efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493316031356 **Return of Organization Exempt From Income Tax** 990 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 Department of the Open to Public ▶ Information about Form 990 and its instructions is at www IRS qov/form990 Treasury Internal Revenue Service For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

Inspection

D Employer identification number B Check if applicable ROBIN HOOD FOUNDATION

Address change 13-3441066 % BETH ZOLKIND Name change Doing business as Initial return . Fınal E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 826 broadway Suite 9th fl return/terminated (212) 227-6601 Amended return City or town, state or province, country, and ZIP or foreign postal code new york, NY 10003 Application pending G Gross receipts \$ 201,069,367 Name and address of principal officer **H(a)** Is this a group return for Reynold Levy president subordinates? 826 broadway 9th floor Νo new york, NY 10003 H(b) Are all subordinates Tax-exempt status 4947(a)(1) or included? If "No," attach a list (see instructions) Website: ▶ www robinhood ord **H(c)** Group exemption number **▶** L Year of formation 1988 M State of legal domicile NY K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Part I Summary 1 Briefly describe the organization's mission or most significant activities robin hood supports the most effective poverty-fighting programs in NYC RH's board pays all overhead costs, so 100% of nonboard donations go to helping New Yorkers in need Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets ${f 3}$ Number of voting members of the governing body (Part VI, line 1a) . 37 4 Number of independent voting members of the governing body (Part VI, line 1b) 36 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 136 Total number of volunteers (estimate if necessary) . 6 480 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 150,751,968 195,718,658 Ravenue Program service revenue (Part VIII, line 2g) . . 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,201,989 2.658.837 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -10,533,686 -13,417,025 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 142.420.271 184.960.470 132,440,879 132,381,627 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 15,873,383 16,161,356 5-10) 130,000 140,000 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) $\triangleright 9,018,760$ b 10,105,598 8,535,481 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 158,549,860 157,218,464 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -16,129,589 27,742,006 19 Revenue less expenses Subtract line 18 from line 12 Assets or Beginning of Current Year **End of Year** 446.826.179 462,935,695 20 Total assets (Part X, line 16) . 84,945,965 71,817,155

Signature Block

21 Fund

22

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2016-11-11

Signature of officer Date Sign Here BETH ZOLKIND CFO Type or print name and title Print/Type preparer's name Scott Thompsett Preparer's signature Scott Thompsett Date PTIN Check ıf P00741490 **Paid** Fırm's name ► GRANT THORNTON LLP Preparer Firm's address ► 757 THIRD AVE 3RD FLOOR Phone no (212) 599-0100 Use Only

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

NEW YORK, NY 100172013

Total liabilities (Part X, line 26) .

Net assets or fund balances Subtract line 21 from line 20

361,880,214

391,118,540

DOLLARS, GOODS AND SERVICES TO PROVIDE HUNDREDS OF THE MOST EFFECTIVE SOUP KITCHENS, HOMELESS SHELTERS,

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

the prior Form 990 or 990-EZ? . .

the total expenses, and revenue, if any, for each program service reported

) (Expenses \$

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

nonprofit governing and auxiliary boards

Total program service expenses ▶

) (Expenses \$

) (Expenses \$

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

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

Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O

140,147,510 including grants of \$

1,447,285 including grants of \$

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

1,359,559

761,353 including grants of \$

143,715,707

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

including grants of \$

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by

1,330,656) (Revenue \$

1,250,000) (Revenue \$

700,000) (Revenue \$

Tes √No

expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, 128,853,811) (Revenue \$ 0) core grant making robin hood made cash grants to organizations in four areas education, early childhood and youth, jobs and economic security, and, survival, which primarily addresses hunger, homelessness and health robin hood provides more than 200 organizations with program grants, general operating support,

capital grants, and funds to build capacity and deepen services and management strength robin hood's grantmaking staff evaluated 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 highperforming 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'

Form 990 (2015)

Page 2

4h

4a

(Code

(Code

(Code

_	
- 4	40
•	40
•	40

Ī	4	H	



40
4€

4	
_	

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Nο

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Nο

Form 990 (2015)

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

	()			. age =
Pai	t 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)? 뉯	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 $I \supseteq 1$	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 negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 뉯	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
				7

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

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

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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, Parts III and IV ">

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

VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule D, Parts XI and XII 为

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

17

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

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

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) \ldots \ldots

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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

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?

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

Dar	t IV Checklist of Required Schedules (continued)			rage -
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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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, Part 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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2015)

orm	990 (2015)			Page 5
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>		<u>. </u>
_			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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	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? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7	were not tax deductible?	OD		
	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	
h	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	,,,	103	
·	file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		
	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		
LO	Section 501(c)(7) organizations. Enter Instruction foce and capital contributions uncluded on Part VIII, line 13			
	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 10b			
	facilities		·	
	Section 501(c)(12) organizations. Enter			
	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)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	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		

13b

13c

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

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 ${f O}$.

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

Νo

14a

14b

year by the following a The governing body? . .

Section C. Disclosure

13

Part

90 ((2015)	Page 6
VI	Governance, Management, and Disclosure	
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below	Ν,

describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management Yes

No 1a Enter the number of voting members of the governing body at the end of the tax **1**a 37 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

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

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?

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

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

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

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

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,

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

b 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

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) (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)

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

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 . . .

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

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

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

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

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

2 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was

4 5

6

7a

7b

10a

10h

11a

12a

12b

12c

13

15a

15b

16a

16b

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	
	No
	No
	No

Yes Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Nο

Form 990 (2015)

Νo

Νo

Νo

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
- 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										
(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
										Form 990 (2015)

Page 8

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

(A) Name and Title	(B) (C) A verage hours per week (list any hours for related (C) A verage hours per week (list any hours for related (C) A verage more than one box, unless person is both an officer and a director/trusteer				3	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the		
organız bel	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total						•				
c Total from continuation sheet						•				
d Total (add lines 1b and 1c) .	•		4,337,959	0	761,073					

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

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

	_		_ '
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual	3	Y
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	_

		Yes	No
ganization list any former officer, director or trustee, key employee, or highest compensated employee			
? If "Yes," complete Schedule J for such Individual	3	Yes	
dividual listed on line 1a, is the sum of reportable compensation and other compensation from the on and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	4	Yes	
erson 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

(B)

Description of services

legal services

videography

EVENT DESIGN SERVICE

EVENT DESIGN SERVICE

EVENT DESIGN SERVICE

(C)

Compensation

848,048

726,256

653,811

482,343

266,719

Form **990** (2015)

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1

Did any pe

550 Meadowlands PKWY SECAUCUS, NJ 07094 DW Productions LLC,

126 Hidden Valley Road

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)

Name and business address

Section B. Independent Contractors

Gibson Dunn Crutcher LLP, 200 park avenue 47 NEW YORK, NY 10166 Atomic Lighting LLC, 111 Eighth Avenue

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

NEW YORK, NY 10011

Control Freak Systems LLC,

219 Maple Avenue RED BANK, NJ 07701 Performance Environment Design Grou,

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

Form 99								Page
Part V	/++1	Statement o						-
		Check If Schedi	ule O contains a respor	se or note to any lir	e 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 ည	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b					
- G	c	Fundraising eve	ents 1 c	109,823,198				
ifts. ar A	d	Related organiz	zations 1d					
æ. m.i.e	e	Government grants	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					
nti d O	g	1a-1f \$	ons meladed in lines	11,561,351				
Cont	h	Total. Add lines	s 1a-1f		195,718,658			
Program Service Revenue	2a b		-	Business Code				
ν G	c							
er vi	d							
ა E	e							
ograi	f	All other progra	am service revenue					
ď	g	Total. Add lines	s 2a-2f		0			
	3		ome (including dividend ar amounts)		1,267,465			1,267,46
	4		stment of tax-exempt bond p	H	0			
	5	Royalties		🕨	0			
	6a	Gross rents	(I) Real 7,200	(II) Personal				
	ь	Less rental expenses						
	c	Rental income or (loss)	7,200	0				
	d		me or (loss)		7,200			7,20
	_	C	(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	8 a	Gross income f events (not inc \$ 109,823 of contributions See Part IV, lin	rom fundraising luding ,198 s reported on line 1c)					
her	.		a	1,551,179				
õ	B C		penses b (loss) from fundraising (15,101,694	-13,550,515			-13,550,51
			rom gaming activities					
	ь	Less direct ex	penses b					
	С	Net income or (ا loss) from gaming activ(vities	0			
	10a	Gross sales of returns and allo		•				
	b c	_	a oods sold b (loss) from sales of inve	entory ▶	0			
		Miscellaneous	s Revenue	Business Code				
	11a	MISCELLANEC	DUSINCOME	900099	126,290			126,29
	b							
	d	All other reven	ue	+				
	e	Total. Add lines	ı		126 200			
	12	Total revenue.	See Instructions		126,290			-10,758,18
	J				184,960,470		1	-10,/58,18

Part IX Statement of Functional Expenses

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► If following SOP 98-2 (ASC 958-720)

ection 501(c)(3) and 501(c)(4) organizations must comple	te all columns All other orga	anizations must complete column (A)

<u>sectio</u>	on 501(c)(3) and 501(c)(4) organizations must complete an columns	All other organiza	ations must com	piete 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, b, 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				
- ı	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)				
а	Management	0			
b	Legal	100,349	8,391	91,958	
С	Accounting	111,236		111,236	
d	Lobbying	0			
е	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
c	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				

32

33

34

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

32

33

34

391,118,540

462,935,695

Form **990** (2015)

