3)	350,000		General
FUND INC					
654 West 170th St					
New York, NY 10032					

550,000

200.886

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

501(c)(3)

13-3957095

13-1887440

NEW YORK PRESBYTERIAN

NEW YORK PUBLIC LIBRARY

5th Ave and 42nd St New York, NY 10018

HOSPITAL 3959 Broadway619 New York, NY 10032

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) NEW VODE HNIVEDCITY 12 5562200 E01/c1/21 250 000 Canaral

(MCSILVER INSTITUTE) 1 Washington Sqr N New York, NY 10003	13-3302300	301(0)(3)	230,000		General
NYU SCHOOL OF MEDICINE	13-5562308	501(c)(3)	565,000		General

(CTI)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

New York, NY 10016

1 Park Ave fl 17 New York, NY 10016					
NYU SCHOOL OF MED (NYU	13-5562308	501(c)(3)	435,000		General

NYU SCHOOL OF MED (NYU	13-5562308	501(c)(3)	435,000		General
FURMAN CENTER)					1
1 park ave fl 6					1

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance NONTRADITIONAL 12 2272001 E01/61/21 106 200 Conoral

501(c)(3)

1301 5th ave New York, NY 10029

HARDHATS INC 71 W 23rd St 501 New York, NY 10010 80-0951998

EMPLOYMENT FOR WOMEN 243 W 20th St New York, NY 10011	13-32/2001	501(0)(3)	496,200		General
NORTHSIDE CENTER FOR CHILD DEVELOPMENT	13-1656679	501(c)(3)	845,000		General

80,266

General

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

501(c)(3)

NYU SCHOOL OF MED (SURVIVORS OF TORTURE)

783 Fourth Avenue
Brooklyn, NY 11232

11-2934620

462 First Avenue
New York, NY 10016
OPPORTUNITIES FOR A

NYU SCHOOL OF MED (MILITARY FAMILY CLINIC) 545 1st Ave New York, NY 10016	13-5562308	501(c)(3)	300,000		General
NYU SCHOOL OF MED	13-5562308	501(c)(3)	200,000		General

699,421

General

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

PARAPROFESSIONAL	13-3575492	501(c)(3)	1,000,000		General
OUTREACH PROJECT INC 117-11 Myrtle Ave Richmond Hill, NY 11418	11-2621537	501(c)(3)	200,000		General

|General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

HEALTHCARE INSTITUTE 400 E Fordham Rd Bronx, NY 10458

PART OF THE SOLUTION

2759 Webster Ave Bronx, NY 10458

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) DADTNEDCHID WITH 12 5506751 E01/c1/21 000 000 Canarai

DED SCHOLAS	04-3252055	501(c)(3)	550.000		General
CHILDREN 299 Broadway1300 New York, NY 10007	13 3330731	301(0)(3)	300,000		Ceneral
PARINERSHIP WITH	13-3390/31		900,000		General

Staten Island, NY 10302

New York, NY 10007					
PER SCHOLAS 804 E 138th St	04-3252955	501(c)(3)	550,000		General

PER SCHOLAS	04-3252955	501(c)(3)	550,000		General
804 E 138th St					
Bronx,NY 10454					

PROJECT HOSPITALITY 13-3234441 501(c)(3) 300,000 General 100 Park Ave

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) DDO IECT DENEMAL 13-2602882 501(c)(3) 250 000 1 General

	200 Varick St New York, NY 10014	13-2002002	301(0)(3)	230,000		Ceneral
•	QUEENS COMMUNITY HOUSE	11-2375583	501(c)(3)	328,406		General

|General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

108-25 62nd Drive Forest Hills, NY 11375

CANCER CARE 1919 Madison Ave New York, NY 10035

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

READING PARTNERS 225 w 35th fl 9 New York, NY 10010	77-0568469	501(c)(3)	200,000		General
CUNY - NYC COLLEGE OF TECH RESEARCH	13-1988190	501(c)(3)	355,000		General

1,250,000

|General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

230 W 41st St New York, NY 10036 CUNY - AT HOME

RESEARCH 230 W 41st St New York, NY 10036

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

501(c)(3)

