

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ROBIN HOOD FOUNDATION			D Employer identification number 13-3441066	
	Doing Business As			E Telephone number (212) 227-6601	
	Number and street (or P.O. box if mail is not delivered to street address) 826 BROADWAY		Room/suite 9TH FL		
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10003			G Gross receipts \$ 193,272,402.	
F Name and address of principal officer: DAVID SALTZMAN 826 BROADWAY, 9TH FLOOR NEW YORK, NY 10003			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No if "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.ROBINHOOD.ORG			H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1988 M State of legal domicile: NY		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ROBIN HOOD SUPPORTS THE MOST EFFECTIVE POVERTY-FIGHTING PROGRAMS IN ALL 5 BOROUGHES. RH'S BOARD OF DIRECTORS PAYS ALL OVERHEAD COSTS, SO 100% OF YOUR DONATION GOES TO GROUPS HELPING NEW YORKERS IN NEED.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	34.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33.
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	126.
	6	Total number of volunteers (estimate if necessary)	6	584.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-250.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	147,526,786.	164,898,420.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	558,257.	1,803,876.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-7,275,023.	-23,611,201.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	140,810,020.	143,091,095.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	106,068,054.	116,953,098.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	12,125,726.	12,710,756.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,826,484.	85,000.	147,500.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,224,943.	6,797,655.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	125,503,723.	136,609,009.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	15,306,297.	6,482,086.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	383,215,937.	397,861,862.
	22	Net assets or fund balances. Subtract line 21 from line 20.	70,648,993.	71,864,274.
			312,566,944.	325,997,588.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ GRANT THORNTON LLP			EIN ▶ 36-6055558	P00741490
	Firm's address ▶ 666 THIRD AVENUE NEW YORK, NY 10017-4057			Phone no. ▶ 212-599-0100	
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 119,757,998. including grants of \$ 112,525,027.) (Revenue \$ 0)

CORE GRANT MAKING: ROBIN HOOD MADE MONETARY GRANTS FOR PROGRAMS AND OPERATING SUPPORT TO 216 ORGANIZATIONS IN SIX AREAS OF POVERTY FIGHTING: EARLY CHILDHOOD; EDUCATION AND YOUTH; JOBS; SURVIVAL, WHICH IS PRIMARILY CONCERNED WITH HUNGER, HOMELESSNESS, HEALTH AND H.I.V./AIDS; VETERANS; AND MANAGEMENT ASSISTANCE. GRANT MAKING STAFF ASSESSES PROGRAM QUALITY TO DETERMINE GRANT RECOMMENDATIONS. ROBIN HOOD FUNDS AND ARRANGES FOR THIRD-PARTY EVALUATION OF GRANTEE ORGANIZATIONS' PERFORMANCE TO TEST AND CORROBORATE GRANT MAKING DECISIONS AND TO PROVIDE GRANTEES WITH DATA TO IMPROVE PERFORMANCE.

4b (Code:) (Expenses \$ 3,426,978. including grants of \$ 3,220,000.) (Revenue \$ 0)

CAPITAL GRANTS: ROBIN HOOD MADE CAPITAL GRANTS TO 5 ORGANIZATIONS TO FACILITATE PROGRAM EXPANSION THROUGH ACQUISITION OF NEW SPACE OR RENOVATION OF EXISTING FACILITIES. CAPITAL PROJECTS STAFF ASSESSES FACILITY NEEDS AND ORGANIZATIONAL READINESS TO UNDERTAKE PROJECTS AND PROVIDES TECHNICAL ASSISTANCE IN ASSEMBLING A PROJECT TEAM, ANALYZING AND SECURING FINANCES AND EXECUTING PROJECTS ON TIME AND WITHIN BUDGET.

4c (Code:) (Expenses \$ 1,285,724. including grants of \$ 1,208,071.) (Revenue \$ 0)

MANAGEMENT ASSISTANCE: ROBIN HOOD MADE MONETARY GRANTS TO BUILD MANAGEMENT CAPACITY TO 42 ORGANIZATIONS RECEIVING CORE GRANTS. MANAGEMENT ASSISTANCE STAFF ASSESSES THE MANAGERIAL CAPABILITIES OF GRANTEES AND RECOMMENDS CONSULTING INTERVENTIONS TO STRENGTHEN THESE ORGANIZATIONS. CONSULTING IS ARRANGED VIA DONATED PROFESSIONAL SERVICES OR MONETARY GRANTS OR PROVIDED BY ROBIN HOOD STAFF. IN-KIND GRANTS: ROBIN HOOD OBTAINS DONATIONS OF GOODS NEEDED BY ORGANIZATIONS RECEIVING ITS CORE GRANTS. THESE GOODS ARE THEN AWARDED TO ORGANIZATIONS RECEIVING CORE GRANTS AND DISTRIBUTED TO THEM FREE OF CHARGE.

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

(Expenses \$ 6,338. including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 124,477,038.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 1041, and Form 720.

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a column for line numbers. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, and 9.

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

Table with 4 columns: Question, Yes, No, and a column for line numbers. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: BETH ZOLKIND 826 BROADWAY, 9TH FLOOR NEW YORK, NY 10003 212-227-6601

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LEE S. AINSLIE III DIRECTOR AND CHAIR	3.00	X		X			0	0	0	
(2) VICTORIA BJORKLUND DIRECTOR	3.00	X					0	0	0	
(3) SCOTT BOMMER DIRECTOR	1.00	X					0	0	0	
(4) PETER BORISH DIR., SECRETARY AND TREASURER	3.00	X		X			0	0	0	
(5) GEOFFREY CANADA DIRECTOR	1.00	X					0	0	0	
(6) MAURICE CHESSA DIRECTOR	1.00	X					0	0	0	
(7) STEVEN A. COHEN DIRECTOR	1.50	X					0	0	0	
(8) GLENN R. DUBIN DIRECTOR	2.50	X					0	0	0	
(9) MARIAN WRIGHT EDELMAN DIRECTOR	1.50	X					0	0	0	
(10) DAVID EINHORN DIRECTOR	1.50	X					0	0	0	
(11) JULIUS GAUDIO DIRECTOR	1.00	X					0	0	0	
(12) JOHN GRIFFIN DIRECTOR	1.00	X					0	0	0	
(13) DOUG HAYNES DIRECTOR	2.00	X					0	0	0	
(14) JEFFREY R. IMMELT DIRECTOR	.50	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) PAUL TUDOR JONES II DIRECTOR	3.00	X						0	0	0
(16) PETER D. KIERNAN III DIRECTOR	3.00	X						0	0	0
(17) KENNETH G. LANGONE DIRECTOR	.50	X						0	0	0
(18) MARY MCCORMICK DIRECTOR	1.00	X						0	0	0
(19) DOUG MORRIS DIRECTOR	.50	X						0	0	0
(20) DANIEL S. OCH DIRECTOR AND VICE-CHAIR	1.50	X		X				0	0	0
(21) GWYNETH PALTROW DIRECTOR	.50	X						0	0	0
(22) ROBERT PITTMAN DIRECTOR	1.00	X						0	0	0
(23) DAVID PUTH DIRECTOR	3.00	X						0	0	0
(24) LARRY ROBBINS DIRECTOR	2.00	X						0	0	0
(25) ALAN D. SCHWARTZ DIRECTOR	2.00	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								3,887,628.	0	622,687.
d Total (add lines 1b and 1c)								3,887,628.	0	622,687.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 38**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 21**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) DAVID SOLOMON DIRECTOR	1.00	X					0	0	0	
(27) JES STALEY DIRECTOR	1.00	X					0	0	0	
(28) BARRY STERNLICHT DIRECTOR & VICE-CHAIR	1.50	X		X			0	0	0	
(29) MAX STONE DIRECTOR	1.50	X					0	0	0	
(30) JOHN SYKES DIRECTOR	1.00	X					0	0	0	
(31) DAVID TEPPER DIRECTOR	.50	X					0	0	0	
(32) HARVEY WEINSTEIN DIRECTOR	.50	X					0	0	0	
(33) BRIAN WILLIAMS DIRECTOR	1.00	X					0	0	0	
(34) JEFF ZUCKER DIRECTOR	.50	X					0	0	0	
(35) ATIIM BARBER (THRU 01/2011) DIRECTOR	.25	X					0	0	0	
36) DAVID SALTZMAN EXECUTIVE DIRECTOR	65.00			X			565,778.	0	76,437.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 38

