Form 990

EXTENSION ATTACHED

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

A	For the 2	2018 calen	dar year, or tax	year begi	nning 7	/01	, 20	118, and	d endin	g 6,	/30			2019	
В	Check if app	olicable:	С								D Em	ployer	identific	ation number	
	Address	s change	Red Hook	Initia	tive						21	0-39	90466	52	
	Name o	change	767 Hicks								E Tel	ephone	number		
	Initial r		Brooklyn,	NY 113	231						1 (718)	858	3-6782	
		urn/terminated									-	/		100	
	-	ded return									G Gro	oss rece	eints \$	4,457,	830
		ation pending	F Name and add	trace of princip	nal officer:		1 2			H(a) is thi	DISTR BOWN	CARL LANDERS			X No
	Applica	ation pending	Same As C		Jan Grinden.	ill Eise	nnard			H(b) Are a	all subordin	nates in	cluded?		No
1	Tay ayan	npt status:	X 501(c)(3)	501(c) (14	(insert no.)	4947(a)(1	1) or	527	If "No	o," attach a	a list. (s	see instru	uctions) —	
J	Websit		w.rhicent		,	(most no.)	4347(4)(1	1) 01	327	Web Grow	p exemptio	na num	her >		
K	0.101507330	organization:			T	Other >		1		ion: 201	-			al domicile: NY	
				Trust	Association	1 Other		L rear	or format	ion; ZU	00	III Sta	ie or rega	ar domiche. 141	
F		Summar	be the organiza	ation's mis	cion or mo	ct cignificant	activities: I	DIIT h	alia	***** + '	hat c	coi	2] 0]	hange to	
			systemic												
ce	0.0	vercome	y adults,	Tueday	rries n	eding bec	nle in	Mere	HOOK	to be	iner	oire	7 211	esilient	
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Ver	2 Ch	eck this b	ny b if the	organizati	on discont	inued its ope	rations or o	dispose	d of me	ore than	25% of	its no	et asse		
8	3 Nu		oting members	of the gov	ernina bod	v (Part VI, lir	ne la)						3		15
∞	4 Nu		dependent voti										4		15
ties	5 Tot	tal numbe	r of individuals	employed	in calenda	r year 2018 (Part V, line	e 2a)				· · [5		281
Activities & Governance	6 Tot		r of volunteers										6		50
Ac			ed business rev										7a		0.
	b Ne	t unrelated	d business taxa	able income	e from Forr	n 990-T, line	38						7b		0.
											Prior Y	7,710		Current Ye	
e			s and grants (P								2,823	3,07	7.	4,384,	133.
Revenue			vice revenue (F										_		077
Sev.	1000000 20000000		ncome (Part VI		Carlo Control of the						0.5	7 10	12		877.
ш			ue (Part VIII, co									7,10			864.
			e – add lines 8								2,850			4,418,	
			similar amounts							_	13	3,62	4.	131,	141.
			d to or for mem							-	0 401		-	2 000	001
50	15 Sa		er compensation			95								3,099,091	
IIS6	16a Pro		fundraising fee	Series and American						100000000000000000000000000000000000000	74	4,34	5.	94,	545.
Expenses	ь То	tal fundrai	sing expenses	(Part IX, c	olumn (D),	line 25) >		395,	555.						
ш	17 Ot	her expen	ses (Part IX, co	olumn (A),	lines 11a-1	11d, 11f-24e)					785	5,61	.8.	957,	132.
	18 To	tal expens	ses. Add lines 1	3-17 (mus	t equal Par	rt IX, column	(A), line 25	5)			3,309	9,35	9.	4,281,	909.
	19 Re	evenue les	s expenses. Su	btract line	18 from lin	ne 12					-459	9,17	79.	136,	965.
8										Begin	ning of Cu	urrent	Year	End of Ye	ar
Not Assets or	20 To	tal assets	(Part X, line 16	5)							2,176	6,81	9.	2,356,	002.
Y Y	21 To	tal liabilitie	es (Part X, line	26)					*****		179	9,28	32.	221,	500.
S	22 Ne	t assets o	r fund balances	s. Subtract	line 21 fro	m line 20					1,99	7,53	37.	2,134,	502.
Pa	art II	Signatu	re Block												
Und	er penalties	of perjury, I d	eclare that I have ex arer (other than office	xamined this re	eturn, including	accompanying s	schedules and	statemen	ts, and to	the best of	my knowle	edge ar	nd belief,	, it is true, correct,	and
com	iplete. Declar	ration of preparation	arer (other than offic	er) is based o	n all information	on of which prepa	irer has any kn	nowledge.					,	1	
		>		2								12	123	119.	
Si	gn ere	Signati	ure of officer	11	\sim						Date		1		
He	ere		l Eisemma							Exe	cutiv	e D:	irect	tor	
		10 It Contain	r print name and titl	e											
		Print/Type	preparer's name		Preparer's	signature /	111	D	ate	110	Check		if P	IIN	
Pa	id	Micha	el Schall		Michá	él Schal	Y		12/2	3/19	self-en	nployed	P	02024184	
Pr	eparer	Firm's nam	e ► SCHAI	LL & ASI	HENFARB	CPAS								VISTORIA ENGLINGUARIONALIA	
Us	se Only	Firm's add	ress > 307 5	th Ave	, 15th	Floor					Firm's	EIN -	13-	4036703	100000
				ORK, N							Phone	no.	(212)		-
Ma	y the IRS	discuss t	his return with	the prepare	er shown a	bove? (see i	nstructions)						X Yes	No

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-1709

Form 8868 (Rev. 1-2019)