13-1988190

BRONX CMMNITY COLL W 181st St 417 Bronx.NY 10453

230 W 41st St New York, NY 10036

CUNY - JOHN JAY COLLEGE

CUNY - CUNY CATCH RESEARCH 230 W 41st St New York, NY 10036	13-1988190	501(c)(3)	455,000		General
CUNY - FUTURE NOW AT	13-1988190	501(c)(3)	100,000		General

1.440.000

|General

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

General

|General

2001 Oriental Blvd			
Brooklyn, NY 11235			

565,000

180,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

501(c)(3)

CUNY - LAGUARDIA COMM

CUNY - LAGUARDIA COMM

31-10 Thomson Ave LIC,NY 11101

COLL - DVSN ADULT 230 W 41st St New York, NY 10036

COLL

13-1988190

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

501(c)(3)

501(c)(3)

13-1988190

27-4109092

CUNY-STELLA AND CHARLES GUTMAN COMM

RH BRONX RIDER LLC

230 W 41st St New York, NY 10036

826 Broadway New York, NY 10003

CUNY - PROJ FOR RETURN AND OPPOR IN VETERAN'S	13-1988190	501(c)(3)	300,000		General
230 W 41st St					
New York, NY 10036					

General

|General

565,000

1,180,173

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

RIVER FUND NEW YORK INC 89-11 Lefferts Blvd Richmond Hill,NY 11418	11-3450363	501(c)(3)	150,000		General
SAFE HORIZONS	13-2946970	501(c)(3)	450,000		General

|General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

13-2946970

2 Lafayette St New York, NY 10007

SAFE HORIZONS

320 Schermerhorn St Brooklyn, NY 11201

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

SAMARITAN VILLAGE INC 138-02 Queens Blvd Briarwood,NY 11435	11-2490500	501(c)(3)	207,000		General
SAMASOURCE INC	26-2547062	501(c)(3)	125,000		General

375.000

General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

13-3193119

2017 Mission St

PO Box 1406 New York, NY 10268

San Francisco, CA 94110

SANCTUARY FOR FAMILIES

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

SCO FAMILY OF SERVICES 1 Alexander Pl Glen Cove, NY 11542	11-2777066	501(c)(3)	3,100,000		General
SCRIPTED Inc 85 Broad St fl 17	46-0557527	501(c)(3)	125,000		General

250.000

General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

New York, NY 10004

SERVICES INC 520 8th Ave New York, NY 10018

SELFHELP COMMUNITY

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

SERVICES FOR THE UNDERSERVED (SUS) 305 7th Ave fl 10 New York, NY 10001	91-1918247	501(c)(3)	267,700		General
SHELTERING ARMS	13-3709095	501(c)(3)	315,000		General

15,665,514

General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

20-8837690

CHILDREN AND FMLY

1825 Park Ave 503 New York, NY 10035

SRVCS 305 7th ave New York, NY 10001 SINGLE STOP USA

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SOUTH BROOKLYN LEGAL 13-2605605 501(c)(3) 300 000 1 General

SERVICES 105 Court St fl 3 Brooklyn, NY 11201	13 2003003	301(0)(3)	300,000		Certeidi
SOUTHWEST BKLYN INDUSTRIAL DVLPMT CORP	11-2508370	501(c)(3)	75,000		General

|General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

241 41st St Brooklyn, NY 11232

PROGRAM
795 Lexington Ave
Brooklyn, NY 11221

ST JOHN'S BREAD AND LIFE

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ST NICKS ALLIANCE CORP 51-0192170 501(c)(3) 300 000 General

501(c)(3)

2 Kingsland Ave Brooklyn, NY 11221	31 0132170	301(0)(3)	300,000		Ceneral
STANLEY M ISAACS NEIGHBORHOOD CENTER 415 Fast 93rd St	13-2572034	501(c)(3)	275,000		General

General

262.500

STANLEY M ISAACS
NEIGHBORHOOD CENTER
415 East 93rd St
New York, NY 10128
STATEN ISLAND MENTAL

HEALTH SOCIETY 669 Castleton Ave Staten Island, NY 10301

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

STUDENTS FIRST NY 825 K St Sacramento,CA 95814	45-4296699	501(c)(4)	1,300,000		General
SUCCESS CHARTER NETWORK	20-5298861	501(c)(3)	1,750,000		General

193.370

General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

52 Chambers St New York, NY 10007 SUNNYSIDE COMMUNITY

SERVICES INC 43-31 39th St Sunnyside, NY 11104

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

501(c)(3)

501(c)(3)

02-0535999

13-3541913

SUSTAINABLE SOUTH

TEACH FOR AMERICA INC.