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
37) MICHAEL PARK CHIEF ADMINISTRATIVE OFFICER	60.00			X			326,112.	0	59,003.	
38) BETH ZOLKIND CHIEF FINANCIAL OFFICER	60.00			X			243,220.	0	33,827.	
39) DEBORAH WINSHEL CHIEF OPERATING OFFICER	60.00			X			339,561.	0	56,167.	
40) MARK BEZOS SVP, DEVELOPMENT	60.00				X		304,613.	0	62,603.	
41) SUSAN SACK MD, REAL ESTATE	60.00				X		302,251.	0	48,127.	
42) MICHAEL WEINSTEIN SVP, PROGRAMS	60.00				X		451,068.	0	65,161.	
43) LAURENCE JAHNS SVP, ADVANCEMENT	60.00					X	327,418.	0	59,170.	
44) JAMES SAMALIS MD, EVENTS	60.00					X	312,639.	0	16,734.	
45) EMARY ARONSON MD, RELIEF FUND & EDUCATION	60.00					X	259,033.	0	44,161.	
46) SUSAN EPSTEIN MD, JOBS & ECONOMIC SECURITY	60.00					X	224,957.	0	56,602.	
47) KRISTINE SUDANO MD, DEVELOPMENT	60.00					X	230,978.	0	44,695.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 38**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 57,834,113.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 107,064,307.				
	g Noncash contributions included in lines 1a-1f: \$	5,671,877.				
	h Total. Add lines 1a-1f		164,898,420.			
Program Service Revenue	2a _____	Business Code				
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,297,176.			1,297,176.
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		506,700.			506,700.
	8a Gross income from fundraising events (not including \$ 57,834,113. of contributions reported on line 1c). See Part IV, line 18	a 1,383,975.				
	b Less: direct expenses	b 25,000,422.				
	c Net income or (loss) from fundraising events		-23,616,447.			-23,616,447.
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code				
11a MISCELLANEOUS INCOME	900099	5,246.			5,246.	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		5,246.				
12 Total revenue. See instructions		143,091,095.			-21,807,325.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	116,953,098.	116,953,098.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,009,536.	1,040,030.	1,272,917.	696,589.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	94,229	94,229		
7 Other salaries and wages	7,248,646.	3,049,383.	826,956.	3,372,307.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	923,331.	414,303.	159,174.	349,854.
9 Other employee benefits	790,160.	309,963.	80,333.	399,864.
10 Payroll taxes	644,854.	231,706.	126,106.	287,042.
11 Fees for services (non-employees):				
a Management	0			
b Legal	114,298.		20,623.	93,675.
c Accounting	76,260.		76,260.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	147,500.			147,500.
f Investment management fees	0			
g Other	757,719.	95,740.	207,704.	454,275.
12 Advertising and promotion	0			
13 Office expenses	565,477.	152,141.	91,111.	322,225.
14 Information technology	790,745.	277,481.	108,092.	405,172.
15 Royalties	0			
16 Occupancy	1,383,500.	553,119.	208,123.	622,258.
17 Travel	65,478.	25,089.	8,903.	31,486.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	158,316.	55,377.	39,629.	63,310.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	839,394.	335,758.	125,909.	377,727.
23 Insurance	135,594.	59,038.	10,139.	66,417.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INDIRECT EVENT EXPENSES	928,214.			928,214.
b MARKETING & COMMUNICATIONS	200,582.			200,582.
c EVALUATION FEES	507,859.	507,859.		
d CONTRACTED MANAGEMENT ASST	330,711.	322,724.		7,987.
e All other expenses	-56,492.		-56,492.	
25 Total functional expenses. Add lines 1 through 24e	136,609,009.	124,477,038.	3,305,487.	8,826,484.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	0	1	0	
	2	Savings and temporary cash investments	157,478,267.	2	137,540,646.	
	3	Pledges and grants receivable, net	41,053,260.	3	44,210,697.	
	4	Accounts receivable, net	0	4	0	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0	
	7	Notes and loans receivable, net	51,600,000.	7	117,865,465.	
	8	Inventories for sale or use	0	8	0	
	9	Prepaid expenses and deferred charges	172,715.	9	521,019.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,267,813.		
	b	Less: accumulated depreciation	10b	2,478,809.	10c	3,789,004.
	11	Investments - publicly traded securities	0	11	0	
	12	Investments - other securities. See Part IV, line 11	116,493,543.	12	93,501,183.	
	13	Investments - program-related. See Part IV, line 11	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets. See Part IV, line 11	12,293,195.	15	433,848.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	383,215,937.	16	397,861,862.		
Liabilities	17	Accounts payable and accrued expenses	5,364,021.	17	6,090,550.	
	18	Grants payable	64,970,972.	18	65,452,654.	
	19	Deferred revenue	314,000.	19	321,070.	
	20	Tax-exempt bond liabilities	0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0	
	26	Total liabilities. Add lines 17 through 25	70,648,993.	26	71,864,274.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	246,563,856.	27	267,202,645.	
	28	Temporarily restricted net assets	66,003,088.	28	58,794,943.	
	29	Permanently restricted net assets	0	29	0	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances	312,566,944.	33	325,997,588.	
34	Total liabilities and net assets/fund balances.	383,215,937.	34	397,861,862.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	143,091,095.
2	Total expenses (must equal Part IX, column (A), line 25)	2	136,609,009.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,482,086.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	312,566,944.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,948,558.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	325,997,588.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization ROBIN HOOD FOUNDATION	Employer identification number 13-3441066
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH. 1; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 73.64%; 15 Public support percentage from 2010 Schedule A, Part II, line 14 73.94%; 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, 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 IV.); 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2010 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
FUNDRAISING EVENTS	1,302,097.	1,420,687.	676,100.	1,327,258.	1,383,975.	6,110,117.
MISCELLANEOUS				3,769.	5,246.	9,015.
TOTALS	<u>1,302,097.</u>	<u>1,420,687.</u>	<u>676,100.</u>	<u>1,331,027.</u>	<u>1,389,221.</u>	<u>6,119,132.</u>

Political Campaign and Lobbying Activities

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

2011

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

Open to Public Inspection

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures	136,609,009.	
e	Total exempt purpose expenditures (add lines 1c and 1d)	136,609,009.	
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	
If the amount on line 1e, column (a) or (b) is:		The lobbying nontaxable amount is:	
Not over \$500,000		20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000		\$1,000,000.	
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying nontaxable amount				1,000,000.	1,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,500,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount				250,000.	250,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					375,000.
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 2a Current year; 2b Carryover from last year; 2c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information. LOBBYING

ROBIN HOOD FOUNDATION DID NOT UNDERTAKE ANY LOBBYING ACTIVITIES IN 2011;

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

501 (H) ELECTION.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor advisement with Yes/No checkboxes.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table for Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historically important area, certified historic structure), a table for held at the end of the tax year (rows 2a-2d), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for revenues and assets.

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

Schedule D (Form 990) 2011

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIV and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

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

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS IN LIMITED	93,501,183.	FMV
(B) PARTNERSHIPS		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	93,501,183.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows and 3 columns: Line number, Description, and Amount. Total revenue is 143,091,095 and total expenses are 136,609,009, resulting in an excess of 6,482,086.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and sub-rows (a-e). Total revenue per audited statements is 145,787,068. Adjustments include net unrealized gains (2,188,525) and other items, resulting in a total revenue of 143,091,095.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows (a-e). Total expenses per audited statements is 132,356,424. Adjustments include donated services (747,415) and other losses, resulting in a total expense of 136,609,009.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

RECONCILIATION

PART XI, LINE 8 & PART XIII, LINE 2D

RETURN OF UKA FUNDING: 5,000,000

FIN 48

PART X, LINE 2

ROBIN HOOD FOLLOWS THE ACCOUNTING GUIDANCE FOR UNCERTAINTIES IN INCOME TAX POSITIONS WHICH REQUIRE 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 2009, 2010 AND 2011 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 THE CONSOLIDATED 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 CONSOLIDATED FINANCIAL STATEMENTS AND THE AMOUNT OF THE LOSS CAN BE REASONABLY ESTIMATED. MANAGEMENT BELIEVES THAT NO SUCH LOSS CONTINGENCIES EXIST.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		36,004,370.
(2) EUROPE			INVESTMENTS		26,724,528.
(3) NORTH AMERICA			INVESTMENTS		4,223,138.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					66,952,036.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					66,952,036.