361,880,214

446,826,179

	990 (2					Page 11
Par	't X	Balance Sheet				_
		Check if Schedule O contains a response or note to any line in this Part X				
				(A) Beginning of year		(B) End of year
	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 Complet II of Schedule L	e Part	0	5	0
Assets	6	Loans and other receivables from other disqualified persons (as defined a 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) Compl Part II of Schedule L	9)			
\ss	_			0	 	0
Q	7	Notes and loans receivable, net		112,615,540	7	112,615,540
	8	Inventories for sale or use		228.857	8	0
	9	Prepaid expenses and deferred charges	•	228,857	9	842,908
	10a	Complete Falt VI of Schedule D	9,089,645	2 200 740		0.007.000
	b		7,082,423	3,039,719		2,007,222
	11	Investments—publicly traded securities	•	0	11	
	12	Investments—other securities See Part IV, line 11		110,138,697	12	118,277,821
	13	Investments—program-related See Part IV, line 11		0	 +	0
	14	Intangible assets		1,405,239	14 15	2,744,534
	16	Total assets. Add lines 1 through 15 (must equal line 34)		446,826,179	\vdash	462,935,695
	17	Accounts payable and accrued expenses		7,260,687	17	6,292,135
	18	Grants payable		64,970,691	18	64,350,064
	19	Deferred revenue		12,714,587	19	1,174,956
	20	Tax-exempt bond liabilities	•	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		0	 	
ities	22	Loans and other payables to current and former officers, directors, truste key employees, highest compensated employees, and disqualified		<u> </u>		
Liabil		persons Complete Part II of Schedule L		0	22	C
Ľ	23	Secured mortgages and notes payable to unrelated third parties $$. $$.		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties \cdot . \cdot		0	24	0
	25	Other liabilities (including federal income tax, payables to related third p and other liabilities not included on lines 17-24) Complete Part X of Schedule D	arties,			
				0	25	0
	26	Total liabilities. Add lines 17 through 25		84,945,965	26	71,817,155
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ↓ and co lines 27 through 29, and lines 33 and 34.	mplete			
lan	27	Unrestricted net assets		284,583,085	27	272,330,470
Ba	28	Temporarily restricted net assets		77,297,129	28	118,788,070
Б	29	Permanently restricted net assets		0	29	0
ssets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34.	and			
ts (30	Capital stock or trust principal, or current funds			30	
, se	31	Paid-in or capital surplus, or land, building or equipment fund			31	

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

Net unrealized gains (losses) on investments .

Part XII Financial Statements and Reporting

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,

1 Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☐ Other

Consolidated basis

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

Consolidated basis

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

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

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

Donated services and use of facilities .

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) Total expenses (must equal Part IX, column (A), line 25)

1 2

3

4

5

6

7

8

9

10

157,218,464 27,742,006

184,960,470

Page **12**

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)) . . .

Both consolidated and separate basis

Both consolidated and separate basis

361,880,214

-853,674

2,349,994

No

Νo

Νo

Form 990 (2015)

391,118,540

Yes

Yes

Yes

2a

2b

2c

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	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unles	ore t	han erso cer	not one n is and rust			(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 einhom Chair	3 0	х		х				0	0	0	
anne dinning Vice-Chair	1 5	x		x				0	0	0	
larry robbins Vice-Chair	1 5	×		x				0	0	0	
Peter F Bonsh Secretary and Treasurer	1 5 0 0	×		x				0	0	0	
Lee Aınslıe III Dırector	1 0	х						0	0	0	
Laura Arnold Director	1 0	х						0	0	0	
Jacklyn Bezos Director	1 0	х						0	0	0	
Victoria Bjorklund Director	1 0	х						0	0	0	
Emma Bloomberg Director	1 0	х						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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unles	ore t ss pe	han erso cer tor/t	not one n is and trus		(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
Geoffrey Canada Director	1 0	×					0	0	
Cecily Carson Director	1 0	×					0	0	
Katie Couric Director	1 0	х					0	0	
Glenn R Dubin Director	1 5	х					0	0	
Manan Wnght Edelman Director	1 5	х					0	0	
Laurence Fink Director	1 0	x					0	0	
Roland Fryer Director	1 0	×					0	0	
John griffin Director	1 0	х					0	0	

15

0 0

0 0

......

Χ

Χ

0

Doug Haynes

Jeffrey R Immelt

Director

Director

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

Director

Director

Director

David Puth

Alan D Schwartz

Compensated Employees, and Inde	pendent Co	ntra	ctor	S					1	
(A) Name and Title	(B) A verage hours per week (list any hours for related	m 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									
Dırector	0 0	X						0	0	
Peter D Kiernan III Director	1 0	×						0	0	
Philippe Laffont Director	1 0	x						0	0	
Doug Morns Director	1 0	×						0	0	
Alex Navab Director	1 0	×						0	0	
Daniel S Och Director	1 0	×						0	0	
John Overdeck Director	1 0	x						0	0	
Robert Pittman	1 0	x						0	0	

0 0

0 0

0 0

Х

0

0

0

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

President & COO (thru 2/27/15)

(A) Name and Title	(B) A verage hours per week (list any hours for related	m 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
David Solomon Director	1 5	×						0	0	
Jes Staley Director	1 0	х						0	0	,
barry stemlicht Director	1 0	х						0	0	(
Max Stone Director	1 5	х						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			х				204,808	0	239
David Saltzman executive director	65 0			х				636,067	0	85,46
Deborah Winshel	60 0			Ţ				165 601	0	

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m 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									
Chief Financial Officer	0.0			X				297,549	0	65,28
Alan Blum Chief Marketing Officer	60 0				х			240,014	0	64,45
LAURENCE JAHNS SVP, Advancement	60 0				x			381,929	0	72,73
KRISTINE SUDANO SVP, DEVELOPMENT	60 0				х			363,059	0	78,46
Michael Weinstein SVP, Programs	60 0				x			500,515	0	72,890
Emary Aronson MD, Relief Fund & Education	60 0					х		301,844	0	51,75

0.0 60 0

00 60 0

0 0

Susan Epstein

Amy Houston

Susan Sack

MD, Real Estate

Eric Weingartner

MD, Survival

MD, Jobs Economic Security

MD, Human Capital & Management

72,23

71,04

56,03

70,47

Ω

0

0

255,266

276,364

335,753

238,240

Χ

Х

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors **(C)** Position (do not check (A) Reportable Reportable Name and Title Estimated amount of other

(F)

compensation from the

140,950

hours per	m	ore t	han	one	box,		compensation	compensation
week (list	unle	ss pe	erso	n ıs	both	an	from the	from related
any hours		officer and a					organization	organizations
for related	(director/trustee)					(W-2/1099-	(W- 2/1099-
organizations below dotted line)	Individual tru or director	Institutional Tr	Officer	key en	Highest compens employee	Former	MÍSC)	MISC)
	eete	ยรับรั			ns at			

26 0

0 0

Mark Bezos

SVP, Development & Comm

organizations

organization and related

efil	le GF	RAPHIC pr	int - DO I	NOT PROCES	SS As Filed Da	ta -		DLN: 93	3493316031356		
(Fo	rm (DEZ)		•	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at ww.irs.gov/form990.				OORT or a section	2015 Open to Public Inspection		
		enue Service						L			
		he organizat FOUNDATION	ion					Employer identific	ation number		
KOBI	HOOD	TOUNDATION						13-3441066			
Pa	rt I	Reason	for Publi	c Charity S	tatus (All organiza	ations must c	omplete this	part.) See instruction	ons.		
The	organı	zation is not	a private fo	oundation beca	ause it is (For lines 1	through 11, c	heck only one	box)	_		
1		A church,	convention	of churches, o	r association of churc	hes described	ın section 170	(b)(1)(A)(i).			
2	Ė	A school d	escribed in	section 170(b)(1)(A)(ii).(Attach S	chedule E (For	m 990 or 990-	·EZ))			
3	Ė	A hospital	or a cooper	atıve hospital	service organization	described in se	ection 170(b)(1	L)(A)(iii).			
4	Ė	A medical	research or	ganızatıon ope	rated in conjunction	with a hospital	described in s e	ection 170(b)(1)(A)(ii	i). Enter the		
_	•	hos pıtal's	name, city,	and state					 		
5				ated for the bei omplete Part I		niversity owned	d or operated b	y a governmental unit o	described in section		
6	_				· , : or governmental unit	t described in s	section 170(b)	(1)(A)(v).			
7	<u> </u>	An organiz	ation that n	ormally receiv	es a substantial part	of its support	from a governm	nental unit or from the o	general public		
	1•	described	n section 1	70(b)(1)(A)(v	i). (Complete Part II)	<u>-</u>	•	,		
8 9			•		ion 170(b)(1)(A)(vi)	•	•	cributions, membership			
10 11 a		receipts fr from gross organizati An organiz one or mor the box in Type I. A s supported organizatio Type II. A	om activition activition of after Jun ation organ ation organ e publicly slines 11a the upporting corganization You mus supporting supporting corganization You mus supporting supporting	es related to it income and it income and it income and ite 30,1975 Sized and operational and items of the second operation open it complete Paraganization sized organization six complete Paraganization six incomplete Paraganization six incomplet	s exempt functions—sunrelated business ta eesection 509(a)(2). ted exclusively to test ted exclusively for th nizations described in the describes the type ierated, supervised, of to regularly appoint of tr IV, Sections A and upervised or controlled	subject to cert xable income ((Complete Pai st for public sale benefit of, to a section 509 (of supporting our controlled by or elect a major B. ed in connection sable production connection sable production connection sable production sable p	ain exceptions (less section 5 rt III) fety See section 5 reform the full a)(1) or section organization and its supported or with its suppon with its suppon with its suppon with its suppon section	and (2) no more than 11 tax) from businessed on 509(a)(4). Inctions of, or to carry of 509(a)(2) See section complete lines 11e, organization(s), typical cors or trustees of the corted organization(s),	331/3% of its supportes acquired by the out the purposes of on 509(a)(3). Check 11f, and 11g lly by giving the supporting by having control or		
с		must comp	lete Part I' inctionally	V, Sections A a integrated. A	ind C.	on operated in	connection wit	manage the supported h, and functionally inte D. and E.			
d	Г	Type III not function	on-function nally integr	ally integrated ated The orga	i. A supporting organi nization generally mu	ization operate ist satisfy a dis	d in connection stribution requi	n with its supported org rement and an attentiv			
e	_	•		-	te Part IV, Sections A ceived a written detei	•		ıs a Type I, Type II, T	ype III functionally		
	ı			_	ally integrated suppo			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
f	Ente				ns			· · · · · · · <u> </u>			
g		Provide the	e following i	nformation abo	out the supported orga	anızatıon(s)					
Nan	ne of s	(i) supported on	ganızatıon	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization Isted in your governing document? (v) A mount of monetary support (see instructions)		A mount of monetary support	(vi) A mount of other support (see instructions)		
						Yes	No				
Tota											
TOLA	•					1			l		
For F	aperv	work Reducti	on Act Not	ice, see the In	structions for Form 9	90 or 990EZ.	Cat No 11		1 990 or 990-EZ) 2015		