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

all corpora	itions required to file an income tax retur 7004 to request an extension of time to f	n other than Form 99 ile income tax return			
	Name of exempt organization or other filer, see in	structions	Enter filer's identi	Tying number, see Employer identification	
ype or	Name of exempt organization of other man, see in	Sil decions.		Linployer Idonatication	marrison (Entry C
orint					
	Red Hook Initiative Number, street, and room or suite number. If a P.	20-3904662 Social security number	MAPPY		
ile by the ue date for	Number, street, and room or suite number. If a F.	Social security frumber	(SSIV)		
ling your	767 Hicks Street	<u> </u>			
eturn, See estructions.	City, town or post office, state, and ZIP code. For	a foreign address, see instri	uctions.		
	Brooklyn, NY 11231				
inter the I	Return Code for the return that this applie	cation is for (file a se	parate application for each return)		01
Applicatio	n	Return	Application		Return
s For	F 000 F7	Code	Is For		Code
	r Form 990-EZ	01	Form 990-T (corporation)		07
orm 990-	2272	02	Form 1041-A	08	
orm 990-	(individual)	03	Form 4720 (other than individual)		09
- 300 161 111 10193 (310)	2007	04	Form 5227		10
	T (section 401(a) or 408(a) trust)	05	Form 6069		11
	T (trust other than above) oks are in the care of Barrie Koe	gel	Form 8870		12
Telepho If the co	oks are in the care of Barrie Koe one No. (718) 858-6782 organization does not have an office or p s for a Group Return, enter the organiza this box	ge1Fax No lace of business in the tion's four digit Group		this is for the who	► [le group,
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BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form	n 990 (2018) Red Hook Initiative	20-3904662	Page 2
Part			
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	See Schedule 0		
	Did the organization undertake any significant program services during the year which wer		
	Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
		icts, any program services? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three I Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of and revenue, if any, for each program service reported.	grants and allocations to others, the total exp	penses. enses,
4 a	a (Code:) (Expenses \$3,466,215. including grants of \$	131,141.)(Revenue \$)
	See_Schedule 0		
41	1.00-1		
4 b	b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4 c	c (Code:) (Expenses \$ including grants of \$) (Revenue \$	``
	Treatming grants of \$) (i revenue 5	
4 d	d Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	
	e Total program service expenses ▶ 3 466 215	And Province of Annual States	

Form 990 (2018)

BAA

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
ě	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
I	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
(Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
•	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ı	was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investment, valued			
15	at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
16	foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	15		X
17	and the second of the second o	16	37	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	17	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a2 If 'Yes'	18	Λ	12
20a	complete Schedule G, Part III	19 20a		X
	o If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
DAA		21		A

	1 990 (2018) Red Hook Initiative 20-3904 t IV Checklist of Required Schedules (continued)	662	F	Page 4
1 41	CIV Officialist of Required Contained (Contained)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	X	110
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>	23		Х
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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV			
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1 9	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No

Check if Schedule O contains a response or note to any line in this Part V							
	5.065		Ye	s	No		
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	18		Sirie			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0					
c Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?.	eportable gamin	g .	1 c X				

20-3904662 Page 5 Form 990 (2018) Red Hook Initiative Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... 281 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0..... 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)?. 4a b If 'Yes,' enter the name of the foreign country: > See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 50 X 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible as charitable contributions?..... 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?..... 6 b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a X b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... 7 b X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X 7 c Form 8282?.... e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... 7 e X X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 7 f q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?..... 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?..... 8 9 Sponsoring organizations maintaining donor advised funds. 9 a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12...... b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities..... 11 Section 501(c)(12) organizations, Enter: a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?..... 12a

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	If 'Yes,' complete Form 4720, Schedule O.	16	Λ
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10	Х
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N.	15	Х
ı	of If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
	Enter the amount of reserves on hand		
ı	Enter the amount of reserves the organization is required to maintain by the states in which the organization is lidensed to issue qualified health plans	() () () ()	
	Note. See the instructions for additional information the organization must report on Schedule O.	tipling!	
		134	
	a Is the organization licensed to issue qualified health plans in more than one state?	13a	BERTHANDS OF THE PARTY OF THE P
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
ţ	of res, enter the amount of tax-exempt interest received or accrued during the year	00 3 13	EDITE FIZE

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Form 990 (2018)

Form	990 (2018) Red Hook Initiative 20-3904662		Р	age 6
Par	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.	ges ii	n	
Sec	tion A. Governing Body and Management			
-	non 711 do vorming Doug und management		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			72525
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	Personal Property
	Each committee with authority to act on behalf of the governing body?	8 b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.5	71	
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	0	Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu		1
1992			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		X
t	of 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
ŀ	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			6
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
ŀ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			1
	to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in	12b	Х	
,	Schedule O how this was done See .Schedule .Q	12c	X	
13		13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	_
15			A	
	a The organization's CEO, Executive Director, or top management official. See Schedule .0.	15a	Х	10000
	보다 하는 이번에 가는 사람들이 되는 사람들이 되었다. 그런 이 그런	10,40,40	Λ	37
I	Other officers or key employees of the organization.	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
Ł	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure			
17				
18)1(c)(3)s on	ly)
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19		ble to		
20				

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20-3904662

Page 7

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

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

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

1 a 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.

196400	(72-44)	Pos	ition	(C)		eck mo		72,000	PECAND.	15,500	
(A) Name and Title	(B) Average hours per			box,	unles officer /trust	s persi and a ee)	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	week (list any hours for related organiza- tions below dotted line)	3 5	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) Chris Cardona	1										
President		X		Х				0.	0.	0	
(2) Janice McGuire	1										
Vice President		Х		Х				0.	0.	0	
(3) Andrew Strauss	1									7	
Treasurer		X		Х				0.	0.	0	
(4) Maria Mottola	1										
Secretary	0	X		X				0.	0.	0	
(5) David Friedman	1										
Director	0	X						0.	0.	0	
	1										
Director	0	X						0.	0.	0	
(7) John Kline	1										
Director	0	X						0.	0.	0	
(8) Brandon Holley	1									7	
Director	0	X						0.	0.	0	
(9) Rebecca Kirszner Katz	1										
Director	0	X						0.	0.	0	
(10) Donovan Hamlet	1										
Director	0	X						0.	0.	0	
(11) David Xi Bing Ma	1										
Director	0	X						0.	0.	0	
(12) Gregg Bishop	1										
Director	0	X						0.	0.	0	
(13) Jennifer Wheary	1_										
Director	0	X						0.	0.	0	
(14) Eden Wurmfeld	1_										
Director	0	X						0.	0.	0	