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

Schedule F (Form 990) 2011

JSA
1E1274 1.000

0033AV 700J

V 11-6.2

0161910-00011

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Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities _____

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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).* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471).* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865).* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

Part V Supplemental Information

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

PART IV, LINE 1, 4 & 5

ROBIN HOOD FOUNDATION ("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. NEVERTHELESS, ROBIN HOOD'S INVESTMENT IN THESE PARTNERSHIPS DID NOT REACH THE THRESHOLDS REQUIRED FOR FILING THE FORMS 926, 8621 OR 8865.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to 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. ▶ See separate instructions.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 EVENT ASSOCIATES	FUNDRAISING DINNER	X		39,399,665.	85,000.	39,314,665.
2 EVENT ASSOCIATES	FUNDRAISING CONCERT	X		14,595,746.	10,000.	14,585,746.
3 EVENT ASSOCIATES	FUNDRAISING CONCERT	X		3,908,567.	52,500.	3,856,067.
4						
5						
6						
7						
8						
9						
10						
Total				57,903,978.	147,500.	57,756,478.

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events		
		BENEFIT DINNER	ROCK CONCERT	5.	(add col. (a) through col. (c))		
		(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	39,399,665.	14,595,746.	5,222,677.	59,218,088.	
	2	Less: Charitable contributions	38,428,056.	14,543,101.	4,862,956.	57,834,113.	
	3	Gross income (line 1 minus line 2)	971,609.	52,645.	359,721.	1,383,975.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs	4,494,094.	3,048,645.	24,005.	7,566,744.	
	7	Food and beverages					
	8	Entertainment	4,869,261.	11,003,040.	1,561,377.	17,433,678.	
	9	Other direct expenses					
	10	Direct expense summary. Add lines 4 through 9 in column (d)					(25,000,422.)
	11	Net income summary. Combine line 3, column (d), and line 10					-23,616,447.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, COLUMN B(III)

CUSTODY ARRANGEMENT WITH EVENT ASSOCIATES WITH REGARD TO FUNDS RAISED IN CONNECTION WITH ROBIN HOOD'S ANNUAL BENEFIT:

EVENT ASSOCIATES ("EA") HANDLES THE TICKETING FOR ROBIN HOOD'S ("RH") ANNUAL BENEFIT. RH DEVELOPS THE GUEST LIST AND MAILES THE INVITATIONS. WHEN DONORS BUY TICKETS (EITHER CASH OR PLEDGES) EA RELEASES THE TICKETS

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

TO THE DONOR. EVERY WEEK (OR MORE FREQUENTLY AT THE BUSIEST TIMES) FUNDS ARE REMITTED TO RH AND A SUMMARY REPORT IS PREPARED BY EA AND GIVEN TO RH REPORTING PLEDGES AND PAYMENTS TO DATE. RH RECORDS THIS ACTIVITY IN THE FINANCIAL RECORDS. RH RECONCILES THIS REPORT WEEKLY TO THE FINANCIAL RECORDS AND ALSO UPDATES THE INVITATION LISTS FOR ALL CHANGES. A FULL ACCOUNTING IS PREPARED AT THE END OF THE EVENT AND RECONCILED WITH RH RECORDS. EA AND RH WORK TOGETHER ON FOLLOW UP ON OUTSTANDING PLEDGES.

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

SCHEDULE G, PART II

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	1199 SEIU HOME INDUSTRY BILL MICHELSON EDUC 330 WEST 42ND STREET NEW YORK, NY 10036	71-1028611	501(C)(3)	472,500.				GENERAL
(2)	ABYSSINIAN DEVELOPMENT CORPORATION 4 WEST 125TH STREET NEW YORK, NY 10027	13-3552154	501(C)(3)	475,000.				GENERAL
(3)	ACCION NEW YORK 115 EAST 23RD STREET, 7TH FL, NY, NY 10010	11-3317234	501(C)(3)	230,000.				GENERAL
(4)	ACHIEVEMENT FIRST 1137 HERKIMER STREET BROOKLYN, NY 11233	65-1203744	501(C)(3)	2,000,000.				GENERAL
(5)	ACKERMAN INSTITUTE FOR THE FAMILY 149 EAST 78TH STREET NEW YORK, NY 10021	13-1923959	501(C)(3)	165,000.				GENERAL
(6)	ADVOCATES FOR CHILDREN OF NEW YORK, INC. 151 WEST 30TH STREET, 5TH FL, NY, NY 10001	11-2247307	501(C)(3)	375,000.				GENERAL
(7)	AFTER HOURS PROJECT, INC 1232 BROADWAY BROOKLYN, NY 11221	33-1007278	501(C)(3)	300,000.				GENERAL
(8)	AID FOR AIDS 120 WALL STREET NEW YORK, NY 10005	13-3954568	501(C)(3)	175,000.				GENERAL
(9)	AIDS CENTER OF QUEENS COUNTY 97-45 QUEENS BLVD QUEENS, NY 11374	11-2837894	501(C)(3)	175,000.				GENERAL
(10)	AIDS SERVICE CENTER OF LOWER MANHATTAN 80 5TH AVE NEW YORK, NY 10011	13-3562071	501(C)(3)	300,000.				GENERAL
(11)	ALBERT EINSTEIN COLLEGE OF MEDICINE 1165 MORRIS PARK AVENUE, ROUSSO BLDG, 3RD F	13-1624225	501(C)(3)	500,000.				GENERAL
(12)	ANDREW GLOVER YOUTH PROGRAM 100 CENTRE, 1541 NEW YORK, NY 10013	13-3267496	501(C)(3)	374,394.				GENERAL

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

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Schedule I (Form 990) (2011)

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(1)	ARGUS COMMUNITY, INC. 760 EAST 160TH STREET BRONX, NY 10456	23-7359002	501(C)(3)	150,000.				GENERAL
(2)	ASSOCIATION TO BENEFIT CHILDREN 410 EAST 86TH STREET NEW YORK, NY 10128	13-3303088	501(C)(3)	1,521,026				GENERAL
(3)	ASSOCIATION OF THE BAR OF THE CITY OF NEW Y 42 WEST 44TH STREET NEW YORK, NY 10036	13-6003018	501(C)(3)	150,000.				GENERAL
(4)	ASTOR SERVICES FOR CHILDREN AND FAMILIES 6339 MILL STREET, RHINEBECK, NY 12572	53-0196617	501(C)(3)	225,000.				GENERAL
(5)	BANK STREET COLLEGE OF EDUCATION LIBERTY LE 610 W 112TH ST NEW YORK, NY 10025	13-5562167	501(C)(3)	120,000.				GENERAL
(6)	BEGINNING WITH CHILDREN FOUNDATION 575 LEXINGTON AVENUE NEW YORK, NY 10022	11-3588704	501(C)(3)	175,000.				GENERAL
(7)	BLOOMINGDALE FAMILY PROGRAM 125 WEST 109TH STREET NEW YORK, NY 10025	13-2638566	501(C)(3)	300,000.				GENERAL
(8)	BLUE ENGINE 150 COURT STREET, 2ND FL. NY, NY 11201	27-1182991	501(C)(3)	200,000.				GENERAL
(9)	BOWERY RESIDENTS' COMMITTEE, INC 3254 LAFAYETTE ST, 8TH FL, NY, NY 10012	13-2736659	501(C)(3)	446,000.				GENERAL
(10)	BRONXWORKS 2054 MORRIS AVE BRONX, NY 10453	13-3254484	501(C)(3)	625,000.				GENERAL
(11)	BROOKDALE HOSPITAL MEDICAL CENTER 1 BROOKDALE PLAZA BROOKLYN, NY 11212	11-1631746	501(C)(3)	397,250.				GENERAL
(12)	BROOKDALE HOSPITAL: HEALTHY FAMILIES NEW Y 1 BROOKDALE PLAZA BROOKLYN, NY 11212	11-1631746	501(C)(3)	405,000.				GENERAL

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Schedule I (Form 990) (2011)