706,539,322

916,407,078

6,101,621

231,124

11.457.413

934,197,236

75 631 %

75 885 %

▶▽

ightharpoons

▶□

Schedule A (Form 990 or 990-EZ) 2015

(f)Total

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

	Part III. If the organiz	zation rails to qu	uality under the	tests listed be	iow, piease con	npiete Part III.)	
Se	ction A. Public Support						
(or f	Calendar year iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	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
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						C
	The value of services or facilities furnished by a governmental unit to the organization without charge						C
4	Total. Add lines 1 through 3	164,898,420	228,080,396	176,957,636	150,751,968	195,718,658	916,407,078
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						209,867,756

shown on line 11, column (f) Public support. Subtract line 5 from line 4

Amounts from line 4 Gross income from interest, dividends, payments received

similar sources

carried on

through 10

VI)

15

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

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

check this box and stop here

from line 4							
Section B. Total Support							
Calendar year							
(or fiscal year beginning in) ▶							



(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

(b)2012

228,080,396

1,679,738

4,973,111

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

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 qualifies 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

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,

(c)2013

176,957,636

1,421,863

1,712,970

0

(d)2014

150,751,968

428,179

231,124

1,704,642

(e)2015

195,718,658

1,274,665

1.677.469

14

15

Schedule A (Form 990 or 990-EZ) 2015

ction	Α.	Pu	blic	S	upp	ort	:
	Ρ	art	III.	Ιf	the	org	ja
			npie				

Section	Α.	Pu	blic	S	upp	ort	:
	Ρ	art	III.	Ιf	the	org	aı
	(,	C 01	Hhie	ľ	OHI	y II	yς

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organization	fails to qualify	under the tes	ts listed below,	please comple	ete Part II.)	
Se	ction A. Public Support			•		•	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
(or f	iscal year beginning in) 🕨	(4)2011	(0)2012	(6)2013	(d)2014	(6)2013	(1)10tu1
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						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	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						
8	Public support. (Subtract line 7c						
٠	from line 6)						
Se	ction B. Total Support			•	•	•	
	Calendar year	(-) 3011	(b) 2012	(*)2012	(4)2014	(a)201F	/f) T at al
(or f	iscal year beginning in) 🕨	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources Unrelated business taxable						
b	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						
	ın lıne 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,						
13	11, and 12)						
14	First five years. If the Form 990 is f	or the organization	n's first, second	, thırd, fourth, or i	fifth tax year as a	section 501(c)(3) organization.
	check this box and stop here	J	,		,	(-)(▶ [
Se	ction C. Computation of Pub	lic Support Po	ercentage				
15	Public support percentage for 2015			13, column (f))		15	
16	Public support percentage from 201					16	
	ction D. Computation of Inv			0.0		10	
17	Investment income percentage for 3				an (f))	127	
					··· (1))	17	
18	Investment income percentage from	n ZUTA Schedule	A PARTILI line '	l /		1 10	

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

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

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 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I.

	It of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you I, complete Sections A and D, and complete Part V)	u cnec	ked 11	a or Pai
Se	ction 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 509(a)(1) or (2)	2		
	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination	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	3 c		
4-	Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a		
U	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	4c		
5 2	organization was used exclusively for section 170(c)(2)(B) purposes Did the organization add, substitute, or remove any supported organizations during the tax year?	I		
Ja	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	50		
	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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	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)	10b		
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?	11a		
b	A family member of a person described in (a) above?	11b		
	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		

No

Pailiv	supporting organizations (continued)
Section	B. Type I Supporting Organizations

ower to regularly ng the tax year? r controlled the w the powers to what conditions or orted organization(s)	1		
orted organization(s)			
organization(s) that	2		
		Yes	No
	ne directors or		the same persons

	that controlled or managed the supported organization(s)	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior 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 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant			

3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3	
S	ection E. Type III Functionally-Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below	e instru	ıctions)

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

- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see
- instructions)

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

2	Activities Test	Answer (a) and (b) below.		Yes	
а	Did substantiall	ly all of the organization's activities during the tax year directly further the exempt purpos	es of the		T

	_
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the	T
supported organization(s) to which the organization was responsive?	١
If "Ves " then in Part VI identify those supported organizations and explain how these activities directly	П

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the		
supported organization(s) to which the organization was responsive?		
If "Voc " then in Boat VI identify these supported erganizations and explain how these activities directly	,	l

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

	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	
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	

I	f "Yes," then in Part VI identify those supported organizations and explain how these activities directly	ı
ft	urthered their exempt purposes, how the organization was responsive to those supported organizations, and how the	
0	rganization determined that these activities constituted substantially all of its activities	L
b D	old the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	·ſ

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	
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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

2b

3a

3b

instructions)

Page **6**

	Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete			Г
	, , , , , , , , , , , , , , , , , , , ,		<u> </u>	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
L	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
ŀ	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
5	Portion of operating expenses paid or incurred for production or collection or gross income or for management, conservation, or maintenance of property held for production of income (see instructions)			
,	Other expenses (see instructions)	7		
3	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
L	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
1	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
		- t		Current real
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
!	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	4		
! -	Enter greater of line 2 or line 3	5		
5	Income tax imposed in prior year	-		
5	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally.	6		

Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity			
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anizations	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to	o which the organization is re	esponsive (provide	
details in Part VI) See instructions 9 Distributable amount for 2015 from Section C, line	6		
·	0		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
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			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schedule A	(Form 990 or 990-EZ) (2015

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

Schedule A	chedule 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-	Z) 2015				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -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? □ No

If "Yes," describe in Part IV

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

Enter the amount directly expended by the filing organization for section 527 exempt function activities

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

exempt function activities

(a) Name

3

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

4

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

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

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

(c) EIN

(d) A mount paid from

filing organization's

funds If none, enter -0-

Yes

(e) A mount of political

contributions received

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

Cat No 50084S Schedule C (Form 990 or 990-EZ) 2015 Other exempt purpose expenditures

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

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

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-

Calendar year (or fiscal year

beginning in)

Not over \$500,000

Over \$17,000,000

g

2a

(b) Affiliated

group totals

(a) Filing organization's

totals

157,218,464

157,218,464 1,000,000

250,000

(d)2015

1,000,000

250,000

Schedule C (Form 990 or 990-EZ) 2015

(e) Total

4,000,000

6,000,000

1,000,000

1,500,000

under section 501(h)). Check 🕨 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures) $\overline{}$ if the filing organization checked box A and "limited control" provisions apply

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

Total lobbying expenditures (add lines 1a and 1b)

Total exempt purpose expenditures (add lines 1c and 1d)

If the amount on line 1e, column (a) or (b) is:

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

Lobbying nontaxable amount Enter the amount from the following table in both columns

\$1,000,000

The lobbying nontaxable amount is:

\$225,000 plus 5% of the excess over \$1,500,000

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

1.000.000

250,000

(b)2013

1.000.000

250,000

(a)2012

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

Yes

(c)2014

1.000.000

250,000

☐ No

Lobbying

Page **3**

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
activ			No	<u> </u>	4 moun	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?			4		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			4		
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).	01 (c)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		1
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par 1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members					
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	-				
_	expenses for which the section 527(f) tax was paid).	2a				
a	Current year		 			
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	art IV Supplemental Information	•				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	n list\	Part I	Τ-Δ Ι	ines 1	and
	see instructions), and Part II-B, line 1. Also, complete this part for any additional information	(זכוו ק	, rait I	- 7,1	c3 I	ant
	Return Reference Explanation					

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE D**

(Form 990)