BAA

The sub-total	Part VII Section A. Officers, Directors, Tru	stees,	Key	Em	ıplo	oye	es,	and	d Highest Com	pensated Empl	oyees	(contin	ued)
Name and site Name and beiness address Name are sized above) who received more than \$100,000 of a population of the compensation of the compensation from the organization sized on line 1a; it is the sum of reportable compensation from the organization of reportable compensation in the organization of reportable compensation from the organization of reportable compensation in the organization of reportable compensation in the organization of reportable compensation from the organization of reportable compensation of reportab		(B)											
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1		(list any hours for	or dire	instituti	Officer	Key em	Highest	Forme	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr org and	om the anization related	ì
1		organiza - tions	tor true	onal tr		ployee	comp				orga	inization	S
Director		dotted	stee	ustee			ensated						
(16) Jill Eisenhard Executive Dir. O X 131,598. O Chief Program Off. O X 116,083. O 6,000. (18) Barbara Koegel Chief Operat. Off. O X 110,257. O O O (19) (20) (21) (22) (23) 1b Sub-total Controllination sheets to Part VII, Section A O Cotal from continuation sheets to Part VII, Section B O Cotal from continuation sheets to Part VII, Section B O Cotal from continuation sheets to Part VII, Section B O Cotal f			x						0.	0.			0.
(7) Jennifer Sainsbury Chief Program Off. (8) Barbara Koegel Chief Operat. Off. (9) (20) (21) (22) (23) (24) (25) 1 Is Sub-total. c Total from continuation sheets to Part VII, Section A Total (add lines ib and ic). 3 Total number of individual (including but not limited to those listed above) who received more than \$100,000 of continuation from the organization and either organization and either organization from the organization. Report on line 12: If Yes, complete Schedule J for such individual. 4 For any individual listed on line Ia, is the sum of reportable compensation and other compensation from the organization and either organization from the organization and either organization organization and either organization organization. Prof. (19%) complete Schedule J for such individual. 4 For any individual listed on line Ia is the sum of reportable compensation and other compensation from the organization and either organization or individual. 5 Did any person listed on line Ia receive or accrue compensation from any unrelated organization or individual for such person. Complete this table for your five highest compensation from any unrelated organization or individual for a such individual for such person. Complete this table for your five highest compensation from any unrelated organization or individual for such person. A For any individual state of the organization? If Yes, complete Schedule J for such person. Complete this table for your five highest compensation from any unrelated organization or individual for the calendar year ending with or within the organ			1										
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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	5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e comper	nsatio	on fr	om dule	any J fo	unre	elate	ed organization or	individual	. 5	5665	
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	Section B. Independent Contractors												
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	complete this table for your five highest compen- compensation from the organization. Report compen	sated ind sation for	epen the c	den alen	t co dar	ntra year	ctors endi	tha ng v	at received more the with or within the or	han \$100,000 of ganization's tax year			
Total number of independent contractors (including but not limited to those listed above) who received more than	19 19 19 19 19 19 19 19 19 19 19 19 19 1								(B)	east to	((()	
	name and business addi	ress							Description (of services	Compe	nsatio	n
			-							× .			
				an aba		1.0			L				
			ited t	o the	ose	liste	d abo	ve)	who received more	than			

Part VIII	Statement of	Revenue

	Check if Schedule O contains a response or note to any	y line in this Part VII	L		
		Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats nts	1 a Federated campaigns 1 a				
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues 1 b				
S, C	c Fundraising events 1c 106,543.				
# L	d Related organizations 1 d				
nie G	e Government grants (contributions) 1e 508,493.				
Sis	000/1301				
IF I	f All other contributions, gifts, grants, and similar amounts not included above 1 f 3 . 769 . 097				
흔등	7,103,131,1				
T P	g Noncash contributions included in lines 1a-1f: \$ 61,083.				
<u>Q</u> #	h Total. Add lines 1a-1f	4,384,133.			
Jue	Business Code				*187 HEET TO
Program Service Revenue	2 a b c d e e e e e e e e e e e e e e e e e e				
b	f All other program service revenue				
ď	g Total. Add lines 2a-2f▶				
	3 Investment income (including dividends, interest and				
	other similar amounts)	1,877.			1,877.
	4 Income from investment of tax-exempt bond proceeds >				
	5 Royalties				
	(i) Real (ii) Personal				THE REPORT OF THE PARTY.
	6 a Gross rents				
	b Less: rental expenses				
		ENERGY STATE			
	d Net rental income or (loss)	10,200.			10,200.
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses		HARD BY BY A		
	c Gain or (loss)				
	d Net gain or (loss)▶		A STATE OF THE PARTY OF THE PAR		
enne	8a Gross income from fundraising events (not including \$ 106,543.				
Other Revenu	of contributions reported on line 1c).	Hart			
œ	See Part IV, line 18 a 38, 956.				
<u>Pe</u>	b Less: direct expenses b 38,956.				
Ö	c Net income or (loss) from fundraising events ▶				
	9 a Gross income from gaming activities. See Part IV, line 19 a			Lead on the average	900 No. 10 No.
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				A STATE OF THE PARTY OF T
	10 a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b		State in the Europe		
	c Net income or (loss) from sales of inventory		a professional and the second	SUPERIOR STATE	
	Miscellaneous Revenue Business Code				
		00 000			
	11a Other Income	22,664.			22,664.
	b				
	C				
	d All other revenue				
	e Total. Add lines 11a-11d	22,664.			TO BALVILLEN
	12 Total revenue. See instructions	4,418,874.	0.	0.	34,741.
DAA			· · ·	U.	J4, /41.

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).