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OMB No. 1545-0047

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(1)	BROOKLYN BUREAU OF COMMUNITY SERVICES 285 SCHERMERHORN STREET BROOKLYN, NY 11217	11-1630780	501(C)(3)	120,000.				GENERAL
(2)	BROOKLYN KINDERGARTEN SOCIETY 1360 FULTON STREET NEW YORK, NY 11216	11-2555446	501(C)(3)	215,000.				GENERAL
(3)	BROOKLYN NAVY YARD DEVELOPMENT CORPORATION 63 FLUSHING AVENUE, UNIT 300 BUILDING 292	11-2137138	501(C)(3)	175,000.				GENERAL
(4)	CENTER FOR ALTERNATIVE SENTENCING AND EMPLO 346 BROADWAY, 3RD FL, NY, NY 10013	13-2668080	501(C)(3)	200,000.				GENERAL
(5)	CENTER FOR EMPLOYMENT OPPORTUNITIES 32 BROADWAY NEW YORK, NY 10004	13-3843322	501(C)(3)	325,000.				GENERAL
(6)	CENTER FOR FAMILY LIFE 345 43RD STREET BROOKLYN, NY 11232	53-0196817	501(C)(3)	595,000.				GENERAL
(7)	CENTER FOR NEW YORK CITY NEIGHBORHOODS 74 TRINITY PLACE, NY, NY 10006	83-0506416	501(C)(3)	250,000.				GENERAL
(8)	CENTER FOR URBAN COMMUNITY SERVICES (FOR PS 198 EAST 121ST. STREET NEW YORK, NY 10035	13-3687891	501(C)(3)	800,000.				GENERAL
(9)	CENTER FOR URBAN COMMUNITY SERVICES, INC 198 EAST 121ST. STREET NEW YORK, NY 10035	13-3687891	501(C)(3)	500,000.				GENERAL
(10)	CHARLES B. WANG COMMUNITY HEALTH CENTER, IN 125 WALKER ST NEW YORK, NY 10013	13-2739694	501(C)(3)	350,000.				GENERAL
(11)	CHILDREN'S AID SOCIETY 350 EAST 88TH STREET NEW YORK, NY 10128	13-5562191	501(C)(3)	3,300,000.				GENERAL
(12)	CHILDREN'S DEFENSE FUND 15 MAIDEN LANE NEW YORK, NY 10038	52-0895622	501(C)(3)	1,600,000.				GENERAL

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(1)	CHILDREN'S HEALTH FUND 215 WEST 125TH STREET NEW YORK, NY 10027	13-3468427	501(C)(3)	600,000.				GENERAL
(2)	CHILDREN'S STOREFRONT SCHOOL 70 EAST 129TH STREET NEW YORK, NY 10035	13-2940671	501(C)(3)	250,000.				GENERAL
(3)	CHINESE AMERICAN PLANNING COUNCIL, INC. 150 ELIZABETH STREET NEW YORK, NY 10012	13-6202592	501(C)(3)	220,000.				GENERAL
(4)	CITY HARVEST 575 8TH AVENUE, 4TH FL, NY, NY 10018	13-3170676	501(C)(3)	1,050,000.				GENERAL
(5)	COALITION FOR HISPANIC FAMILY CENTER 315 WYCKOFF AVENUE BROOKLYN, NY 11237	13-3546023	501(C)(3)	455,000.				GENERAL
(6)	COALITION FOR THE HOMELESS 129 FULTON STREET NEW YORK, NY 10038	13-3072967	501(C)(3)	625,000.				GENERAL
(7)	COLLEGE & COMMUNITY FELLOWSHIP 365 FIFTH AVENUE NEW YORK, NY 10016	31-1720017	501(C)(3)	310,000.				GENERAL
(8)	COMMON GROUND COMMUNITIES, INC. (COMMUNITY 15 EAST 27TH STREET, NY, NY 10016	27-3523909	501(C)(3)	450,000.				GENERAL
(9)	COMMON GROUND COMMUNITY HOUSING DEVELOPMENT 505 8TH AVENUE NEW YORK, NY 10018	11-3048002	501(C)(3)	877,000.				GENERAL
(10)	COMMUNITY ACCESS, INC 2 WASHINGTON, 9TH FLOOR NEW YORK, NY 10004	23-7399839	501(C)(3)	400,000.				GENERAL
(11)	COMPREHENSIVE DEVELOPMENT INC 240 SECOND AVENUE NEW YORK, NY 10003	13-3861648	501(C)(3)	250,000.	2,000.	FMV	DONATED GOODS	GENERAL
(12)	COMPUTERS FOR YOUTH FOUNDATION INC. 520 8TH AVENUE, FLOOR 25 NEW YORK, NY 10018	13-3935309	501(C)(3)	170,000.				GENERAL

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Schedule I (Form 990) (2011)

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CRISTO REY NEW YORK HIGH SCHOOL 112 EAST 106TH STREET NEW YORK, NY 10029	03-0495750	501(C)(3)	85,000.				GENERAL
(2)	CYPRESS HILLS LOCAL DEVELOPMENT CORP 625 JERAMICA AVENUE BROOKLYN, NY 11208	11-2883883	501(C)(3)	350,000.				GENERAL
(3)	DEMOCRACY PREPARATORY CHARTER SCHOOL 207 WEST 133RD STREET NEW YORK, NY 10030	20-3683193	501(C)(3)	300,000.				GENERAL
(4)	DREAM CHARTER SCHOOL 333 EAST 100TH STREET, NY, NY 10029	26-1841386	501(C)(3)	1,200,000.				GENERAL
(5)	EAST RIVER DEVELOPMENT ALLIANCE 12-11 40TH AVE, LONG ISLAND CITY, NY	86-1096987	501(C)(3)	150,000.				GENERAL
(6)	EAST SIDE SETTLEMENT HOUSE 337 ALEXANDER AVENUE BRONX, NY 10454	13-1623989	501(C)(3)	340,000.				GENERAL
(7)	EDITH AND CARL MARKS JEWISH COMMUNITY HOUSE 7802 BAY PARKWAY BENSONHURST, NY 11214	11-1633484	501(C)(3)	250,000.				GENERAL
(8)	EDUCATION REFORM NOW 928 BROADWAY, #505 NEW YORK, NY 10011	20-3687838	501(C)(3)	225,000.				GENERAL
(9)	EPISCOPAL SOCIAL SERVICES 305 SEVENTH AVENUE NEW YORK, NY 10001	13-3709095	501(C)(3)	250,000.				GENERAL
(10)	EXALT 150 COURT STREET BROOKLYN, NY 11201	22-5540955	501(C)(3)	12,691.				GENERAL
(11)	EXPLORE SCHOOLS, INC. 20 JAY STREET, SUITE 504 BROOKLYN, NY 11201	26-3282250	501(C)(3)	525,000.				GENERAL
(12)	FAN4KIDS 1026 WASHINGTON ST HOBOKEN, NJ 07030	26-0092086	501(C)(3)	30,000.				GENERAL

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(1)	FEDERATION EMPLOYMENT AND GUIDANCE SERVICES 315 HOUSON STREET NEW YORK, NY 10013	13-1624000	501(C)(3)	625,000.				GENERAL
(2)	FOOD BANK FOR NEW YORK CITY FOR SURVIVAL 39 BROADWAY NEW YORK, NY 10006	13-3179546	501(C)(3)	1,150,000.				GENERAL
(3)	FRIENDS OF THE CHILDREN 218 WEST 113TH STREET NEW YORK, NY 10026	06-1597902	501(C)(3)	275,000.	3,600.	FMV	DONATED GOODS	GENERAL
(4)	FUND FOR PUBLIC HEALTH IN NEW YORK 22 CORTLANDT STREET, 11TH FL, NY, NY 10007	05-0539199	501(C)(3)	875,000.				GENERAL
(5)	FUND FOR THE CITY OF NEW YORK, INC 121 AVENUE OF THE AMERICAS, NY, NY 10013	13-2612524	501(C)(3)	855,000.				GENERAL
(6)	FUND FOR THE CITY OF NEW YORK, INC 520 EIGHTH AVENUE, NEW YORK, NY 10018	13-2612524	501(C)(3)	200,000.				GENERAL
(7)	GLOBAL KIDS, INC. 137 EAST 25TH STREET NEW YORK, NY 10010	13-3629485	501(C)(3)	300,000.				GENERAL
(8)	GODDARD RIVERSIDE COMMUNITY CTR 593 COLUMBIA AVENUE NEW YORK, NY 10024	13-1893908	501(C)(3)	724,500.				GENERAL
(9)	GOOD SHEPHERD SERVICES 305 7TH AVENUE, 9TH FL, NY, NY 10001	13-5598710	501(C)(3)	2,215,000.				GENERAL
(10)	GRACE INSTITUTE 1233 SECOND AVENUE NEW YORK, NY 10065	13-1641069	501(C)(3)	150,000.				GENERAL
(11)	GRAMEEN AMERICA 500 W CUMMINGS PARK, WOBURN, MA 01801	20-8497991	501(C)(3)	2,300,000.				GENERAL
(12)	GRAND STREET SETTLEMENT 80 PITT STREET NEW YORK, NY 10002	13-5562230	501(C)(3)	300,000.				GENERAL