DLN: 93493316031356 OMB No 1545-0047

2015

Supplemental Financial Statements

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

reas			5, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or▶ Attach to Form 990.(Form 990) and its instructions is at www.ii			n to Public spection
Na	nal Revenue Service me of the organia			Empl	oyer identification	number
ROI	BIN HOOD FOUNDATI	ON		13-3	441066	
Pa			Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.			
	33.11.	<u> </u>	(a) Donor advised funds	(b)	Funds and other ac	counts
1	Total numbe	r at end of year				
2	Aggregate va year)	alue of contributions to (during				
3	Aggregate va	alue of grants from (during year)				
4	Aggregate va	alue at end of year				
5	•		advisors in writing that the assets held in do the organization's exclusive legal control?	nor advis	_	Yes
6	used only for ch		and donor advisors in writing that grant fund benefit of the donor or donor advisor, or for a		· · · —	Yes □ No
Pa			ete if the organization answered "Yes"	on Form		
1		•	e organization (check all that apply)	011 1 0111	1 3 3 6 7 1 4 1 2 1 7 111	10 /1
		on of land for public use (e g , recr	eation or	an histor	ıcally important lan	d area
		of natural habitat	'		d historic structure	
	<u> </u>	on of open space	·			
2	•	2a through 2d if the organization le last day of the tax year	held a qualified conservation contribution in	the form	of a conservation	
					Held at the End	of the Year
а	Total number o	f conservation easements		2a		
b	•	estricted by conservation easeme		2b		
c		servation easements on a certified	· ,	2c		
d	historic structu	ire listed in the National Register	c) acquired after 8/17/06, and not on a	2d		
3	Number of cons tax year ►		nsferred, released, extinguished, or terminat	ed by the	e organization durir	ig the
4	Number of state	es where property subject to cons	ervation easement is located >			
5	_	ization have a written policy regar enforcement of the conservation ϵ	ding the periodic monitoring, inspection, har easements it holds?	ndling of	☐ Yes	□No
6	Staff and volunt	teer hours devoted to monitoring,	inspecting, handling of violations, and enforc	ing cons	•	s during the
	>					
7	A mount of expe	enses incurred in monitoring, inspe	ecting, handling of violations, and enforcing o	conserva	tion easements du	ring the year
	▶ \$					
8		servation easement reported on li on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4) Yes	∏ No
9	balance sheet,	and include, if applicable, the text	ts conservation easements in its revenue ar of the footnote to the organization's financia	•	·	5
Par		n's accounting for conservation ea izations Maintaining Collec	sements Stions of Art, Historical Treasures,	or Oth	er Similar Ass	ets
			ed "Yes" on Form 990, Part IV, line 8.			
1 a	works of art, his	storical treasures, or other similar	FAS 116 (ASC 958), not to report in its reversess held for public exhibition, education note to its financial statements that describ	, or resea	arch in furtherance	
b	works of art, his	•	FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education these items			
((i) Revenue inclu	ded on Form 990, Part VIII, line :	L	> \$ _		
		ed in Form 990, Part X				
2	If the organizat	ion received or held works of art, l	nistorical treasures, or other similar assets	for financ		

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

ar		Organizations Maintaining (continued)	Collections of	Art, His	torica	al Tre	asures,	or Ot	her Similar A	Page Assets
3	Using t	the organization's acquisition, acc	ession, and other re	cords, ch	eck an	y of th	e following t	hat ar	e a significant us	se of its
а		ublic exhibition		d	Г	Loan o	rexchange	progr	ams	
b		abalarly research		e		Other				
_	_	cholarly research			'					
С	•	reservation for future generations								
4	Provide Part XI	e a description of the organization [.] III	's collections and ex	plain hov	they f	urther	the organiz	ation's	s exempt purpose	e in
5	assets	the year, did the organization soli to be sold to raise funds rather th	an to be maintained							s No
Pai		Escrow and Custodial Arra Complete if the organization a Part X, line 21.	i ngements. answered "Yes" o	n Form !	990, P	art IV	, line 9, o	r repo	orted an amou	nt on Form 990
La		organization an agent, trustee, cus ed on Form 990, Part X?	stodian or other inte	rmediary	for cor	ntrıbutı	ons or othe	rasse	rts not Y e	s No
b	If"Y	Yes," explain the arrangement in P	art XIII and comple	te the fol	lowing :	table			An	nount
c	Begi	inning balance	·		_			1 c		
d	A dd	itions during the year						1d		
e		ributions during the year						1e		
f		ing balance						1f		
2a		e organization include an amount o	n Form 990, Part X,	line 21,	for esc	row or	ı custodıal a	ccoun	t liability? Ye	s No
b	If"Yes	s," explain the arrangement in Part	XIII Check here if	the expla	nation	has b	een provide	d ın Pa	art XIII	🗆
Pa	rt V	Endowment Funds. Comple	te if the organiza	tion ans	wered	"Yes	' to Form	990, 1	Part IV, line 10	
	•		(a)Current year	(b) Pri	or year	b (c) Two years l	oack (d) Three years back	(e)Four years bac
La	Beginr	ning of year balance								
b	Contri	butions								
_	Notin	· · · · · · ·								
С	losses	vestment earnings, gains, and								
d	Grants	s or scholarships								
е		expenditures for facilities ograms								
f		nistrative expenses								
g	End of	f year balance								
2	Provide	e the estimated percentage of the	Current year end hal	lance (lin	e 1 a .c	olumn	(a)) held as			I
- а		designated or quasi-endowment >	sasiic year end bui	(1111	- 19/0	o runnin	(4/) 11014 43			
_										
b		nent endowment ►								
r	Tampa	rarily restricted andowment								

- Temporarily restricted endowment **>**
- The percentages on lines 2a, 2b, and 2c should equal 100%

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

 - organization by

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

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

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

Land, Buildings, and Equipment.

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

Description of property (a) (b) Accumulated (d)Book value

Description of property	Cost or other basis (investment)	Cost or other basis (other)	(c) depreciation	(a)book
La Land				

	(investment)	(other)	(c)depreciation	
1a Land				
b Buildings				
c Leasehold improvements		4,189,830	3,618,972	570,858
d Equipment		402,715	369,905	32,810
e Other		4,497,100	3,093,546	1,403,554

Yes

3a(i)

3a(ii)

3b

No

	scription of security or cate	quiy i	(b)Book value	(c)Method of valuation
	ncluding name of security)	g = . ,	(2)Book raido	Cost or end-of-year market value
∡j⊂iosely-nela equity in	ntorosts			
3) O ther	iterests			
A) INVESTMENTS IN L	IMITED		118,277,821	F
_				
otal. (Column (b) must eauz	al Form 990, Part X, col (B) line 1	(2)	118,277,821	
art VIII Investme	ents-Program Relate	d.		
				ee Form 990, Part X, line 13.
(a) Description of investment	:	(b) Book value	(c) Method of valuation Cost or end-of-year market valu
				,
_				
	al Form 990, Part X, col (B) line 13			
Part IX Other Ass		nization answered 'Yes' Description	on Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
	(a)	Безеприон		(-,
	(a)	Description		
_	(a)	Безеприон		
	(4)	Безеприон		
	(a)	Безеприон		
	(4)	Безеприон		
	(4)	Безеприон		
	(4)	Безеприон		
	equal Form 990, Part X, col (B)	line 15)	red 'Yes' on Form 990	
Part X Other Lial		line 15)	red 'Yes' on Form 990,	
Part X Other Lial See Form 9	equal Form 990, Part X, col (B) bilities. Complete if the	line 15)	1	
Part X Other Lial See Form 9 (a) D	equal Form 990, Part X, col (B) bilities. Complete rf the 990, Part X, line 25.	line 15)	ue	
See Form 9	equal Form 990, Part X, col (B) bilities. Complete rf the 990, Part X, line 25.	line 15)	1	
See Form 9	equal Form 990, Part X, col (B) bilities. Complete rf the 990, Part X, line 25.	line 15)	ue	
See Form 9	equal Form 990, Part X, col (B) bilities. Complete rf the 990, Part X, line 25.	line 15)	ue	
See Form 9	equal Form 990, Part X, col (B) bilities. Complete rf the 990, Part X, line 25.	line 15)	ue	
Part X Other Lial See Form 9 (a) D	equal Form 990, Part X, col (B) bilities. Complete rf the 990, Part X, line 25.	line 15)	ue	
See Form 9	equal Form 990, Part X, col (B) bilities. Complete rf the 990, Part X, line 25.	line 15)	ue	
Part X Other Lial See Form 9 (a) D	equal Form 990, Part X, col (B) bilities. Complete rf the 990, Part X, line 25.	line 15)	ue	
Part X Other Lial See Form 9 (a) D	equal Form 990, Part X, col (B) bilities. Complete rf the 990, Part X, line 25.	line 15)	ue	
Part X Other Lial See Form 9 . (a) D	equal Form 990, Part X, col (B) bilities. Complete rf the 990, Part X, line 25.	line 15)	ue	
Part X Other Lial See Form 9	equal Form 990, Part X, col (B) bilities. Complete rf the 990, Part X, line 25.	line 15)	ue	
Part X Other Lial See Form 9 . (a) D	equal Form 990, Part X, col (B) bilities. Complete rf the 990, Part X, line 25.	line 15)	ue	
Part X Other Lial See Form 9 . (a) D	equal Form 990, Part X, col (B) bilities. Complete rf the 990, Part X, line 25.	line 15)	ue	
Part X Other Lial See Form 9 . (a) Deduction of the content of the	equal Form 990, Part X, col (B) bilities. Complete rf the 990, Part X, line 25.	(b) Book val	ue	

Schedule D (Form 990) 2015

3

а b

c

1

2

а

b

c d

е

а

b

c

fin 48

Part XIII

information

3

-504,686

184,960,470

184,960,470

1,150,850

3,151,856

157,218,464

Schedule D (Form 990) 2015

154,066,608

Page 4

_	Total revenue, gains, and other support per audited financial statements						
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
а	Net unrealized gains (losses) on investments	2a			-853,674		
b	Donated services and use of facilities	2b			348,988		
•	Recoveries of prior year grants	20				1	

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

d Other (Describe in Part XIII) 2d

Add lines 2a through 2d Subtract line 2e from line 1 . . .

Total expenses and losses per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

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**

Other (Describe in Part XIII)

Donated services and use of facilities .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . . .

Subtract line 2e from line 1 .