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
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
Grants and other assistance to domestic individuals. See Part IV, line 22	131,141.	131,141.		
3 Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members	137,209.	115,409.	11,444.	10,356.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	2,608,847.	2,194,348.	217,598.	196,901.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,000,047.	2,134,340.	217,330.	190,301.
9 Other employee benefits	130,686.	110,570.	10,828.	9,288.
10 Payroll taxes	222,349.	188,125.	18,422.	15,802.
11 Fees for services (non-employees):				
a Management				
b Legal				T.
c Accounting				
d Lobbying				
e Professional fundraising services, See Part IV, line 17	94,545.		SELECTED AND SERVICE	94,545
f Investment management fees	94,343.			94,343
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	237,472.	152,710.	65,044.	19,718
13 Office expenses	159,534.	133,127.	24,176.	2,231
14 Information technology	100,004.	133,127.	24,170.	2,201
15 Royalties				
16 Occupancy	215,746.	186,140.	23,162.	6,444
17 Travel	213,740.	100,140.	23,102.	0,444
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings	38,249.	36,972.	445.	832
20 Interest	,			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	157,982.	122,115.	24,105.	11,762
23 Insurance	15,814.	11,406.	4,075.	333
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 Miscellaneous	63,504.	34,332.	14,363.	14,809
b Food	55,614.	45,225.	2,623.	7,766
c Printing and postage	13,217.	4,595.	3,854.	4,768
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,281,909.	3,466,215.	420,139.	395,555
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720)				
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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
· · · · · · · · · · · · · · · · · · ·			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.	192,929.	1	129,932.
	2	Savings and temporary cash investments.	472,096.	2	256,679.
	3	Pledges and grants receivable, net	1,107,573.	3	1,525,896.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	Will be story of	6	Carlo Barrella A
Ø	7	Notes and loans receivable, net.		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	46,005.	9	97,188.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	40,003.		21/100
		Less: accumulated depreciation	341,710.	10 c	329,201.
	11	Investments — publicly traded securities.	541,710.	11	323,201.
	12	Investments – other securities. See Part IV, line 11		12	
8	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	16,506.	15	17,106.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,176,819.	16	2,356,002.
	17	Accounts payable and accrued expenses	139,782.	17	184,000.
	18	Grants payable		18	
	19	Deferred revenue	39,500.	19	37,500.
32	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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.		25	
	26	Total liabilities. Add lines 17 through 25	179,282.	26	221,500.
seou	27	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets.	924,646.	27	196,843.
B	28	Temporarily restricted net assets	1,072,891.	28	1,937,659.
pu	29	Permanently restricted net assets.		29	
Net Assets or Fund Balances	dome.	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
13	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	1,997,537.	33	2,134,502.
DΛ	34	Total liabilities and net assets/fund balances.	2,176,819.	34	2,356,002.

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Form 990 (2018)

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Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,4	18,8	74.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,2	31,9	09.
3	Revenue less expenses. Subtract line 2 from line 1	3	1:	36,9	65.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,9	97,5	37.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
-	column (B))	10	2,1	34,5	02.
Pai	t XII Financial Statements and Reporting				20
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
28	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:	ed on a			
	Separate basis Consolidated basis Both consolidated and separate basis		GIRCHE!	Secretary.	-
1	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
(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?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 8	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?		3 a		Х
ŀ	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA				990	(2018)
	VALANCE-RESOURCE ALL SERVICES CONTRACTOR CON		Citt	220	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name o	f the	e organization								Empl	oyer identifica	ation number
Red	ed Hook Initiative 20-3904662											
Part											e instruc	tions.
The c	rga	nization is not a private for	oundatio	on because it is	s: (F	or lines 1 thro	ugh 12,	check o	nly one	box.)		
1	1	A church, convention of ch	nurches,	or association o	of chu	ırches describe	d in sect	ion 170(b)(1)(A)(i).		
2		A school described in sect	tion 170(b)(1)(A)(ii). (Atta	ach S	chedule E (For	m 990 or	990-EZ)).)			
3		A hospital or a cooperat	ve hosp	ital service org	ganiz	ation describe	ed in sec	tion 170	0(b)(1)(A	A)(iii).		
4		A medical research orga	District Control of the	THE SAME IS DON'T THE PARTY AND ADDRESS OF THE PARTY.							D(A)(iii). E	inter the hospital's
	_	name, city, and state:									,,,,,	
5		An organization operated section 170(b)(1)(A)(iv).	d for the	benefit of a co		e or university					ntal unit de	escribed in
6		A federal, state, or local	(A) (A)		nmen	tal unit descri	bed in s	ection 1	70(b)(1)	(A)(v).		
7	X	An organization that normalin section 170(b)(1)(A)(v	ally rece	ives a substanti nplete Part II.)	al pa	rt of its suppor	t from a	governm	ental uni	it or from the	general pul	blic described
8		A community trust descr										
9		An agricultural research or										
		or university or a non-land university:	l-grant co	ollege of agricult	ture	(see instruction	is). Enter	the nan	ne, city,	and state of t	ne college o	or
10		,										
10	L	An organization that norm from activities related to investment income and June 30, 1975. See sect	its exer unrelate	mpt functions— d business tax	subj	ect to certain income (less	exception	ns, and	(2) no 1	more than 33	3-1/3% of i	ts support from gross
11		An organization organize	ed and d	operated exclus	sively	to test for pu	ublic safe	ety. See	section	1 509(a)(4).		
12		An organization organize or more publicly support lines 12a through 12d th	ed orga	nizations descr	rihed	in section 50	19(a)(1)	r sectio	n 509/a	V21 See see	tion 509/a	ut the purposes of one ()(3). Check the box in
а		Type I. A supporting organ organization(s) the power complete Part IV, Section	nization o to regula	operated, supervarly appoint or e	vised	or controlled i	by its sur	ported o	rganizat	ion(s), typica	lly by giving	the supported on. You must
b		Type II. A supporting org management of the supporting must complete Part IV, S	ganizatio	on supervised of anization vested	or co	ntrolled in cor he same perso	nnection ns that c	with its ontrol or	support manage	ed organiza the supporte	tion(s), by d organizat	having control or ion(s). You
С		Type III functionally integr	ated. A	supporting organ	izatio	on operated in o	connection	n with, ar	nd function			
d		organization(s) (see inst Type III non-functionally in	ntegrate	d. A supporting	orga	nization operat	ed in cor	nection	with its	supported org	anization(s) that is not
922		functionally integrated. Tinstructions). You must										
e	L	Check this box if the org integrated, or Type III no	on-functi	ionally integrat	ed s	upporting orga	anization	١.		1.000		e III functionally
		nter the number of support ovide the following inform										* * * * * * * *
	1 1	ame of supported organization	ation a	bout the suppo	rieu	organization(s).					
	i) iva	arne of supported organization		(II) EIN		(iii) Type of orga (described on lin above (see instru	les 1-10	(iv) I organizat in your g docur	ion listed overning	(v) Amount (see	of monetary instructions)	(vi) Amount of other support (see instructions)
								Yes	No			
(A)												
					-							
(B)												
(C)												
(D)												
(E)												_
Total												

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.)