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(1)	HARLEM CHILDREN'S ZONE 35 EAST 125TH STREET NEW YORK, NY 10035	23-7112974	501(C)(3)	2,168,678.				GENERAL
(2)	HARLEM RBI 333 EAST 100TH STREET NEW YORK, NY 10029	13-4025290	501(C)(3)	400,000.	9,600.	FMV	DONATED GOODS	GENERAL
(3)	HARLEM UNITED: COMMUNITY AIDS CENTER 306 LENOX, 2ND FLOOR NEW YORK, NY 10027	13-3461695	501(C)(3)	950,000.				GENERAL
(4)	HARLEM VILLAGE ACADEMIES 401 7TH AVE, 18TH FLOOR NEW YORK, NY 10001	13-4186070	501(C)(3)	300,000.				GENERAL
(5)	HELP/PSI, INC. 1401 UNIVERSITY AVENUE BRONX, NY 10452	13-3464470	501(C)(3)	270,000.				GENERAL
(6)	HENRY STREET SETTLEMENT 265 HENRY STREET NEW YORK, NY 10002	13-1562242	501(C)(3)	409,116.				GENERAL
(7)	HETRICK-MARTIN INSTITUTE 2 ASTOR PLACE NEW YORK, NY 10003	13-3104537	501(C)(3)	525,000.				GENERAL
(8)	HIGHBRIDGE COMMUNITY LIFE CENTER 979 OGDON AVENUE BRONX, NY 10452	13-3015539	501(C)(3)	450,000.				GENERAL
(9)	HIV LAW PROJECT 15 MAIDEN LANE NEW YORK, NY 10038	13-3730564	501(C)(3)	308,250.				GENERAL
(10)	HOUSING WORKS 57 WILLOUGHBY STREET NEW YORK, NY 11201	13-3584089	501(C)(3)	450,000.				GENERAL
(11)	IMENTOR 40 EXCHANGE PLACE NEW YORK, NY 10021	30-0105507	501(C)(3)	450,000.				GENERAL
(12)	INSTITUTE FOR FAMILY HEALTH 16 EAST 16TH STREET NEW YORK, NY 10003	13-3273402	501(C)(3)	1,325,000.				GENERAL

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	INWOOD HOUSE 320 EAST 82ND STREET NEW YORK, NY 10028	13-5562254	501(C)(3)	200,000.				GENERAL
(2)	JANE BARKER BROOKLYN CHILD ADVOCACY (SAFE H 320 SCHERMERHORN BROOKLYN, NY 11201	13-2946970	501(C)(3)	200,000.				GENERAL
(3)	JERICHO PROJECT 306 W 94TH ST, ROOM 1W NEW YORK, NY 10025	13-3213525	501(C)(3)	821,805.				GENERAL
(4)	JEWISH CHILD CARE ASSOCIATION 120 WALL STREET NEW YORK, NY 10016	13-1624060	501(C)(3)	700,000.				GENERAL
(5)	KINGSBOROUGH COMMUNITY COLLEGE 2001 ORIENTAL BLVD BROOKLYN, NY 11235	13-1988190	501(C)(3)	414,000.				GENERAL
(6)	KIPP NEW YORK, INC. 625 WEST 133RD STREET NEW YORK, NY 10027	20-3971209	501(C)(3)	2,500,000.	2,000.	FMV	DONATED GOODS	GENERAL
(7)	LAWYERS FOR CHILDREN 110 LAFAYETTE STREET NEW YORK, NY 10013	13-3202043	501(C)(3)	500,000.				GENERAL
(8)	LEAGUE TREATMENT CENTER 30 WASHINGTON STREET BROOKLYN, NY 11201	11-2867436	501(C)(3)	500,000.				GENERAL
(9)	LEAP, INC. 621 DEGRAW STREET BROOKLYN, NY 11217	11-2475743	501(C)(3)	1,900,000.				GENERAL
(10)	LEGAL SERVICES OF NEW YORK CITY 350 BROADWAY NEW YORK, NY 10013	13-2600199	501(C)(3)	660,000.				GENERAL
(11)	LIFT 800 7TH STREET, NW, WASHINGTON, DC 20001	52-2168409	501(C)(3)	29,010.				GENERAL
(12)	MINKWON 136-19 41ST AVENUE, 3RD FL, FLUSHING NY	11-2710506	501(C)(3)	9,233.				GENERAL

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

ROBIN HOOD FOUNDATION

13-3441066

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	LITTLE SISTERS OF THE ASSUMPTION FAMILY HEA 333 EAST 115TH STREET NEW YORK, NY 10029	13-2867881	501(C)(3)	300,000.				GENERAL
(2)	LOWER EAST SIDE HARM REDUCTION CENTER 25 ALLEN STREET NEW YORK, NY 10002	13-3570544	501(C)(3)	300,000.				GENERAL
(3)	MADISON STRATEGIES GROUP 60 MADISON AVENUE, NY, NY 10010	27-2323749	501(C)(3)	475,000.				GENERAL
(4)	MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501(C)(3)	340,000.				GENERAL
(5)	MAYOR'S FUND TO ADVANCE NEW YORK CITY 1 CENTRE STREET, 23RD FL NEW YORK, NY 10007	13-3783906	501(C)(3)	675,000.				GENERAL
(6)	MDRC 16 EAST 34TH STREET NEW YORK, NY 10016	23-7379473	501(C)(3)	3,971,200.				GENERAL
(7)	MEMORIAL SLOAN-KETTERING CANCER CENTER 641 LEXINGTON AVENUE, 7TH FL, NY NY 10022	13-1924236	501(C)(3)	170,000.				GENERAL
(8)	METROPOLITAN COUNCIL ON JEWISH POVERTY 80 MAIDEN LANE NEW YORK, NY 10038	13-2738818	501(C)(3)	240,000.				GENERAL
(9)	MOUNT SINAI HOSPITAL 312-320 EAST 94TH STREET NEW YORK, NY 10128	13-6171197	501(C)(3)	600,000.				GENERAL
(10)	NEIGHBORHOOD ECONOMIC DEVELOPMENT ADVOCACY 299 BROADWAY, SUITE 706 NEW YORK, NY 10007	13-3842270	501(C)(3)	175,000.				GENERAL
(11)	NEIGHBORHOOD TRUST FINANCIAL PARTNERS, INC. 1112 ST. NICHOLAS AVENUE NEW YORK, NY 10032	13-3849263	501(C)(3)	250,000.				GENERAL
(12)	NEIGHBORS TOGETHER 2094 FULTON STREET BROOKLYN, NY 11233	11-2632109	501(C)(3)	135,000.				GENERAL