Return Reference

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

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

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

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

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

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

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

1,150,850

3,151,856

4c

2e

4c

2e

3

155,217,458



efile GRAPHIC print	- DO NOT PRO	CESS	As Filed Da	ta -		DLN:	93493316031	356		
SCHEDULE F (Form 990)	Statement of Activities Outside the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.							OMB No 1545-0047		
(רטווו ששט)								5		
Department of the Treasury Internal Revenue Service	▶ Information abo	out Schedu		o rorm 990. and its instructions is at w	ww.irs.gov	/form990.	Open to Publi Inspection	ic		
Name of the organization ROBIN HOOD FOUNDATI	ON					Employer ident	tification number			
				he United States. orm 990, Part IV, line	14b.					
-	ce, the grantee	s' eligibil		s to substantiate the ants or assistance, and		_	┌ Yes ┌	_ No		
assistance outside	the United Stat	tes		rocedures for monitori		_	ts and other			
(a) Region	(b) I office	Number of ces in the region	(c) Number of employees, agents, and independent contractors in region	<u> </u>	(e) If activity program s	ty listed in (d) is a service, describe affic type of e(s) in region	(f) Total expendi for and investme in region			
(1) Central America and Caribbean	the			Investments			54,08	31,066		
(2) Europe (Including Ico Greenland)	eland and			Investments			30,15	58,936		
(3) North America				Investments			7,16	54,28		
(4)										
(5)										
3a Sub-total b Total from continuati to Part I	on sheets						91,40	283,40		
c Totals (add lines 3a a		etructions	for Form 990	Cat	No 5008	2W Schad	91,40 Jule F (Form 990) 2	04,283		

(i) Method of

valuation

(book, FMV,

(2) (3) (4)

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (e) A mount of (f) Manner of rpose of

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Pur _l gra
(1)	<u> </u>		

rant

cash grant

disbursement

cash

assistance

(g) A mount

of non-cash

appraisal, other)

(h) Description

of non-cash

assistance

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

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)

Sch	edule F (Form 990) 2015			Рa	ge 4
Pa	rt IV Foreign Forms				
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	l √	Yes	Г	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Г	Yes	▽	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	▽	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	√	Yes	Г	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	√	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If				

┌ Yes

Schedule F (Form 990) 2015

✓ No

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

5713, do not file with Form 990)

this part to provide any additional information (see instructions).

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

Page 5

990 Schedule F. Supplemental Information

Schedule F (Form 990) 2015

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 filling the Forms 926, 5471, 8621 or 8865, they have been attached to a Form 990-T filling.

DLN: 93493316031356

Open to Public

Inspection

Supplemental Information Regarding SCHEDULE G Fundraising or Gaming Activities (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

ROBIN HOOD FOUNDATION

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

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

Employer identification number

13-3441066

Pa		.ctivities.Complet ers are not require				on Form 990, Part IV	, line 17.				
1	Indicate whether the org	anızatıon raised fund:	s through	any of th	e following activities Cl	neck all that apply					
а	Mail solicitations			•	e 🔽 Solicitation of no	▼ Solicitation of non-government grants					
b	▼ Internet and email s	olicitations		1	f Solicitation of go	overnment grants					
c	▼ Phone solicitations			•	g 🔽 Special fundrais	ing events					
d		ons									
2 a	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										
b	If "Yes," list the ten hig to be compensated at le				sers) pursuant to agree	ments under which the fu	ındraıs er ıs				
ı	(ii) Name and address of individual or entity (fundraiser)		(iii) Did fundraiser have custody or control of contributions?		(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				
2	NGK Global LLC	Fundraising Polo Event	Yes		1,174,950	55,000	1,119,950				
3											
4											
5											
6											
7											
8											
9											
10											
Γota	al		<u> </u>	•	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,

Schedule G (Form 990 or 990-EZ) 2015 Page 2 Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 **(b)**Event #2 (c)Other events (d)

		Big Benefit (event type)	Inv Conf (event type)	8 (total number)	(add col (a) through
		, , , ,		,	
d)					
Reverkie	1 Gross receipts	101,862,316	6,089,015	3,423,046	111,374,377
Re	·				
	2 Less Contributions	100,988,891	5,629,325	3,204,982	109,823,198
	line 2)	873,425	459,690	218,064	1,551,179
	4 Cash prizes				
	5 Noncash prizes				
Ses	6 Rent/facility costs	3,191,575		167,271	3,525,058
Expenses	7 Food and beverages	886,886		212,743	
ă	8 Entertainment	25,175		4,880	32,555
Direct	9 Other direct expenses	7,466,290		745,197	10,423,445
۵	10 Direct expense summary Add lines 4		15,101,694		
Dat	11 Net income summary Subtract line 1 rt III Gaming.	0 from line 3, column (d	1)	.	-13,550,515
	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mor	e than \$15,000 on
Revenue		(a) Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Re	1 Gross revenue				
es	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct E	4 Rent/facility costs				
<u> </u>	5 Other direct expenses				
		☐ Yes	┌ Yes%	┌ Yes%_	
	6 Volunteer labor	☐ No	├ No	☐ No	
	7 Direct expense summary Add lines 2	2 through 5 ın column (d	1)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)		
9	Enter the state(s) in which the organiza	tion conducts gaming a	ctivities		
a	Is the organization licensed to conduct		•		Yes No
b	If "No," explain				
10a		censes revoked suspe	nded or terminated during	the tax vear?	
u	If "Vec " explain			, me can your	Yes No

Schedule G, Part II

For purposes of reporting the expenditures related to Robin Hood Foundation's special events, all

food and beverages costs are included within the rent/facility costs (Line 6)

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493316031356 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes." on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (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 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (f) Method of (a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non-(a) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 213 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Schedule I (Form 990) 2015

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

Explanation Robin Hood enters into a contractual agreement with each grant recipient. The contract specifies the purpose of the grant and prohibits the grantee from

Return Reference Grants Within the US 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

Additional Data

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

EIN: 13-3441066

Name: ROBIN HOOD FOUNDATION

Form 990,Schedule 1, Pai	orm 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of 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 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					
ACCION NEW YORK	11-3317234	501(c)(3)	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 (g) 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 65-1203744 501(c)(3) 2.000.000 General

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

501(c)(3)

New York, NY 10010

URBAN ASSEMBLY SCHOOL

FOR LAW & JUSTICE 283 Adams Street Brooklyn, NY 11201 90-0394877

403 James Street New Haven, CT 06513	00 1200711		2,000,000		o onor ar
ACKERMAN INSTITUTE FOR	13-1923959	501(c)(3)	100,000		General
THE FAMILY 936 Broadway					

250,000

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 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

CHILDREN OF NEW YORK INC 88 Third Avenue Brooklyn,NY 11217					
AFFORDABLE HOUSING	22-3114280	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)

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 ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) AID FOR AIDS 13-3954568 501/01/31 175 000 General

515 Greenwich St New York, NY 10013	13-3934300	301(0)(3)	173,000		General
ALI FORNEY CENTER 224 W 35th St fl 15	30-0104507	501(c)(3)	200,000		General

New York, NY 10001

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

100 Centre New York, NY 10013

ANDREW GLOVER YOUTH 13-3267496 501(c)(3) 430,869 General PROGRAM

(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)

69 E 167th St Bronx, NY 10542	13_3187792	501(c)(3)	,		Ceneral
ARIVA	32-0028598	501(c)(3)	9,920		General

ASTAN AMERICANS FOR 201(6)(2) T20,000 General

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

501(c)(3)

ASSOCIATION OF THE BAR

42 West 44th St New York, NY 10036 13-6003018

EQUALITY INC 35-34 Union St Flushing, NY 11354

100,000

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 applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

ASSOCIATION TO BENEFIT	13-3303089	501(c)(3)	550,000		General
CHILDREN 419 East 86th St					
New York, NY 10028					
ASTOR SERVICES FOR	53-0196617	501(c)(3)	250,000		General

General

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

501(c)(3)

CHILDREN AND FAMILIES

Rhinebeck, NY 125725005
BEDEORD STUYVESANT

RESTORATION CORP 1368 Fulton Street Brooklyn, NY 11216 11-6083182

6339 Mill St

(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 arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

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

DDOCDAM

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

New York, NY 10004

BLUE ENCINE	27 1192001	E01/c)/2)	427.009		Conoral
125 W 109th St New York, NY 10025					
PROGRAM					

BLUE ENGINE 27-1182991 501(c)(3) 43/,098 General 75 Broad St 2900

(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) 242474 CITIMITO E ILA DA FO4 (-)(2)

General

226 E 144th St Bronx, NY 10451 BOTTOM LINE INC	04-3351427	501(c)(3)	225,000		General
CITIWIDE HARM	13-3599121	201(c)(3)	213,1/1		General

1,300,000

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) 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 orassistance or government assistance other) 11-3048002 501(c)(3) 675,000 BREAKING GROUND General

505 8th Ave 602 New York, NY 10018					
BRONX DEFENDERS 360 E 161st St	13-3931074	501(c)(3)	100,000		Gen

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

1650 Selwyn Ave Bronx, NY 10457

BRONX DEFENDERS 360 E 161st St Bronx,NY 10451	13-3931074	501(c)(3)	100,000		General
BRONX-LEBANON HOSPITAL CENTER	13-3479996	501(c)(3)	250,000		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 or government assistance other) 13-3254484 501(c)(3) 500,000 General BRONXWORKS

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

General

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

501(c)(3)

1 Brookdale Plz Brooklyn, NY 11212

57 Willoughby St fl4 Brooklyn, NY 11201

SOCIETY

BROOKLYN KINDERGARTEN

(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 grant cash (book, FMV, appraisal, l non-cash assistance or assistance or government assistance other) 11-2137138 501(c)(3) 200,000 General BROOKLYN NAVY YARD