1647 Macombs Rd Bronx.NY 10453

519 8th Ave fl 15 New York, NY 10018

BRONX

SUPPORTIVE HOUSING	13-3755149	501(c)(3)	100,000		General
NETWORK OF NY 247 W 37th St fl 18					
New York, NY 10018					

12,639

600.000

General

General

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

THE AFTER SCHOOL CORPORATION 1440 Broadway fl16 New York, NY 10018	13-4004600	501(c)(3)	1,300,000		General
THE BRIDGE FUND OF NEW	13-3824852	501(c)(3)	230,000		General

100.000

General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

YORK

271 Madison Ave
New York, NY 10016
CTR FOR ATTENTION AND

LEARNING DISORDERS 210 E 64th St fl 4 New York, NY 10065

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

501(c)(3)

ADVANCEMENT
30 Cooper Sqr fl 8
New York, NY 10003
THE DOOR - A CENTER OF

ALTERNATIVES INC 121 Ave of Amrcas New York, NY 10013 13-6127348

THE CHILD CENTER OF NEW	11-1733454	501(c)(3)	285,000		General
YORK					
61-02 Queens Blvd					
Woodside, NY 11377					
COOPER UNION FOR	13-5562985	501(c)(3)	250,000		General

General

1,160,000

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other)

THE DREAM 333 E 100th St New York, NY 10029	26-1841386	501(c)(3)	550,000		General
THE EAGLE ACADEMY	20-1532328	501(c)(3)	175,000		 General

350.000

|General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

13-3910716

THE EAGLE ACADEMY
14 Wall St 20th FI
New York, NY 10005

THE FAMILY CENTER

493 Nostrand Ave Brooklyn, NY 11216

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

THE FORTUNE COCIETY	12 2645426	E01/a)/2)	202 222		Cananal
THE FINANCIAL CLINIC 115 w 30th St 702 New York,NY 10001	13-2612524	501(c)(3)	35,000		General

|General

THE FORTUNE SOCIETY 13-2645436 501(c)(3) 383,333 29-76 Northern Blvd

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

11-2656137

THE FUND FOR PUBLIC

SCHOOLS 52 Chambers St New York, NY 10007

IG eneral LIC, NY 11101

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

New York, NY 10003 THE HEBREW HOME FOR	13-1739971	501(c)(3)	200,000		General
86 4th ave					
THE GO PROJECT	27-1411019	501(c)(3)	375,000		General

Brooklyn, NY 11201

1 Smith St

THE AGED 5901 Palisade ave Riverdale, NY 10471	13-17-39-97-1	301(0)(3)	200,000		General
THE HOPE PROGRAM	13-3268539	501(c)(3)	583,375		General

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) THE LEGAL AID SOCIETY 13-5562265 501(c)(3) 650,000 General 199 Water St

General

New York, NY 10038					
TRUSTEES OF COLUMBIA UNIVERSITY-PREP 1150 St	13-5598093	501(c)(3)	115,000		General

New York, NY 10032 TRUSTEES OF COLUMBIA 13-5598093 501(c)(3) 1.180.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

UNIVERSITY-POP 1255 AmsterdamAve New York, NY 10027

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

General

TURNAROUND FOR CHILDREN 25 W 45th St fl 6 New York, NY 10036	06-1495529	501(c)(3)	200,000		General
TURNING POINT	11-2838138	501(c)(3)	528,803		General

1.500.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

TURNING POINT 5220 4th Ave Brooklyn, NY 11220

UNCOMMON KNOWLEDGE

AND ACHIEVEMENT 261 W35th St New York, NY 10036 37-1665745

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

UNCOMMON SCHOOLS-	31-1488698	501(c)(3)	1,535,000		General
UNCOMMON SCHOOLS- CROWN HEIGHTS 1485 Pacific St Brooklyn, NY 11216	31-1488698	501(c)(3)	516,000		General