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

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

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NEW PROFIT 2 CANAL PARK CAMBRIDGE, MA 02141	04-3396766	501(C)(3)	200,000.				GENERAL
(2)	NEW SETTLEMENT APARTMENTS 1512 TOWNSEND AVENUE BRONX, NY 10452	14-1719016	501(C)(3)	475,000.				GENERAL
(3)	NEW YORK CITY CENTER FOR CHARTER SCHOOL EXC 111 BROADWAY NEW YORK, NY 10006	20-0759687	501(C)(3)	1,000,000.				GENERAL
(4)	NEW YORK HARBOR FOUNDATION INC. 10 SOUTH STREET NEW YORK, NY 10004	27-2918478	501(C)(3)	150,000.				GENERAL
(5)	NEW YORK HARM REDUCTION EDUCATORS 953 SOUTHERN BLVD BRONX, NY 10459	13-3272001	501(C)(3)	305,000.				GENERAL
(6)	NEW YORK LEGAL ASSISTANCE GROUP 7 HANOVER SQ, 18TH FLOOR NEW YORK, NY 10004	13-3505428	501(C)(3)	275,000.				GENERAL
(7)	NEW YORK PRESBYTERIAN FUND, INC. 654 WEST 170TH STREET NEW YORK, NY 10032	13-3160356	501(C)(3)	675,000.				GENERAL
(8)	NEW YORK PRESBYTERIAN HOSPITAL 622 WEST 168TH STREET NEW YORK, NY 10032	13-3957095	501(C)(3)	650,000.				GENERAL
(9)	NEW YORK STATE EDUCATION DEPARTMENT 116 WEST 32ND STREET, NY, NY 10001	14-1599643	501(C)(3)	600,000.				GENERAL
(10)	NEW YORK UNIVERSITY 1 WASHINGTON SQUARE NORTH, NY, NY 10003	13-5562308	501(C)(3)	225,000.				GENERAL
(11)	NONTRADITIONAL EMPLOYMENT FOR WOMEN 243 WEST 20TH STREET NEW YORK, NY 10011	13-3254769	501(C)(3)	836,260.				GENERAL
(12)	NORTHSIDE CENTER FOR CHILD DEVELOPMENT 1301 FIFTH AVENUE NEW YORK, NY 10029	13-1656679	501(C)(3)	860,000.				GENERAL

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NYU SCHOOL OF MEDICINE 462 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	285,250.				GENERAL
(2)	NYU SCHOOL OF MEDICINE ONE PARK AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	500,000.				GENERAL
(3)	OPPORTUNITIES FOR A BETTER TOMORROW 783 FOURTH AVENUE BROOKLYN, NY 11232	11-2934620	501(C)(3)	710,000.				GENERAL
(4)	OUTREACH PROJECT INC. 117-11 MYTLE AVENUE RICHMOND HILL, NY 11418	11-2621537	501(C)(3)	270,000.				GENERAL
(5)	PART OF THE SOLUTION 2763 WEBSTER AVENUE BRONX, NY 10458	13-3425071	501(C)(3)	285,000.				GENERAL
(6)	PARTNERSHIP WITH CHILDREN 299 BROADWAY NEW YORK, NY 10007	13-5596751	501(C)(3)	950,000.				GENERAL
(7)	PER SCHOLAS 1231 LAFAYETTE AVENUE BRONX, NY 10474	04-3252955	501(C)(3)	600,000.				GENERAL
(8)	PHI 349 EAST 149TH STREET BRONX, NY 10451	13-3575492	501(C)(3)	1,750,000.				GENERAL
(9)	PHIPPS COMMUNITY DEVELOPMENT CORPORATION 902 BROADWAY, 13TH FLOOR NEW YORK, NY 10010	13-2707665	501(C)(3)	415,000.				GENERAL
(10)	PROJECT HOSPITALITY 100 PARK AVENUE STATEN ISLAND, NY 10302	13-3234441	501(C)(3)	300,000.				GENERAL
(11)	PROJECT RENEWAL 200 VARICK STREET NEW YORK, NY 10014	13-2802882	501(C)(3)	310,640.				GENERAL
(12)	PROVIDENCE HOUSE 703 LEXINGTON AVENUE BROOKLYN, NY 11221	11-2594653	501(C)(3)	300,000.				GENERAL

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	QUEENS COMMUNITY HOUSE 108-25 62ND DRIVE FOREST HILLS, NY 11375	11-2375583	501(C)(3)	310,000.				GENERAL
(2)	READING PARTNERS 20 JAY STREET, SUITE 306 BROOKLYN, NY 11201	77-0568469	501(C)(3)	70,000.				GENERAL
(3)	RELAY SCHOOL OF EDUCATION 40 WEST 20TH STREET, 6TH FL, NY, NY 10011	27-5316628	501(C)(3)	1,055,415.				GENERAL
(4)	RESEARCH FOUNDATION OF CITY UNIVERSITY OF N 300 JAY STREET, 4TH FL, BROOKLYN, NY 11201	13-1988190	501(C)(3)	660,000.				GENERAL
(5)	RESEARCH FOUNDATION OF CITY UNIVERSITY OF N 50 WEST 40TH STREET NEW YORK, NY 10018	13-9188190	501(C)(3)	510,000.				GENERAL
(6)	RESEARCH FOUNDATION OF CITY UNIVERSITY OF N WEST 181ST STREET AND UNIVERSITY AVENUE	13-9188190	501(C)(3)	320,000.				GENERAL
(7)	RESEARCH FOUNDATION OF CITY UNIVERSITY OF N 230 WEST 41ST STREET, 7TH FL, NY, NY 10036	13-9188190	501(C)(3)	1,370,000.				GENERAL
(8)	RESTAURANT OPPORTUNITIES CENTER OF NEW YORK 275 SEVENTH AVENUE, 17TH NEW YORK, NY 10001	03-0522323	501(C)(3)	150,493.				GENERAL
(9)	RH BRONX RIDER 826 BROADWAY, FL 9 NEW YORK, NY 10003	27-4019092	501(C)(3)	1,334,460.				GENERAL
(10)	SAFE HORIZONS 2 LAFAYETTE STREET NEW YORK, NY 10007	13-2946970	501(C)(3)	450,000.				GENERAL
(11)	SANCTUARY FOR FAMILIES P.O. BOX 1406 NEW YORK, NY 10268	13-3193119	501(C)(3)	414,150.				GENERAL
(12)	SCO FAMILY OF SERVICES 1 ALEXANDER GLEN COVE, NY 11542	11-2777066	501(C)(3)	3,150,000.				GENERAL

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Schedule I (Form 990) (2011)

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**Grants and Other Assistance to Organizations,
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Department of the Treasury
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Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SELPHelp COMMUNITY SERVICES, INC 520 EIGHTH AVENUE NEW YORK, NY 10018	13-1624178	501(C)(3)	240,000.				GENERAL
(2)	SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIA 1175 HERNDON PARKWAY, HERNDON, VA 20170	52-1067290	501(C)(3)	75,000.				GENERAL
(3)	SINGLE STOP, USA 1825 PARK AVENUE NEW YORK, NY 10035	20-8837690	501(C)(3)	14,734,000.				GENERAL
(4)	SOUTHWEST BROOKLYN INDUSTRIAL DEVELOPMENT C 241 41ST STREET BROOKLYN, NY 11232	11-2508370	501(C)(3)	96,500.				GENERAL
(5)	ST. JOHN'S BREAD AND LIFE PROGRAM 795 LEXINGTON AVENUE BROOKLYN, NY 11221	11-3174514	501(C)(3)	350,000.				GENERAL
(6)	ST. NICKS ALLIANCE CORP 2 KINGSLAND AVENUE BROOKLYN, NY 11211	51-0192170	501(C)(3)	500,000.				GENERAL
(7)	STANLEY M. ISAACS NEIGHBORHOOD CENTER 415 EAST 93RD STREET NEW YORK, NY 10128	13-2572034	501(C)(3)	275,000.				GENERAL
(8)	STATEN ISLAND MENTAL HEALTH SOCIETY 669 CASTLETON AVENUE, STATEN ISLAND, NY	13-5623279	501(C)(3)	350,000.				GENERAL
(9)	SUCCESS CHARTER NETWORK 34 WEST 118TH STREET NEW YORK, NY 10026	20-5298861	501(C)(3)	600,000.				GENERAL
(10)	SUNNYSIDE COMMUNITY SERVICES, INC. 43-31 39TH STREET SUNNYSIDE, NY 11104	51-0189327	501(C)(3)	225,000.				GENERAL
(11)	SUSTAINABLE SOUTH BRONX 890 GARRISON AVENUE, 4TH FL, BRONX, NY	02-0535999	501(C)(3)	295,094.				GENERAL
(12)	TEACH FOR AMERICA, INC 315 WEST 36TH STREET, 6TH FL, NY, NY 10018	13-3541913	501(C)(3)	750,000.				GENERAL

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**Grants and Other Assistance to Organizations,
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Employer identification number