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

General

346 Broadway FI3 New York, NY 10013

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

501(c)(3)

CENTER FOR EMPLOYMENT

OPPORTUNITIES 50 broadway 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 (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CENTED FOR EAMILY LIFE 53-0106617 501/61/31 300 000 Canaral

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

501(c)(3)

New York, NY 10035

268 Canal Street New York, NY 10013

COMMUNITY HEALTH CTR

13-2739694

443 39th Street Brooklyn, NY 11232	33-0196617	501(0)(3)	300,000		General
CENTER FOR URBAN COMMUNITY SERVICES INC 198 E 121st Street	13-3687891	501(c)(3)	807,512		General

General

385,000

(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 ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

CHILD MIND INSTITUTE 445 Park Avenue New York, NY 10022	13-4178608	501(c)(3)	190,000		General
CHILDREN'S AID SOCIETY	13-5562191	501(c)(3)	3.200.000		General

General

350 East 88th St

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

501(c)(3)

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 ıf applıcable 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)

127 W 127th St 207 New York, NY 10027

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

(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) COALITION FOR HISPANIC 13-3546023 501(c)(3) 504.555 General

FAMIY SERVICES 315 Wyckoff Ave fl 4 Brooklyn,NY 11237			, i		
COALITION FOR THE	13-3072967	501(c)(3)	610,000		General

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

Stanford, CA 94305

	HOMELESS 129 Fulton Street New York, NY 10038	15 50,150,	301(0)(3)	010,000		o energi.
Ī	THE BOARD OF TRUSTEES	94-1156365	501(c)(3)	300,000		General

OF THE LELAND 579 Serra Mall

(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)

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

General

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

501(c)(3)

COMMUNITIES INC 125 Maiden Ln 16 New York, NY 10028 COMMUNITY ACCESS INC

2 Washington St fl 9 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 ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) COMMUNITY HEALTH 13-3556132 501(c)(3) 185,000 General ACTION OF STATEN

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

General

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

501(c)(3)

13-3861648

CORPORATION 28 East 28th Street

New York, NY 10016

DEVELOPMENT INC 240 Second Avenue New York, NY 10003

COMPREHENSIVE

(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 other) or government assistance

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

General

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

501(c)(3)

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

DEVELOPMENT CORP 625 Jamaica Ave Brooklyn, NY 11208

(a) Name and address of (b) EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 501(c)(3) 400,000 DREAM CHARTER SCHOOL 26-1841386 |General 333 E 100th St grd fl

New York, NY 10029					
EAST HARLEM SCHOLARS ACADEMY	27-4713450	501(c)(3)	150,000		General
2050 Second Ave					

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

337 Alexander Ave Bronx, NY 10454

New York, NY 10029 **FAST SIDE SETTLEMENT** 13-1623989

501(c)(3) 385,000 General HOUSE

(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) EDITH AND CARL MARKS 11 1622404 E01/a1/21 200 076

_	JEWISH COMMUNITY HOUSE OF BEN 7802 Bay Parkway Bensonhurst, NY 11214					
	EDUCATORS FOR	26-3252725	501(c)(3)	175,000		General

1,520,000

General

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

501(c)(3)

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

PRTNRS COME HOME NYC 1 Whitehall St fl 11 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) F1C 13-3848582 501(c)(3) 100,000 General 520 Fighth Avenue

New York, NY 10018					
FOOD BANK FOR NEW YORK CITY (SURVIVAL)	13-3179546	501(c)(3)	1,150,000		General
121 Sixth Avenue					

CITY (SURVIVAL)
121 Sixth Avenue
New York, NY 10013

FUND FOR THE CITY OF NEW YORK (AIR NYC)

General

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

121 Ave of Americas 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 (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 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	13 2012324	301(0)(3)	1,170,300		Ceneral
FUND FOR THE CITY OF NY- HARLEM ASTHMA	13-2612524	501(c)(3)	550,000		General

General

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

501(c)(3)

121 Ave of Americas New York, NY 10013

PROMISE PROJ 121 Ave of Americas New York, NY 10013

FUND FOR THE CITY OF NY-

(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 grant 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

RED HOOK 121 Ave of Americas New York, NY 10013		(// /	,		
FUND FOR THE CITY OF NY- WMNS CTR	13-3254769	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)

11 Broadway 450 New York, NY 10004 GODDARD RIVERSIDE

COMMUNITY CENTER 593 Columbus Ave 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 (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

GOOD SHEPHERD SERVICES 305 7th Ave 9th Fl New York,NY 10001	53-0196617	501(c)(3)	1,480,000		General
GOOD SHEPHERD	53-0196617	501(c)(3)	425,000		General

3,023,750

General

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

501(c)(3)

SERVICES (LIFELINK) 305 7th Ave 9th FI New York, NY 10001 GRAMEEN AMERICA

150 west 30th st new york, NY 10001

(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) CDAND CEDEET 12 5662220 E01/61/21 20E 000

GREEN CITY FORCE INC	80-0428040	501(c)(3)	70,000		General
SETTLEMENT 80 Pitt Street New York, NY 10002					
GRAND STREET	13-3002230	301(c)(3)	303,000		General

General

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

501(c)(3)

Brooklyn, NY 11206 HELP SOCIAL SERVICE

CORPORATION 5 Hanover Sqr fl 18 New York, NY 10004

80 Pitt Street New York, NY 10002					
GREEN CITY FORCE INC 630 Flushing Ave fl8	80-0428040	501(c)(3)	70,000		Gener

(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 other) assistance

HARLEM RBI	13-4025290	501(c)(3)	712.500		General
HARLEM CHILDREN'S ZONE 35 E 125th St New York, NY 10035	23-7112974	501(c)(3)	2,100,000		General

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

New York, NY 10027

New York, NY 10029		501(c)(3)			
HARLEM RBI 333 E 100th St	13-4025290	501(c)(3)	712,500		General

333 E 100th St					
New York, NY 10029					
HARLEM UNITED	13-3461695	501(c)(3)	426,166		General

New York, NY 10029					
HARLEM UNITED COMMUNITY AIDS CENTER	13-3461695	501(c)(3)	426,166		General

HARLEM UNITED	13-3461695	501(c)(3)	426,166		General
COMMUNITY AIDS CENTER					
306 Lenox Ave fl 3					

(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)

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

General

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

501(c)(3)

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

1607 Park Ave New York, NY 10029

(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)

General

General

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

280,000

677,000

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

501(c)(3)

501(c)(3)

HOUSING WORKS

IMENTOR

57 Willoughby St fl2 New York, NY 11201

30 Broad Street fl 9 New York, NY 10004 13-3584089

(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)

13-3213525

HEALTH 16 East 16th St New York, NY 10003 JERICHO PROJECT

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

IMMIGRANT JUSTICE CORPS INC 826 Broadway New York, NY 10003	46-4879076	501(c)(3)	2,450,000		General
INSTITUTE FOR FAMILY	13-3273402	501(c)(3)	1,770,000		General

375,000

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 organızatıon ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

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

New York, NY 10013

Diookijii, iti 11210					
KIPP NEW YORK INC 470 7th ave fl 10 New York, NY 10018	20-3971209	501(c)(3)	2,500,000		General

470 7th ave fl 10 New York, NY 10018					
LAWVERC FOR CUIT DREN	12 2202042	F01/6)/2)	475.000		Conoral

New Tork, NT 10010				
LAWYERS FOR CHILDREN 13-32020- 110 Lafayette St fl 8	3 501(c)(3	475,000		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) LEAGUE TREATMENT 11-2867436 501/61/31 450 000 Caparal

CENTER 483 Clermont Ave Brooklyn, NY 11238	11-2007430	301(0)(3)	430,000		General
LEAP INC 621 DeGraw Street	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)

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) 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 other) or government assistance

LITTLE SISTERS OF ASSUMPTION FAMILY HLTH 333 East 115th St New York, NY 10029	13-2867881	501(c)(3)	300,000		General
LOCAL INITIATIVE	13-3030229	501(c)(3)	375,000		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 (g) Description of (h) Purpose of grant organization ıfapplıcable 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 ADVANCE NEW YORK CITY	13-3783906	501(c)(3)	2,855,000		General

7,111,000

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

501(c)(3)

253 Broadway fl 8 New York, NY 10007

16 E 34th St fl 19 New York, NY 10016 23-7379473

MDRC

(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)

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

110,000

General

General

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

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

(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 arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) MONTEFIODE MEDICAL 12-162/225 501/61/31 533 670 Conoral

501(c)(3)

CENTER 1225 Morris Ave	13-1024223	301(c)(3)	333,070		General
Bronx, NY 10461					
MOUNT SINAI HOSPITAL	13-1624096	501(c)(3)	645,000		General

70,000

General

320 F 94th St

41-1998750

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 (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) NETCHBORNO OD TRUCT 42 2040262 E 0 4 (-) (2) 275 000

NEIGHBORHOOD TRUST FINANCIAL PRTNRS 1112 St New York, NY 10032	13-3849263	501(c)(3)	275,000		General
NEIGHBORS TOGETHER	11-2632100	501(c)(3)	198,086		General

General

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

501(c)(3)

Brooklyn, NY 11233 NEW CLASSROOMS

INNOVATION PARTNERS 1250 Broadway fl30 New York, NY 10001

(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) NEW ECONOMY PROJECT 13-3842270 501(c)(3) 219,275 General

121 W 27th St 804 New York, NY 10001					
NEW PROFIT 200 Clarendon St Boston MA 02116	04-3396766	501(c)(3)	200,000		General

525,000

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

501(c)(3)

NEW SETTLEMENT

APARTMENTS 1512 Townsend Ave Bronx, NY 10452

(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 other) or government assistance NEW VISIONS FOR BURLIC 13-3539061 501/61/31 200 000 Caparal