Sec	tion A. Public Support								
begin	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,292,249.	1,583,214.	3,996,780.	2,823,077.	4,384,133.	15,079,453.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
	Total. Add lines 1 through 3	2,292,249.	1,583,214.	3,996,780.	2,823,077.	4,384,133.	15,079,453.		
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)	T _{ine}					2,033,768.		
6	Public support. Subtract line 5 from line 4						13,045,685.		
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	2,292,249.	1,583,214.	3,996,780.	2,823,077.	4,384,133.	15,079,453.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,593.	132.			1,877.	4,602.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See Part VI.	20,240.	13,370.	25,276.	27,103.	32,864.	118,853.		
11	Total support. Add lines 7 through 10						15,202,908.		
12	Gross receipts from related active	vities, etc. (see in	structions)		*****		0.		
13	First five years. If the Form 990 is organization, check this box and	for the organizatio	n's first, second, th	nird, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶		
	tion C. Computation of Pu								
	Public support percentage for 20						85.81 %		
	Public support percentage from						87.15%		
16a	6a 33-1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
b	b 33-1/3% support test—2017. 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 to or more, and if the organization the organization meets the 'facts'	meets the 'facts-	and-circumstance	s' test check this	box and stop he	re Explain in Par	t VI how		
b	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and organization meets the 'facts-and organization's and organization's and organization's and organization meets the 'facts-and organization's and	meets the 'facts-	and-circumstance	s' test check this	hox and stop he	re. Explain in Par	t VI how the		
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions >		
DAA							00 000 F7\ 2010		

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

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

Sec	tion A. Public Support						
Calenc	lar year (or fiscal year beginning in) >	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						· · · · · · · · · · · · · · · · · · ·
	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)				4		
14	First five years. If the Form 990 organization, check this box and	s for the organization stop here	ation's first, secor	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3)	► □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
15	Public support percentage for 20	18 (line 8, colum	n (f), divided by li	ne 13, column (f)))		8
16	Public support percentage from 2	2017 Schedule A,	Part III, line 15			16	8
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	9		onceded as a segretarial segre	
	Investment income percentage for	or 2018 (line 10c,	column (f), divid	ed by line 13, col	umn (f))		%
18	Investment income percentage fr	om 2017 Schedu	le A, Part III, line	17		18	%
19a	33-1/3% support tests-2018. If t is not more than 33-1/3%, check	he organization of	lid not check the	box on line 14 ar	nd line 15 is more	than 33-1/3% and	line 17
b	33-1/3% support tests—2017. If the 18 is not more than 33-1/3%	he organization d	lid not check a bo	x on line 14 or lin	ne 19a and line 16	is more than 33-1	/3% and
20	Private foundation. If the organiz	ation did not che	ck a box on line	14. 19a. or 19h.	check this box and	see instructions	240011
DAA		and not one	w work out into	,	onoon una bux anu	see maductions	

Part IV | Supporting Organizations

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

Section	Δ ΔΙΙ	Supporting	Organizations
Section	A. AII	Supporting	Organizations

			Yes	No			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1					
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2					
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	За	SM 1				
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b					
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3с	N. Sand				
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b					
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).						
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b					
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c					
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .	6					
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7					
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8	Bodel	A STATE OF THE STA			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a					
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b	1.691				
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с					
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a	114				
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	H23(0.5)				

each of the supported organizations? Provide details in Part VI.

3a

3b

Par 1	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on Nov	v. 20. 1970 (explain in	n Part VI). See through E.
Sec	tion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4	STATE OF THE STATE	
5	Income tax imposed in prior year	5	and the second	in the second
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA

Schedule A (Form 990 or 990-EZ) 2018

Par	ty Type III Non-Functionally integrated 509(a)(3) 50	ipporting Organiza	uons (continuea)	
Sect	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur			
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	s,	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide	details	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
ı	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	P 1 2 2 2		
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			SE SE SECTION S
а	Excess from 2014			
	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

20-3904662 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income

Nature and Source		-	2018	 2017	-	2016	_	2015	-	2014
Rental Income Other Income		\$	10,200. 22,664.	\$ 27,103.	\$	25,276.	\$	13,370.	\$	20,240.
Ocher Theome	Total	\$		\$ 27,103.	\$	25,276.	\$	13,370.	\$	20,240.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Name of the organization		Employer identification number
Red Hook Initiative		20-3904662
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treate	ed as a private foundation
		a se a private testination
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
1 01111 330 1 1		
	4947(a)(1) nonexempt charitable trust treated as	s a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered	by the General Rule or a Special Rule.	
AND 1967 1967 1969 1969), or (10) organization can check boxes for both the General Rule	and a Special Pula. See instructions
	, or (10) organization can check boxes for both the deficial rule (and a Special Rule. See Instructions.
General Rule	000 000 E7 at 000 PE that restricted the same and the sam	t-t-1: #F 000
property) from any one contrib	n 990, 990-EZ, or 990-PF that received, during the year, contribution outor. Complete Parts I and II. See instructions for determining a c	contributor's total contributions.
X - X - X - X - X - X - X - X - X - X -		
Special Rules		
	in section 501(c)(3) filing Form 990 or 990.FZ that met the 33-1/3	% support test of the regulations
under sections 509(a)(1) and 170	in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3 0(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, I	ine 13, 16a, or 16b, and that
Form 990, Part VIII, line 1h; or	utor, during the year, total contributions of the greater of (1) \$5,00 (ii) Form 990-EZ, line 1. Complete Parts I and II.	U; or (2) 2% of the amount on (i)
For an organization described	in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recions of more than \$1,000 exclusively for religious, charitable, scien	ceived from any one contributor,
purposes, or for the prevention	of cruelty to children or animals. Complete Parts I (enfering 'N/A	in column (b) instead of the
contributor name and address), II, and III.	
For an organization described	in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that red	ceived from any one contributor
during the year, contributions	exclusively for religious, charitable, etc., purposes, but no such co	ntributions totaled more than
\$1,000. If this box is checked,	enter here the total contributions that were received during the ye	ar for an exclusively religious,
it received nonexclusively relia	t complete any of the parts unless the General Rule applies to this ious, charitable, etc., contributions totaling \$5,000 or more during	the year
	reserve to the second s	
Caution: An organization that isn't	t covered by the General Rule and/or the Special Rules doesn't file	Schedule B (Form 990, 990-EZ, or
Part I, line 2, to certify that it does	on Part IV, line 2, of its Form 990; or check the box on line H of its on't meet the filing requirements of Schedule B (Form 990, 990-EZ	s Form 990-EZ or on its Form 990-PF, , or 990-PF).
		dule B (Form 990, 990-EZ, or 990-PF) (2018)
		200 22, 01 000, 200 22, 01 000 117 (2010)