250,000

General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

CHARTER MGT 826 Broadway New York, NY 10003 UNION SETTLEMENT

ASSOCIATION 237 E 104th St New York, NY 10029 13-1632530

(e) A mount of non- (f) Method of valuation (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

SOCIETY OF NY 184 Eldridge St New York, NY 10002

UPWARDLY GLOBAL

505 8th Ave 602 New York, NY 10018 94-3346127

UNITED WAY OF GREATER PHILADELPHIA	23-1556045	501(c)(3)	70,000		General
1709 BF Pkwy					
Philadelphia, PA 191031294					
UNIVERSITY SETTLEMENT	13-5562374	501(c)(3)	375,000		General

200.000

General

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

General

General

URBAN ARTS PARTNERSHIP 21 Howard St fl 5	13-3554734	501(c)(3)	150,000		General
New York, NY 10013					

100,000

195.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

501(c)(3)

13-3442022

13-2933675

URBAN JUSTICE CENTER

40 Rector St fl 9 New York, NY 10006

575 8th ave fl 9 New York, NY 10018

URBAN PATHWAYS

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 13-4186070 501(c)(3) 300,000 General VILLAGE ACADEMIES 2 F W 4 2 444 C4

New York, NY 10027					
VISITING NURSE SERVICE OF NEW YORK 107 E 70th St	13-3189926	501(c)(3)	850,000		General
New York, NY 10021					1

310,000

|General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

71-0908184

WEST SIDE CAMPAIGN

AGAINST HUNGER 263 W 86th St New York, NY 10024

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

WOMEN IN NEED 115 w 31st St New York,NY 10001	13-31644//	501(c)(3)	580,000		General
FUND FOR THE CITY OF NEW YORK	13-3254769	501(c)(3)	10,000		General

825,000

General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

11 Broadway 450 New York, NY 10004 WORKFORCE

DEVELOPMENT CORPORTATION 150 Greenwich St New York, NY 10006 13-3632018

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) WORKFORCE 13-3632018 501(c)(3) 425,000 General DEVELOPMENT CORPORTATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Network Inc

1402

322 Eighth Avenue Suite

New York, NY 10001

110 William Street New York, NY 10038					
YEAR UP INC 55 Exchange Place New York, NY 10005	04-3534407	501(c)(3)	284,000		General
Young Women's Leadership	06-1517218	501(c)(3)	550.000		General

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493316031356 **Compensation Information** OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** ROBIN HOOD FOUNDATION 13-3441066 **Questions Regarding Compensation** Yes No 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 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 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 ✓ Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Νo Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

Νo

Νo

Νo

Νo

The organization?

The organization?

Any related organization?

Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

compensation contingent on the net earnings of

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

- Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990.

5a

5b

6a 6h

7

8

Yes

	ior each histed marvida	ai must equal the total	amount of Form 990, i	rait VII, Section A, illie	e Ta, applicable coluii	im (D) and (E) amount	s for that marvidual
(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	Base	(ii)	(iii)	other deferred	benefits	(B)(ı)-(D)	column(B) reported

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F)
	Base	(ii) Bonus & incentive	(ıiı) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)	c c as
	(i) compensation	compensation	compensation				i

Schedule J (Form 990) 2015

as deferred on briot

Page 2

Form 990

Schedule J (Form 990) 2015 Page 3 Part III **Supplemental Information** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation 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 2015, the Executive Committee of the board

Schedule J (Form 990) 2015

reviewed and approved bonus awards, for staff officers and key employees, which were judged reasonable

Software ID: Software Version:

EIN: 13-3441066

Name: ROBIN HOOD FOUNDATION

Form 990, Schedule J, Pa	Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1REYNOLD LEVY President (as of 10/1/15)	(1)		0	733	0	239	205,047	
	<u> </u>			<u> </u>			. o'	
1Mark Bezos SVP, Development & Comm	(I) (II)		15,000	0		0	140,950	
	<u> </u>		-	- 1		0	o'	
2 Alan Blum Chief Marketing Officer	(1)		0	426	32,131	32,324	304,469	
							<u></u>	
3LAURENCE JAHNS SVP, Advancement	(1)		30,000	19,426	46,765	25,969	454,663	
	(11)		υ					
4 Emary Aronson MD, Relief Fund & Education	(1)		22,000	1,559	38,881	12,870	353,595	
	(11)	,	0	0	0	-0	. -! -	
5 Susan Epstein MD, Jobs Economic Security	(1)) 237,464	15,000	2,802	33,774	38,465	327,505	
	(11)) 0	0	0	ol			
6 Amy Houston MD, Human Capital & Management	(1)		25,000	1,347	34,300	36,741	347,405	
Management	(11)) 0	0	0	0			
7 Susan SackMD, Real Estate	(1)) 313,217	22,000	536	43,180	12,851	391,784	
	(11)	0	0	0	0	0	0	
8David Saltzman executive director	(1)) 553,594	55,338	3 27,135	47,000	38,465	721,532	
	(11)	0	0	0	0			
9KRISTINE SUDANO SVP, DEVELOPMENT	(1)) 314,513	30,000	18,546	45,153	33,313	441,525	
S., 52-22-11	(11)) 0	0	0	0			
10Eric Weingartner MD, Survival	(1)) 215,861	22,000	379	32,010	38,465	308,715	
PiD, Julvivai	(11)) 0	0	0				
11Michael Weinstein SVP, Programs	(1)) 453,696	35,000	11,819	47,000	25,890	573,405	
SVP, Programs	(11)) 0	0	0			- -	
12Deborah Winshel President & COO (thru	(1)) 101,717	62,120	1,764	0	0	165,601	
2/27/15)	(11)) 0	0	0	0	-		
13Beth Zolkınd Chief Financial Officer	(1)) 272,079	25,000) 470	38,893	26,394	362,836	
	(11)	0	0	0	0		0	
	'	1	1	'		•	')

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

DLN: 93493316031356

Open to Public Inspection

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

► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Treasury Internal Revenue Service

Department of the

Employer identification number Name of the organization ROBIN HOOD FOUNDATION 13-3441066 Types of Property Part I (a) (b) (c) (d) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line applicable 1 g 1 Art—Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes 8 Intellectual property . . . 77 9 Securities-Publicly traded . Χ 10,476,066 fair market value 10 Securities—Closely held stock 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 . Real estate—Other . . . **18** Collectibles **19** Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy

22 Historical artifacts Scientific specimens . . 24 Archeological artifacts . . . **25** Other ▶ (Donated goods for events)

33

26 Other ▶ (_____ **27** Other ▶ (___ Number of Forms 8283 received by the organization during the tax year for contributions 29

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 is not required to be used

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

28 Other ▶ (_

b If "Yes," describe the arrangement in Part II

contributions?

b If "Yes," describe in Part II

for exempt purposes for the entire holding period? .

Х

for which the organization completed Form 8283, Part IV, Donee Acknowledgement

0

1,085,285 fair market value

No

Yes

Yes

Yes

30a

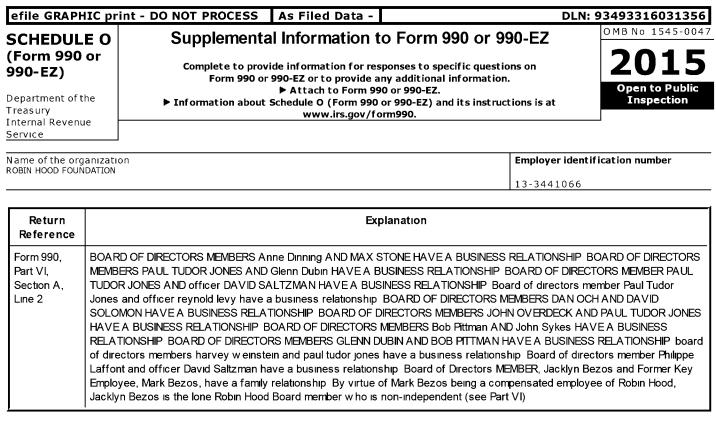
31

32a

Νo

990) (2015)

Paperwork Reduction Act Notice, see the Instructions for Form 990.	Cat No 51227J	Schedule M	(Form
describe in Part II			
If the organization did not report an amount in column (c) for a type of prop	erty for which column (a) is c	hecked,	



Return Reference	Explanation
' '	Robin Hood's board of directors has delegated to the Audit, Finance and Compliance Committee the authority to review Robin Hood's Form 990 prior to filing. Pursuant to that authority, after review by Robin Hood's tax and legal advisors, a draft of the Form 990 w as sent to the full afc committee for the committee's review and comment. A copy of Robin Hood's Form 990 w as provided to each member of the board prior to filing.