13-3441066

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(1)	THE BRIDGE FUND OF NEW YORK 420 LEXINGTON AVE, NY, NY 10170	13-3824852	501(C)(3)	288,000.				GENERAL
(2)	THE CENTER FOR ATTENTION AND LEARNING DISOR 381 PARK AVE SOUTH NEW YORK, NY 10016	13-1624070	501(C)(3)	100,000.				GENERAL
(3)	THE CHILD CENTER OF NEW YORK 6002 QUEENS BLVD WOODSIDE, NY 11377	11-1733454	501(C)(3)	270,000.				GENERAL
(4)	THE COOPER UNION FOR THE ADVANCEMENT OF SCI 30 COOPER SQUARE, 8TH FL NEW YORK, NY 10003	13-5562985	501(C)(3)	250,000.				GENERAL
(5)	THE DOE FUND 232 EAST 84TH STREET NEW YORK, NY 10028	13-3412540	501(C)(3)	400,000.				GENERAL
(6)	THE DOOR - A CENTER OF ALTERNATIVES INC 121 AVE OF THE AMERICA NEW YORK, NY 10013	13-6127348	501(C)(3)	770,000.				GENERAL
(7)	THE EAGLE ACADEMY 137 FIFTH AVENUE NEW YORK, NY 10010	20-1532382	501(C)(3)	195,000.				GENERAL
(8)	THE FAMILY CENTER 315 WEST 36TH ST, 4TH FL, NY, NY 10018	13-3910716	501(C)(3)	400,000.				GENERAL
(9)	THE FORTUNE SOCIETY 29-76 NORTHERN LONG ISLAND CITY, NY 11101	13-2645436	501(C)(3)	450,000.				GENERAL
(10)	THE GIVE AN HOUR NONPROFIT CORPORATION 5137 WESTPATH WAY BETHESDA, MD 20816	61-1493378	501(C)(3)	400,000.				GENERAL
(11)	THE GO PROJECT 86 FOURTH AVENUE NEW YORK, NY 10003	13-5562327	501(C)(3)	455,716.				GENERAL
(12)	THE HOPE PROGRAM 1 SMITH STREET BROOKLYN, NY 11201	13-3268539	501(C)(3)	516,000.				GENERAL

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Schedule I (Form 990) (2011)

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

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Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

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(1)	THE LEGAL AID SOCIETY 199 WATER STREET NEW YORK, NY 10038	13-5562265	501(C)(3)	600,000.				GENERAL
(2)	THE NEW YORK FOUNDLING 590 AVENUE OF THE AMERICAS, NY, NY 10011	13-1624123	501(C)(3)	1,060,000.				GENERAL
(3)	THE WAY TO WORK 353 PARK AVE S NEW YORK, NY 11553	13-1878246	501(C)(3)	155,085.				GENERAL
(4)	TRUSTEES OF COLUMBIA UNIVERSITY OF THE CITY 2852 BROADWAY, 2ND FLOOR NEW YORK, NY 10025	13-6598093	501(C)(3)	455,000.				GENERAL
(5)	TURNAROUND FOR CHILDREN 25 WEST 45TH STREET NEW YORK, NY 10036	06-1495529	501(C)(3)	550,000.				GENERAL
(6)	TURNING POINT 5220 FOURTH AVENUE BROOKLYN, NY 11220	11-2837985	501(C)(3)	175,000.				GENERAL
(7)	UNCOMMON SCHOOLS, INC 826 BROADWAY, FL 9 NEW YORK, NY 10003	31-1488698	501(C)(3)	1,750,000.	502,000.	FMV	DONATED GOODS	GENERAL
(8)	UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK, 14 ELDRIDGE STREET NEW YORK, NY 10002	13-5562374	501(C)(3)	350,000.				GENERAL
(9)	URBAN ASSEMBLY 293 ADAMS STREET BROOKLYN, NY 11201	90-0394877	501(C)(3)	300,000.				GENERAL
(10)	URBAN ASSEMBLY ACADEMY OF ARTS & LETTERS 225 ADELPHI STREET BROOKLYN, NY 11205	11-0332039	501(C)(3)	100,000.				GENERAL
(11)	URBAN HEALTH PLAN 1065 SOUTHERN BLVD BRONX, NY 10459	23-7360305	501(C)(3)	275,000.				GENERAL
(12)	URBAN JUSTICE CENTER 123 WILLIAM STREET, 16TH FL, NY, NY 10038	13-3442022	501(C)(3)	100,000.				GENERAL

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	URBAN PATHWAYS 575 EIGHTH AVENUE NEW YORK, NY 10018	13-2933675	501(C)(3)	200,000.				GENERAL
(2)	VETERANS ACROSS AMERICA 152 MADISON AVENUE NEW YORK, NY 10016	13-3884059	501(C)(3)	215,000.				GENERAL
(3)	VISITING NURSE SERVICE OF NEW YORK 107 EAST 70TH STREET NEW YORK, NY 10021	13-3189926	501(C)(3)	800,000.				GENERAL
(4)	VOLUNTEERS OF LEGAL SERVICE 54 GREENE STREET NEW YORK, NY 10013	13-3234630	501(C)(3)	200,000.				GENERAL
(5)	WEST SIDE CAMPAIGN AGAINST HUNGER 263 WEST 86TH STREET NEW YORK, NY 10024	36-2167731	501(C)(3)	390,000.				GENERAL
(6)	WOMEN IN NEED 115 WEST 31ST STREET NEW YORK, NY 10001	13-3164477	501(C)(3)	925,315.				GENERAL
(7)	WOMEN'S CENTER FOR EDUCATION AND CAREER ADV 11 BROADWAY, SUITE 450 NEW YORK, NY 10604	13-3254769	501(C)(3)	210,000.				GENERAL
(8)	YEAR UP 55 EXCHANGE PLACE NEW YORK, NY 10005	04-3534407	501(C)(3)	300,000.				GENERAL
(9)	YORKVILLE COMMON PANTRY 8 EAST 109TH STREET NEW YORK, NY 10029	13-3127972	501(C)(3)	275,000.				GENERAL
(10)	YOUNG WOMEN'S LEADERSHIP NETWORK, INC 322 EIGHTH AVENUE NEW YORK, NY 10001	06-1517218	501(C)(3)	530,000.				GENERAL
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 190.
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2011)

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

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANTS WITHIN THE US

PART I, LINE 2

ROBIN HOOD ENTERS INTO A CONTRACTUAL AGREEMENT WITH EACH GRANT RECIPIENT. THE CONTRACT SPECIFIES THE PURPOSE OF THE GRANT AND PROHIBITS THE GRANTEE FROM USING ANY OF ROBIN HOOD'S FUNDS FOR A NON-EXEMPT PURPOSE. ROBIN HOOD RELEASES GRANT FUNDS IN INSTALLMENTS AND REQUIRES A GRANTEE TO DEMONSTRATE THAT IT HAS MET CERTAIN BENCHMARKS SPECIFIED IN THE GRANT CONTRACT BEFORE AN INSTALLMENT IS RELEASED. DURING THE TERM OF THE GRANT, A ROBIN HOOD PROGRAM STAFF MEMBER WILL TYPICALLY SCHEDULE AT LEAST TWO VISITS WITH A GRANTEE TO DISCUSS THE PROGRESS OF THE GRANT. IN

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

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in 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	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2011

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID SALTZMAN	(i)	477,514.	70,500.	17,764.	48,400.	28,037.	642,215.	0
	(ii)	0	0	0	0	0	0	0
2 MICHAEL PARK	(i)	281,112.	45,000.	0	42,043.	16,960.	385,115.	0
	(ii)	0	0	0	0	0	0	0
3 BETH ZOLKIND	(i)	214,479.	24,163.	4,578.	31,362.	2,465.	277,047.	0
	(ii)	0	0	0	0	0	0	0
4 DEBORAH WINSHEL	(i)	339,561.	0	0	43,030.	13,137.	395,728.	0
	(ii)	0	0	0	0	0	0	0
5 MARK BEZOS	(i)	272,633.	31,980.	0	39,437.	23,166.	367,216.	0
	(ii)	0	0	0	0	0	0	0
6 SUSAN SACK	(i)	270,662.	31,589.	0	38,986.	9,141.	350,378.	0
	(ii)	0	0	0	0	0	0	0
7 MICHAEL WEINSTEIN	(i)	396,085.	46,500.	8,483.	43,500.	21,661.	516,229.	0
	(ii)	0	0	0	0	0	0	0
8 LAURENCE JAHNS	(i)	281,502.	33,307.	12,609.	40,969.	18,201.	386,588.	0
	(ii)	0	0	0	0	0	0	0
9 JAMES SAMALIS	(i)	247,313.	31,440.	33,886.	2,308.	14,426.	329,373.	0
	(ii)	0	0	0	0	0	0	0
10 EMARY ARONSON	(i)	231,922.	27,111.	0	33,824.	10,337.	303,194.	0
	(ii)	0	0	0	0	0	0	0
11 SUSAN EPSTEIN	(i)	206,754.	18,203.	0	30,017.	26,585.	281,559.	0
	(ii)	0	0	0	0	0	0	0
12 KRISTINE SUDANO	(i)	209,243.	21,735.	0	28,609.	16,086.	275,673.	0
	(ii)	0	0	0	0	0	0	0
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 7