Red Hook Initiative

Employer identification number

20-3904662

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Walentas Foundation 45 Main Street #602 Brooklyn, NY 11201	\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	The New York Community Trust 909 3rd Ave New York, NY 10022	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NYC DYCD 2 Lafayette Street, 18th fl. New York, NY 10007	\$205,359.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NYC Human Resources Administration 150 Greenwich Street, 35th fl. New York, NY 10006	\$ <u>112,124</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Russell Grinnell Memorial Trust 332 West 12th Street New York, NY 10014	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	New York Economic Development Corp. 110 Williams Street New York, NY 10038	\$543,822.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
DAA		Calandala B (Farm 00	0 000 F7 000 PF) (0010)

Name of organization

Red Hook Initiative

Employer Identification number

20-3904662

Part I	Contributors (see ins	tructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) Number		(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		Advance NYC Th Floor	\$ <u>98,580.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number		(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		oundation 316	\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number		(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	123 E 70th Stree	ation for Children et	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number		(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_		oundation Inc. nue, Suite 2010	\$225,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number		(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	Harry & Jeanetto 7 Park Center Co	ourt	\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number		(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_	Joseph & Diane : 315 Park Ave S : New York, NY 10		\$ <u>100,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization

Employer identification number

20-3904662 Red Hook Initiative

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	Cab	edule B (Form 990, 990-E	7 or 990 DE\ (2010
	SCIIC	uule D (FUIII 330, 330-L	L, OI 330"FF / (Z010

Page 4

Employer identification number Name of organization Red Hook Initiative 20-3904662 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),

or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and

con	tributions of \$1,000	or less for the year	s completing Part III, enter the total of ar. (Enter this information once. See in hal space is needed.	
(a) o. from Part I	(b) Purpose		(c) Use of gift	(d) Description of how gift is held
N/	'A			
	Trans	feree's name, add	(e) Transfer of gift lress, and ZIP + 4	Relationship of transferor to transferee
(a) . from art I	(b) Purpose	of gift	(c) Use of gift	(d) Description of how gift is held
	Trans	feree's name, add	(e) Transfer of gift lress, and ZIP + 4	Relationship of transferor to transferee
(a) from	(b) Purpose	of gift	(c) Use of gift	(d) Description of how gift is held
	Trans	feree's name, add	(e) Transfer of gift lress, and ZIP + 4	Relationship of transferor to transferee
(a) from art I	(b) Purposé	of gift	(c) Use of gift	(d) Description of how gift is held
	Trans	feree's name, add	(e) Transfer of gift ress, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

	Red Hook Initiative			20-3904662
Part	Organizations Maintaining Donor Ad Complete if the organization answere	lvised Funds or O d 'Yes' on Form 99	ther Similar Fu 90, Part IV, line	nds or Accounts. e 6.
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor ac are the organization's property, subject to the organ	dvisors in writing that the distribution of th	he assets held in cal control?	onor advised funds Yes No
6	Did the organization inform all grantees, donors, ar for charitable purposes and not for the benefit of th impermissible private benefit?	nd donor advisors in wi ne donor or donor advis	riting that grant fur sor, or for any othe	ds can be used only r purpose conferring Yes No
Part				
uit	Complete if the organization answere	ed 'Yes' on Form 9	90. Part IV. line	e 7.
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recrea	ation or education)	Preservation	of a historically important land area
	Protection of natural habitat			of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a last day of the tax year.	qualified conservation of	ontribution in the fo	rm of a conservation easement on the
				Held at the End of the Tax Ye
	Total number of conservation easements			
	Total acreage restricted by conservation easements			
C	Number of conservation easements on a certified h	istoric structure includ	ed in (a)	2c
	Number of conservation easements included in (c) structure listed in the National Register			2d
	Number of conservation easements modified, transferred tax year ▶	ed, released, extinguishe	d, or terminated by	the organization during the
4	Number of states where property subject to conservation	on easement is located >	<u> </u>	_
	Does the organization have a written policy regardi and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of violation	ons, and enforcing c	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting ►\$, handling of violations, a	and enforcing conse	rvation easements during the year
	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports consinclude, if applicable, the text of the footnote to the conservation easements.	servation easements in it organization's financia	s revenue and expe al statements that	nse statement, and balance sheet, and describes the organization's accounting for
Part	Organizations Maintaining Collection Complete if the organization answere	ns of Art, Historica ed 'Yes' on Form 9	al Treasures, o 90, Part IV, line	r Other Similar Assets. e 8.
	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets held for in Part XIII, the text of the footnote to its financial s	public exhibition, educa	tion or research in	enue statement and balance sheet works furtherance of public service, provide,
	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for pub following amounts relating to these items:	S 116 (ASC 958), to re lic exhibition, education,	eport in its revenue or research in furth	e statement and balance sheet works of a erance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line	1		
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, historicamounts required to be reported under SFAS 116 ((ASC 958) relating to the	nese items:	
	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			⊳ \$