SCHOOL 320 West 13th St New York, NY 10014	13-3330901	301(0)(3)	200,000		General
NYC CTR FOR CHARTER SCHOOL EXCELLENCE	20-0759687	501(c)(3)	1,000,000		General

General

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

501(c)(3)

111 Broadway 604
New York, NY 10006

NYC DISTRICT COUNCIL

OF CARPENTERS 395 Hudson St New York, NY 10014

(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 arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) NEW YORK COMMON 13-3127972 501(c)(3) 300000General

PANTRY	13 312/3/2	301(0)(3)	300,000		General
8 East 109th St New York, NY 10029					
NEW YORK FOUNDLING	13-1624123	501(c)(3)	890,000		General

General

590 Ave of Amricas New York, NY 10011

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

501(c)(3)

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 (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 PRESBYTERIAN 13-3160356 501(c)(3) 350,000 General

General

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

FUND INC
654 West 170th St
New York, NY 10032
NEW YORK PRESBYTERIAN

HOSPITAL 3959 Broadway619 New York, NY 10032

NEW YORK PUBLIC LIBRARY

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

(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) NEW VORK HNIVERGITY 12 EEC 2200 E01(a)(3) 250.000 Caparal

(MCSILVER INSTITUTE) 1 Washington Sqr N New York, NY 10003	13-5562308	501(c)(3)	250,000		General
NYU SCHOOL OF MEDICINE	13-5562308	501(c)(3)	565,000		General

FURMAN CENTER) 1 park ave fl 6 New York, NY 10016

(CTI) 1 Park Ave fl 17 New York, NY 10016			·		
NYU SCHOOL OF MED (NYU	13-5562308	501(c)(3)	435,000		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 ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance NONTRADITIONAL 13-3272001 501(c)(3) 496.200 General

EMPLOYMENT FOR WOMEN 243 W 20th St New York, NY 10011	13 3272001	301(0)(3)	130,200		Ceneral
NORTHSIDE CENTER FOR CHILD DEVELOPMENT	13-1656679	501(c)(3)	845,000		General

General

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

501(c)(3)

1301 5th ave New York, NY 10029

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

(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 grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

General

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

200,000

699,421

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

501(c)(3)

501(c)(3)

13-5562308

11-2934620

NYU SCHOOL OF MED

BETTER TOMORROW 783 Fourth Avenue Brooklyn, NY 11232

462 First Avenue
New York, NY 10016
OPPORTUNITIES FOR A

(SURVIVORS OF TORTURE)

(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)

General

OUTREACH PROJECT INC 117-11 Myrtle Ave Richmond Hill, NY 11418	11-2621537	501(c)(3)	200,000		General
RICHIHOHU HIII, NY 11418					

1,000,000

323,950

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

501(c)(3)

501(c)(3)

PARAPROFESSIONAL

HEALTHCARE INSTITUTE 400 E Fordham Rd Bronx, NY 10458

PART OF THE SOLUTION

2759 Webster Ave Bronx, NY 10458 13-3575492

(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)

PER SCHOLAS	04-3252955	501(c)(3)	550,000		General
PARTNERSHIP WITH CHILDREN 299 Broadway1300 New York, NY 10007	13-5596751	501(c)(3)	900,000		General

General

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

501(c)(3)

13-3234441

804 E 138th St Bronx, NY 10454 PROJECT HOSPITALITY

100 Park Ave

Staten Island, NY 10302

(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) PROJECT RENEWAL 13-2602882 501(c)(3) 250,000 General

200 Varick St New York, NY 10014					
QUEENS COMMUNITY HOUSE	11-2375583	501(c)(3)	328,406		General

1919 Madison Ave New York, NY 10035

HOUSE 108-25 62nd Drive Forest Hills,NY 11375	11-23/5583	501(c)(3)	328,406		General
RALPH LAUREN CENTER- CANCER CARE	02-0597827	501(c)(3)	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 ıfapplıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) DEADING DARTNERS 77 0560460 E01/61/21 200 000

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

1,250,000

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

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 ıfapplıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other)

501(c)(3)

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

230 W 41st St New York, NY 10036

CUNY - 10HN 1AY COLLEGE

13-1988190

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
CONT - TOTOKE NOWAT	13-1300130	1 201(c)(3)	100,000	1	1	Deliciai

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 (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

	CUNY - KINGSBOROUGH COMMUNITY COLLEGE 2001 Oriental Blvd Brooklyn,NY 11235	13-1988190	501(c)(3)	375,000		General
ĺ	CUNY - LAGUARDIA COMM	13-1988190	501(c)(3)	565,000		General

General

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

501(c)(3)

COLL

31-10 Thomson Ave LIC, NY 11101

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

CUNY - LAGUARDIA COMM

(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 ıfapplıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other)

501(c)(3)

CHARLES GUTMAN COMM

27-4109092

230 W 41st St New York, NY 10036 RH BRONX RIDER LLC

826 Broadway New York, NY 10003

CUNY - PROJ FOR RETURN AND OPPOR IN VETERAN'S 230 W 41st St New York, NY 10036	13-1988190	501(c)(3)	300,000		General
CUNY-STELLA AND	13-1988190	501(c)(3)	565,000		General

General

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 ıf 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

501(c)(3)

New York, NY 10007 SAFE HORIZONS

320 Schermerhorn St Brooklyn, NY 11201

13-2946970

89-11 Lefferts Blvd Richmond Hill, NY 11418					
SAFE HORIZONS 2 Lafavette St	13-2946970	501(c)(3)	450,000		General

200,000

General

CAEE HODIZONS	12 2046070	E01/c)/2)	450,000		Conoral
RIVER FUND NEW YORK INC 89-11 Lefferts Blvd Richmond Hill, NY 11418	11-3450363	501(c)(3)	150,000		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 applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

General

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

125,000

375,000

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

501(c)(3)

501(c)(3)

26-2547062

13-3193119

SAMASOURCE INC
2017 Mission St
San Francisco, CA 94110
SANCTUARY FOR FAMILIES

PO Box 1406 New York, NY 10268

(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) SCO EXMILY OF SERVICES 11-2777066 501/61/31 3 100 000 Canaral

1 Alexander Pl Glen Cove, NY 11542	11-2777000	301(0)(3)	3,100,000		General
SCRIPTED Inc 85 Broad St fl 17	46-0557527	501(c)(3)	125,000		General

General

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

501(c)(3)

New York, NY 10004
SELFHELP COMMUNITY

SERVICES INC 520 8th Ave 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 ıf applicable 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)

1825 Park Ave 503 New York, NY 10035

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

CHILDREN AND EMLY

(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 grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) COUTH BROOKIVN LECAL 12 2605605 E01(a)(3) 200 000 le anaral

501(c)(3)

241 41st St Brooklyn, NY 11232

PROGRAM
795 Lexington Ave
Brooklyn, NY 11221

ST JOHN'S BREAD AND LIFE

11-3174514

SERVICES 105 Court St fl 3 Brooklyn, NY 11201	13-2603603	501(0)(3)	300,000		General
SOUTHWEST BKLYN INDUSTRIAL DVLPMT CORP	11-2508370	501(c)(3)	75,000		General

350,000

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 ıf applıcable grant 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

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

General

New York, NY 10128

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

501(c)(3)

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) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) STUDENTS FIRST NY 45-4296699 501(c)(4) 1.300.000 General

825 K St Sacramento, CA 95814		(-)(.)			
SUCCESS CHARTER NETWORK	20-5298861	501(c)(3)	1,750,000		General

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) 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 other) or government assistance

SUPPORTIVE HOUSING NETWORK OF NY 247 W 37th St fl 18 New York, NY 10018	13-3755149	501(c)(3)	100,000		General
SUSTAINABLE SOUTH	02-0535999	501(c)(3)	12,639		General

General

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

501(c)(3)

BRONX

1647 Macombs Rd Bronx, NY 10453

519 8th Ave fl 15 New York, NY 10018

TEACH FOR AMERICA INC.

(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 other) or government assistance

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 13-1624070

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

100,000

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 ıf applicable grant 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

1,160,000

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 aovernment 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

|General

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

501(c)(3)

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 (g) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) THE FINANCIAL CLINIC 13-2612524 501(c)(3) 35,000 General

115 w 30th St 702 New York, NY 10001	13 2012321	301(0)(3)	33,000		Centeral
THE FORTUNE SOCIETY 29-76 Northern Blvd	13-2645436	501(c)(3)	383,333		General

500,000

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

501(c)(3)

LIC,NY 11101

SCHOOLS 52 Chambers St New York, NY 10007

THE FUND FOR PUBLIC

(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)

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

THE AGED
5901 Palisade ave
Riverdale, NY 10471
THE HOPE PROGRAM

1 Smith 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 (h) Purpose of grant (g) Description of 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

New York, NY 10038					
TRUSTEES OF COLUMBIA UNIVERSITY-PREP 1150 St	13-5598093	501(c)(3)	115,000		General
New York, NY 10032					

1,180,000

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

501(c)(3)

TRUSTEES OF COLUMBIA

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 (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) THRNAROHND FOR 06-1495529 501(c)(3) 20000001General

General

New York, NY 10036 TURNING POINT	11-2838138	501(c)(3)	528,803		General
25 W 45th St fl 6					
CHILDREN					
TORNAROUNDTOR	00 1733323] 301(0)(3)	200,000		Ochiciai

1,500,000

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

501(c)(3)

5220 4th Ave Brooklyn, NY 11220 UNCOMMON KNOWLEDGE

AND ACHIEVEMENT 261 W35th 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 applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance TINCOMMON CCHOOLC 21 1400600 E01/61/21 E16 000