Reference	Explanation
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 the board's or committee's discussion but must leave the room for the final

deliberation and vote

Evalenction

Reference	Ехріанаціон
Form 990, Part VI, Section B, Line 15	Robin Hood's Executive Committee has the authority to make decisions relating to the compensation of its top management official and key employees (Note Robin Hood does not compensate its directors or non-staff officers). The committee is assisted in this process by an outside compensation consultant, legal counsel and Robin Hood's Audit, Finance and Compliance Committee. Compensation decisions are made with reference to comparability data for 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

Evolunation

Peturn

meeting minutes

Return Reference	Explanation
Form 990, Part VI,	ROBIN HOOD'S CERTIFICATE OF INCORPORATION, BY-LAWS and Conflict of Interest Policy ARE MADE AVAILABLE TO
Section C, Line 19	THE PUBLIC ON REQUEST ROBIN HOOD'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON ROBIN
	HOOD'S WEBSITE A SUMMARY OF ROBIN HOOD'S AUDITED FINANCIAL STATEMENTS (ALSO APPROVED BY ROBIN
	HOOD'S AUDITORS) IS ALSO POSTED ON ROBIN HOOD'S WEBSITE.

Return Reference	Explanation
' '	Reconciliation of Net Assets Rescinded Grants \$3,151,856 Services provided to unrelated third parties (51,862) USI Donated Rent (750,000) Total Part XI, Line 9 Changes \$2,349,994 ===========

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493316031356 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Name of the organization **Employer identification number** ROBIN HOOD FOUNDATION 13-3441066 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) robin hood holdings DE 0 Ina intellectual 826 broadway 9th floor new vork, NY 10003 13-3441066 Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) Name, address, and EIN of related organization Direct controlling Primary activity Legal domicile (state Exempt Code section Public charity status Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2015

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Pa	irt 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	(c) Legal domicile (state or foreign country)	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	alloca	ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partr	ral or aging ner?	(k) Percentage ownership
					Yes	No		Yes	No	l
									Ш	
		 -								

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.

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

Part V Transactions With Related Organizations Complete if the organization are	nswered "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
f 1 During the tax year, did the orgranization engage in any of the following transactions with one or mo	ore related organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
b Gift, grant, or capital contribution to related organization(s)				1b		
${f c}$ Gift, grant, or capital contribution from related organization(s)				1 c		
f d Loans or loan guarantees to or for related organization(s)				1d		
e Loans or loan guarantees by related organization(s)				1e		
f Dividends from related organization(s)				1f		
g Sale of assets to related organization(s)				1 g		
h Purchase of assets from related organization(s)				1h		
i Exchange of assets with related organization(s)				1i		
j Lease of facilities, equipment, or other assets to related organization(s)				1j		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		
I Performance of services or membership or fundraising solicitations for related organization(s)				11		
${f m}$ Performance of services or membership or fundraising solicitations by related organization(s) .				1m		1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
o Sharing of paid employees with related organization(s)				10		
p Reimbursement paid to related organization(s) for expenses				1p		
				1q		<u> </u>
q Reimbursement paid by related organization(s) for expenses						
${f r}$ Other transfer of cash or property to related organization(s)				1r		
s Other transfer of cash or property from related organization(s)				1 s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must com	olete this line, including co	vered relationships	and transaction threshold	S		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount ı	nvolved	I

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)	(b)	(c)	(d)		(e)	(f)	(g)	(h)		(1)	(1)		(k)
Name, address, and EIN of entity	(b) Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	Share of end-of-year assets	Disproprtiona allocations ²		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		Percentage ownership
			01.,	Yes	No			Yes	No		Yes	No	
												, ,	
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