Page 2

Part III Organizations Maintain	ing Conecuc	ons of Art, misto	rical Treasures, of	Other Similar Ass	ers (c	OHUHL	ieu)
3 Using the organization's acquisition, a items (check all that apply):	accession, and o	ther records, check ar	ny of the following that a	re a significant use of its	collectio	n	
a Public exhibition		d Loan o	or exchange programs				
b Scholarly research		e Other					
c Preservation for future generat	ions						
4 Provide a description of the organizat Part XIII.	tion's collections	and explain how they	further the organization	s exempt purpose in			
5 During the year, did the organization to be sold to raise funds rather than	n to be maintai	ned as part of the or	rganization's collection	?	Yes	_	No
Part IV Escrow and Custodial A	Arrangemen mount on Fo	ts. Complete if the rm 990, Part X,	he organization an line 21.	swered 'Yes' on Fo	rm 99	0, Par	t IV,
1 a Is the organization an agent, truste on Form 990, Part X?	ee, custodian or	other intermediary	for contributions or oth	er assets not included	Yes	Ī	No
b If 'Yes,' explain the arrangement in	n Part XIII and o	complete the following	ng table:			11.5	
					Amoun	t	
c Beginning balance				1c			
d Additions during the year							
e Distributions during the year				0.0 20 00 N			
f Ending balance				CAU-OF TOOLS			
2a Did the organization include an am				(CONTROL CONTROL CONTR	V		N.
					Yes		No
b If 'Yes,' explain the arrangement in	n Part XIII. Chec	ck nere if the explan	ation has been provide	ed on Part XIII		• • • • •	
Part V Endowment Funds. Con	mplete if the	organization an	swered 'Yes' on Fo	orm 990, Part IV, Iir	<u>ne 10.</u>		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e)	Four year	s back
1 a Beginning of year balance							
b Contributions					3	_	
a National and a second							
c Net investment earnings, gains, and losses							
d Grants or scholarships					1		
e Other expenditures for facilities and programs							
f Administrative expenses					1		
g End of year balance					9		
2 Provide the estimated percentage	of the current w	ear and balance (lin	e la column (a)) hold	201			
a Board designated or quasi-endowmer		ear end balance (iii)	e rg, column (a)) neid	as.			
b Permanent endowment	(20)						
c Temporarily restricted endowment		[%]					
The percentages on lines 2a, 2b, and	l 2c should equal	100%.					
3 a Are there endowment funds not in the	e possession of the	ne organization that a	re held and administered	1 for the			
organization by:						Yes	No
(i) unrelated organizations					. 3a(i)		
(ii) related organizations					. 3a(ii)		
b If 'Yes' on line 3a(ii), are the relate	ed organizations	listed as required of	on Schedule R?		. 3b		<u> </u>
4 Describe in Part XIII the intended to	uses of the orga	nization's endowme	nt funds.				
Part VI Land, Buildings, and E		100000000000000000000000000000000000000					1
Complete if the organization		ad 'Vas' on Form	n 000 Port IV line	110 Coo Form 00	0 Day	4 V I:	10
				: 11a. See Form 99	u, Par	t A, II	ne 10
Description of property	(a) (Cost or other basis	(b) Cost or other	(c) Accumulated	(d) l	Book va	alue
1 n l and	7737	(investment)	basis (other)	depreciation			
1 a Land	CONTRACTOR OF THE PROPERTY OF						
b Buildings							
c Leasehold improvements		1,143,932.		910,905.		233	,027.
d Equipment		143,117.		46,943.			,174.
e Other		13,075.		13,075.		- 30	0.
Total. Add lines 1a through 1e. (Column		Form 990 Part X	column (B) line 10c)	13,073.		220	
BAA	t yst equal		(L), III (L),		ula D C		,201.
				Sched	ule D (F	orm 990	J) 2018

	Investments – Other Securities. Complete if the organization answered	'Yes' on Form 990), Part IV, line 11b. See Form 9	90, Part X, line 12
(a) Descr	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-or	-year market value
(1) Financi	ial derivatives		Pro-	
(2) Closely	y-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(l) 				
	mn (b) must equal Form 990, Part X, column (B) line 12.).			
Part VIII	Investments - Program Related. Complete if the organization answered	'Yes' on Form 990	N/A) Part IV line 11c See Form 9	90 Part Y line 13
-	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)	• For any other participant of the participant of t			3
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	Φ,			
(10)				
	mn (b) must equal Form 990, Part X, column (B) line 13.) 🕨			E SENTENCE E
Part IX	Other Assets. Complete if the organization answered	N/A	D-+ IV II 114 C F 0	00 D-+V II 15
	Complete if the organization answered	scription), Part IV, line IId. See Form 9	(b) Book value
(1)	(a) 00.	scription		(b) Dook value
(2)				
(3)				
(4)				
/F->				
(5)				
(6)				
(6) (7)				
(6) (7) (8)				
(6) (7) (8) (9)				
(6) (7) (8) (9) (10)	Jumn (b) must equal Form 990. Part X. column (F	3) line 15)	>	
(6) (7) (8) (9) (10) Total. (Co	olumn (b) must equal Form 990, Part X, column (E	3) line 15.)		
(6) (7) (8) (9) (10)	Other Liabilities.			
(6) (7) (8) (9) (10) Total. (Co	Other Liabilities. Complete if the organization answered 'Yes' on Formula (a) Description of liability			
(6) (7) (8) (9) (10) Total. (Co Part X	Other Liabilities. Complete if the organization answered 'Yes' on Fe	orm 990, Part IV, line 1		
(6) (7) (8) (9) (10) Total. (Co Part X	Other Liabilities. Complete if the organization answered 'Yes' on Formula (a) Description of liability	orm 990, Part IV, line 1		
(6) (7) (8) (9) (10) Total. (Co Part X	Other Liabilities. Complete if the organization answered 'Yes' on Formula (a) Description of liability	orm 990, Part IV, line 1		
(6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4)	Other Liabilities. Complete if the organization answered 'Yes' on Formula (a) Description of liability	orm 990, Part IV, line 1		
(6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered 'Yes' on Formula (a) Description of liability	orm 990, Part IV, line 1		
(6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered 'Yes' on Formula (a) Description of liability	orm 990, Part IV, line 1		
(6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered 'Yes' on Formula (a) Description of liability	orm 990, Part IV, line 1		
(6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered 'Yes' on Formula (a) Description of liability	orm 990, Part IV, line 1		
(6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered 'Yes' on Formula (a) Description of liability	orm 990, Part IV, line 1		
(6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered 'Yes' on Formula (a) Description of liability	orm 990, Part IV, line 1		
(6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Other Liabilities. Complete if the organization answered 'Yes' on Formula (a) Description of liability	orm 990, Part IV, line 1 (b) Book value		

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	4,463,874.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d	2e	45,000.
3 Subtract line 2e from line 1.	3	4,418,874.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		*
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,418,874.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	<u>A</u>
A CONTRACTOR OF THE PROPERTY O		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
	1	
	1	4,326,909.
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 	1	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1	
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2a 45,000. b Prior year adjustments. 2b c Other losses. 2c	1 2e	4,326,909.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 45,000. b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d	2e	4,326,909. 45,000.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities		4,326,909. 45,000.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities		4,326,909. 45,000.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities		4,326,909. 45,000.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	3 4c	4,326,909. 45,000.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	3	4,326,909.