CROWN HEIGHTS 1485 Pacific St Brooklyn, NY 11216	31-1400090	301(0)(3)	316,000		general
UNCOMMON SCHOOLS-	31-1488698	501(c)(3)	1,535,000		General

General

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

501(c)(3)

826 Broadway
New York, NY 10003
UNION SETTLEMENT

ASSOCIATION 237 E 104th St New York, NY 10029

(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) LINITED WAY OF GREATER 23-1556045 501(c)(3) 70.000 General

PHILADELPHIA 1709 BF Pkwy Philadelphia, PA 191031294	23 13300 13	301(0)(3)	, 0,000		Jeneral Park
UNIVERSITY SETTLEMENT	13-5562374	501(c)(3)	375,000		General

General

SOCIETY OF MY 184 Eldridge St

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

501(c)(3)

New York, NY 10002 UPWARDLY GLOBAL

505 8th Ave 602 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 (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other)

URBAN ARTS PARTNERSHIP 21 Howard St fl 5 New York,NY 10013	13-3554734	501(c)(3)	150,000		General
URBAN JUSTICE CENTER	13-3442022	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)

40 Rector St fl 9 New York, NY 10006 URBAN PATHWAYS

575 8th ave fl 9 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 ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 13-4186070 501(c)(3) 300,000 VILLAGE ACADEMIES General 2 F 14/ 4 2 4+1- C+

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

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

New York, NY 10024

ral

107 E 70th St New York, NY 10021					
WEST SIDE CAMPAIGN AGAINST HUNGER	71-0908184	501(c)(3)	310,000		General

263 W 86th St

(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 other) or government assistance

WOMEN IN NEED 115 w 31st St New York,NY 10001	13-3164477	501(c)(3)	580,000		General
FUND FOR THE CITY OF NEW YORK	13-3254769	501(c)(3)	10,000		General

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

(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) WORKFORCE 13-3632018 501(c)(3) 425,000 General DEVELOPMENT

CORPORTATION 110 William Street New York,NY 10038					
YEAR UP INC 55 Exchange Place	04-3534407	501(c)(3)	284,000		General

General

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

501(c)(3)

YEAR UP INC
55 Exchange Place
New York, NY 10005

Young Women's Leadership
Network Inc
322 Eighth Avenue Suite

New York, NY 10001

1402

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 2015 Compensated Employees ▶ 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 Inspection 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 Receive a severance payment or change-of-control payment? **4**a Νo Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 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 The organization? **5**a Νo Any related organization? 5b Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a 6b Any related organization? Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Yes 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 8 Νo 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.

Schedule J (Form 990) 2015

Cat No 50053T

Page 2

Form 990

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	n of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	P	(ii)	(iii)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
l i	Base	Bonus & incentive	Other reportable	compensation			as deferred on prior

(1) compensation compensation compensation

Schedule J (Form 990) 2015

See Additional Data Table

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 Ithe 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	art	II - Officers, Direc	ctors, Trustees, K	ey Employees, an	d Highest Compen	sated Employees	;	
(A) Name and Title			f W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 REYNOLD LEVY President (as of 10/1/15)	(1)	204,075	0	733	0	239	205,047	!
<u></u> -	(11)	0	0			0	0	
1Mark Bezos SVP, Development & Comm	(1)) 125,950	15,000	, 0'	0	0	140,950	
SVF, Development & co	(11)	, 0	0	0	0			
2Alan Blum	(1)) 239,588	0	426	32,131	32,324	304,469	
Chief Marketing Officer	(11)							
	(,					0		
3 LAURENCE JAHNS SVP, Advancement	(1)) 332,503	30,000	19,426	46,765	25,969	454,663	
	(11)	, 0	0	0	0			
4Emary Aronson MD, Relief Fund & Education	(1)) 278,285	22,000	1,559	38,881	12,870	353,595	
PID, Neller Fund & Laute	(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	
MID, JUDS ECONOMIC Security	(11)	, 0	0	0	0			
6Amy Houston	(1)) 250,017	25,000	1,347	34,300	36,741	347,405	
MD, Human Capital & Management	(11)	0	0	,	0			
7 Susan SackMD, Real Estate	(1)) 313,217	22,000	536	43,180	12,851	391,784	
	(11)		0	,	0			
8David Saltzman	(1)) 553,594	55,338	3 27,135	47,000	38,465	721,532	
executive director	(11)		0	0	0			
9KRISTINE SUDANO	(1)) 314,513	30,000	18,546	45,153	33,313	441,525	
SVP, DEVELOPMENT	(11)							
			0	<u> </u>		0	0	
10 Eric Weingartner MD, Survival	(1)) 215,861	22,000	379	32,010	38,465	308,715	
·	(11)) 0	0	0	0		- 0	
11Michael Weinstein SVP, Programs	(1)) 453,696	35,000	11,819	47,000	25,890	573,405	
Svr, Flograms	(11)	, 0	0	0	0			
12Deborah Winshel President & COO (thru	(1)) 101,717	62,120	1,764	0	0	165,601	1
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	ĺ
Ciliei i iliuridui siriesi	(11)	0	0	0	0		.	1
		'	1		1	0	0	J

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE M (Form 990)

Noncash Contributions

▶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

Open to Public Inspection

32a

Yes

OMB No 1545-0047

2015

DLN: 93493316031356

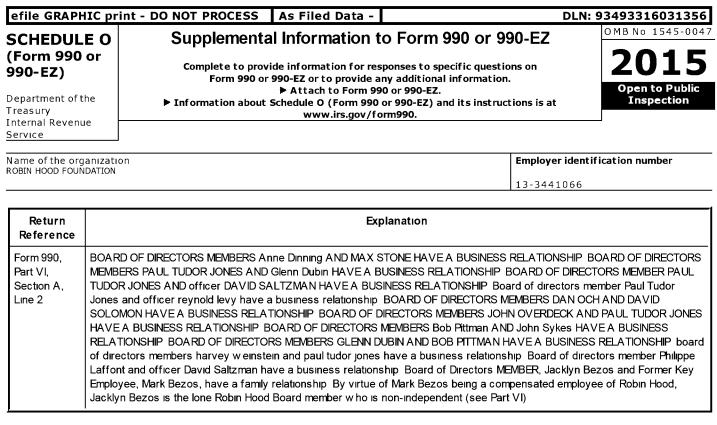
Treasury

Department of the

Internal Revenue Service **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 ١f or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line **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 . . . Intellectual property . . . Securities—Publicly traded . Χ 77 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 ▶ (Х 0 1,085,285 fair market value Donated goods for events) **26** Other ▶ (_____ 27 Other ► (___ 28 Other ▶ (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a Νo **b** If "Yes," describe the arrangement in Part II 31 Yes

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



Return Reference	Explanation
Form 990, Part VI,	Robin Hood's board of directors has delegated to the Audit, Finance and Compliance Committee the authority to review
Section B, Line 11	Robin Hood's Form 990 prior to filing Pursuant to that authority, after review by Robin Hood's tax and legal advisors, a
	draft of the Form 990 was sent to the full afc committee for the committee's review and comment. A copy of Robin Hood's
	Form 990 w as provided to each member of the board prior to filing

Return 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.

Explanation

Return Reference	Explanation
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

meeting minutes

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

ı	Return Reference	Explanation
ı		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) 2015 ▶ 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.qov/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) (d) (f) (c) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) robin hood holdings DE 0 na ıntellectual 826 broadway 9th floor new york, 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) Direct controlling Name, address, and EIN of related organization 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,	, Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.		

(a) Name, address, and EIN of	(b)	(c)	(d)	(e)	(f) Share of	(g) Share of	(h) rtionato	(i)	Canal	rol or	(k)
related organization	Primary activity	Legal domicile	Direct controlling	Predominant income(related,		ond-of-vear	Plloca	rtionate tions?	Code V-UBI amount in box	mana	Idi Ol	Percentage ownership
related diganization		(state or		unrelated,	total income	assets	alloca	LIONS	20 of	parti	ner?	Ownership
		foreign	Citacy	excluded from		43300			Schedule K-1	Parti	iici.	
		country)		tax under					(Form 1065)			
		,,,		sections 512-					(
				514)			L			<u> </u>		
							Yes	No		Yes	No	J
		l		<u>I</u>	<u>I</u>				I			
	_							175 4 17				

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.

_	_	1				04E
	No	+				
(i) 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						

Schedule R (Form 990) 2015					Page 3				
Part V Transactions With Related Organizations Complete if the organization answer	red "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				Y	es No				
1 During the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1	а					
b Gift, grant, or capital contribution to related organization(s)			1	b					
${f c}$ Gift, grant, or capital contribution from related organization(s)			1	.c					
d Loans or loan guarantees to or for related organization(s)			1	d					
e Loans or loan guarantees by related organization(s)				е					
f Dividends from related organization(s)			1	.f					
g Sale of assets to related organization(s)			1	g					
h Purchase of assets from related organization(s)			1	h					
i Exchange of assets with related organization(s)				Li					
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				.j					
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)			1	k					
I Performance of services or membership or fundraising solicitations for related organization(s)									
			l ₄		1				
m Performance of services or membership or fundraising solicitations by related organization(s)			· · · · ·	.m Ln	+-				
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			· · · · ·	o l	-				
o Sharing of paid employees with related organization(s)				0	+-				
				_	+				
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses			· · · · · ·	q					
r Other transfer of cash or property to related organization(s)				.r					
s Other transfer of cash or property from related organization(s)			_	.s	+-				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amoui	nt invo	lved				

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

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ²		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		(k) Percentage ownership
			317)	Yes	No			Yes	No		Yes	No	
												1 1	ı
												Ш	
												\vdash	
											lula D /Fai		