ROBIN HOOD'S COMPENSATION PROGRAM INCLUDES, FOR ALL EMPLOYEES, A VARIABLE BONUS IN ADDITION TO BASE SALARY, WHICH MAY OR MAY NOT BE PAID, DEPENDING UPON THE OVERALL FINANCIAL CONDITION OF THE ORGANIZATION AND THE INDIVIDUAL PERFORMANCE OF EACH STAFF MEMBER. IN 2011, THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWED AND APPROVED BONUS AWARDS, FOR STAFF OFFICERS AND KEY EMPLOYEES, WHICH WERE JUDGED REASONABLE.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

1	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
		(1)									
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total ▶ \$											

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

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

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JENNIFER SCHWARTZ	FAMILY MEMBER OF DIRECTOR	94,229.	EMPLOYMENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV DISCLOSURE

IN 2011, ROBIN HOOD FOUNDATION EMPLOYED AN INDIVIDUAL, JENNIFER SCHWARTZ, WHO HAS A FAMILY RELATIONSHIP WITH A BOARD OF DIRECTORS MEMBER. BY VIRTUE OF THIS EMPLOYMENT RELATIONSHIP, ROBIN HOOD FOUNDATION IS DISCLOSING ONE BOARD MEMBER AS NOT BEING INDEPENDENT FOR PURPOSES OF PART VI, LINE 1(B). THE AMOUNT REPORTED, \$94,229, REPRESENTS BOTH SALARY AND BENEFITS PROVIDED TO MS. SCHWARTZ.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

**Open To Public
Inspection**

Name of the organization
ROBIN HOOD FOUNDATION

Employer identification number
13-3441066

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	81 .	5,652,677 .	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>EVENT TICKET</u>)	X	1 .	19,200 .	FAIR MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2011)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 32

ROBIN HOOD FOUNDATION RECEIVES NUMEROUS NON-CASH CONTRIBUTIONS IN THE
FORM OF SECURITIES THROUGHOUT THE YEAR. THESE SECURITIES ARE IMMEDIATELY
SOLD BY THE ORGANIZATION BY ITS THIRD-PARTY INVESTMENT BROKERS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

PROGRAM SERVICE ACCOMPLISHMENTS

PART III, LINE 4D

CAPITAL PROJECTS: ROBIN HOOD FUNDS THE DIRECT COSTS OF PROGRAMS TO BUILD LIBRARIES IN PUBLIC SCHOOLS AND TO BUILD PUBLIC CHARTER HIGH SCHOOLS. THESE INITIATIVES MAY BRING TOGETHER SEVERAL ORGANIZATIONS WORKING ON SIMILAR ISSUES AND CAN INCLUDE GOVERNMENTAL PARTICIPATION AT THE CITY, STATE OR FEDERAL LEVEL.

FORM 990, PART VI, SECTION A, LINE 2

BOARD OF DIRECTORS MEMBERS JEFFREY IMMELT AND BRIAN WILLIAMS HAVE A BUSINESS RELATIONSHIP

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

BOARD OF DIRECTORS MEMBERS JULIUS GAUDIO AND MAX STONE HAVE A BUSINESS RELATIONSHIP

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

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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

EXECUTIVE DIRECTOR DAVID SALTZMAN AND BOARD OF DIRECTORS MEMBER PAUL TUDOR JONES HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11

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

FORM 990, PART VI, SECTION B, LINE 12

ROBIN HOOD'S CONFLICT OF INTEREST POLICY, WHICH IS INCORPORATED INTO ROBIN HOOD'S BY-LAWS, PLACES AN AFFIRMATIVE OBLIGATION ON EACH OFFICER, DIRECTOR AND STAFF MEMBER 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 STAFF MEMBER 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

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

VOTED ON, THE GENERAL COUNSEL REVIEWS THE AGENDA AND IDENTIFIES ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST IS IDENTIFIED, IT IS DISCLOSED TO THE BOARD OR COMMITTEE. IF THE INDIVIDUAL WITH THE POTENTIAL OR ACTUAL CONFLICT OF INTEREST IS PRESENT AT THE MEETING, HE OR SHE MAY PARTICIPATE IN THE INFORMATION-GATHERING STAGE OF THE BOARD'S OR COMMITTEE'S DISCUSSION BUT MUST LEAVE THE ROOM FOR THE FINAL DELIBERATION AND VOTE.

FORM 990, PART VI, SECTION B, LINE 15

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

FORM 990, PART VI, SECTION C, LINE 19

ROBIN HOOD'S CERTIFICATE OF INCORPORATION AND BY-LAWS (WHICH INCLUDE ROBIN HOOD'S CONFLICT OF INTEREST POLICY) ARE MADE AVAILABLE TO THE

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

PUBLIC ON REQUEST. ROBIN HOOD'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON ROBIN HOOD'S WEBSITE. A SUMMARY OF ROBIN HOOD'S AUDITED FINANCIAL STATEMENTS (ALSO APPROVED BY ROBIN HOOD'S AUDITORS) IS ALSO POSTED ON ROBIN HOOD'S WEBSITE.

FORM 990, PART XI, LINE 5

UNREALIZED GAINS ON INVESTMENTS	\$2,188,525
DONATED SERVICES (REVENUE)	507,448
DONATED SERVICES (EXPENSE)	(747,415)
RETURN OF UKA FUNDING	5,000,000

	\$6,948,558

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

ROBIN HOOD HOLDS STEADFAST TO ITS CORE MISSION: FIGHT POVERTY IN NEW YORK CITY. WE FIND, FUND AND CREATE PROGRAMS AND SCHOOLS THAT GENERATE MEASURABLE RESULTS FOR FAMILIES IN NEW YORK'S POOREST NEIGHBORHOODS. THE BOARD PAYS ALL ADMINISTRATIVE, FUNDRAISING AND EVALUATION COSTS, SO 100 PERCENT OF YOUR DONATION GOES DIRECTLY TO ORGANIZATIONS HELPING NEW YORKERS IN NEED TO BUILD BETTER LIVES. ROBIN HOOD ALSO RESPONDS TO EMERGENCY SITUATIONS SUCH AS 9/11 AND HURRICANE SANDY, PROVIDING MONEY, MATERIEL AND KNOW-HOW TO ORGANIZATIONS HELPING PEOPLE IN NEED

ATTACHMENT 2

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

ATTACHMENT 2 (CONT'D)FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GENSLER 12478 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	ARCHITECTURE	1,142,872.
JAB II 169 UPPER MOUNTAIN AVENUE MONTCLAIR, NJ 07042	CONCERT VENUE BUILD	621,370.
HUNTER ROBERTS CONSTRUCTION GROUP 2 WORLD FINANCIAL CENTER NEW YORK, NY 10281	CONSTRUCTION MGMT	577,749.
ATOMIC LIGHTING LLC 425 FRONT STREET LITITZ, PA 17543	EVENT LIGHTING	420,007.
ELM OF NEW YORK LLC 218 WALL STREET, RESEARCH PARK PRINCETON, NJ 08540-1512	ENVIRONMENTAL CONS	343,645.
	TOTAL COMPENSATION	<u>3,105,643.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Name of the organization

ROBIN HOOD FOUNDATION

Employer identification number

13-3441066

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

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

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

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

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

Schedule R (Form 990) 2011

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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

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

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

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R, PART I

ON JUNE 15, 2011, ROBIN HOOD TRANSFERRED ITS INTERESTS IN RH BRONX RIDER, LLC TO A NOT-FOR-PROFIT ENTITY NOT CONTROLLED BY ROBIN HOOD FOUNDATION. ACCORDINGLY, FOR PURPOSES OF SCHEDULE R, PART I, ROBIN HOOD HAS NO SHARE OF RH BRONX RIDER, LLC'S INCOME OR TOTAL ASSETS AT YEAR END.