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

Part X - FIN 48 Footnote

RHI does not believe its financial statements include any material, uncertain tax positions. Tax filings for periods ending June 30, 2016 and later are subject to examination by applicable taxing authorities.

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Red Hook Initiative 20-3904662 Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants X Mail solicitations Internet and email solicitations Solicitation of government grants b Special fundraising events Phone solicitations C d X In-person solicitations b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) fundraiser listed in (ii) Activity have custody or control of contributions? (or retained by) or entity (fundraiser) from activity organization column (i) Yes No Elizabeth Schnee 1 296 E. 4th Street Grant Brooklyn NY 11218 X 54,270 Writer SRR Consulting LLC Event 2231 SE Harrison Street Planner/St X 40,275 Portland OR 97214 rategist 3 4 5 6 7 8 9 10 94,545. 0. 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.

Schedule G (Form 990 or 990-EZ) 2018 Red Hook Initiative 20-3904662 Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (d) Total events (c) Other events (add column (a) through column (c)) Taste of RH None (event type) (event type) (total number) Gross receipts 145,499. 145,499. 106,543. 106,543. 3 Gross income (line 1 minus line 2)..... 38,956. 38,956. Cash prizes..... DIRECT Rent/facility costs..... 12,000. 12,000. EXPENSES Other direct expenses..... 26,956. 26,956. 10 Direct expense summary. Add lines 4 through 9 in column (d).... 38,956. Net income summary. Subtract line 10 from line 3, column (d).... Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming REVENUE (a) Bingo bingo/progressive bingo (c) Other gaming (add column (a) through column (c)) Gross revenue..... 2 Cash prizes....... DIRECT 3 Noncash prizes Rent/facility costs..... 5 Other direct expenses...... Yes Yes Volunteer labor..... No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)...... 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?..... b If 'No,' explain:

b If 'Yes,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

Sche	dule G (Form 990 or 990-EZ) 2018 Red HOOK Initiative	20-3904662	rage 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed t administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility.	. 13a	90
	An outside facility.		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:	
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming reve	nue? Tyes	No
	of 'Yes,' enter the amount of gaming revenue received by the organization \$ and		
	of gaming revenue retained by the third party > \$		
c	If 'Yes,' enter name and address of the third party:		
	MBD 3-3-00-01-44/00-44-00-01-01-01-01-01-01-01-01-01-01-01-01-		
	Name ►		7
	Address ►		1
16	Gaming manager information:		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	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	n the	
	organization's own exempt activities during the tax year ► \$	7 2015 1	
Par	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, of and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information. See instructions.	olumns (III) and (ny additional	(V);

SCHEDULE I

Department of the Treasury Internal Revenue Service Name of the organization Part I General Information on Grants and Assistance

Red Hook Initiative

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

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

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

2018

OMB No. 1545-0047

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Employer identification number

20-3904662

No (h) Purpose of grant or assistance Schedule I (Form 990) (2018) X Yes Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of noncash assistance 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table See Part IV (f) Method of valuation (book, FMV, appraisal, other) 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? TEEA3901L 07/13/18 (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section (if applicable) BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table. ... (p) EIN (a) Name and address of organization or government 11111 1 8 0 ୍ର **4** 0 9 e; 8

20-3904662

Page 2

Schedule I (Form 990) (2018) Red Hook Initiative

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

The second secon		THE PROPERTY OF THE PROPERTY O				
u s= 2	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Assistance 1 Residents	Assistance to Red Hook Residents	70	131,141.			
2						
en.						
4						
22						
9						
7						
Part IV Su	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	de the information	required in Part I,	line 2; Part III, co	lumn (b); and any other	additional information.
				2000		

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

RHI provides various grants and assistance that are typically around \$200 to help the residents of Red Hook. These grants include computers for College Scholars going off to school for the first time

make sure the grants are being maximized. Typical requests are for transportation (to application, with support from an RHI Case Manager or Social Worker who is helping to Social Worker, who then maintains a relationship with the recipient to identify and name the need; determine what amount of support is appropriate; and Other grants tend to be to address a crisis, which is evaluated by an RHI Case an school or work), text books or food. Those in need are required to complete Manager or

incorporate the grant into a bigger picture action plan to handle the emergency

2018

Schedule I, Part IV - Supplemental Information

Page 3

Client RHIJUNE

Red Hook Initiative

20-3904662

12/24/19

01:14PM

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (continued)

situation. The application includes questions about what other forms of funding have been investigated. The applicant/recipient signs off on receipt of the grant and the Social Worker or Case Manager follows up on its use/application. These are awarded on a case by case basis.

In addition, in FY19, RHI implemented a grant supported by NYC EDC that included the purchase and distribution of technology to expand a free wireless network along the commercial corridors in Red Hook. These equipment grants were made to 30+ business as part of the initiative to strengthen community resiliency.

SCHEDULE L (Form 990 or 990-EZ)

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.

2018

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 20-3904662 Red Hook Initiative Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?		
	(a) Name or disqualified person		(c) Description of dansaction	Yes	No	
(1)						
(2)						
(3)			4.			
(4)						
(5)						
(6)						

4	section 4958.	▶ \$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	P &	

Part

rt II	Loans to and/or From Interested Persons.
	Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
「otal												

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2018

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) Gregory O'Connell	Former Director	20,519.	Rental of Property		Х		
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

Supplemental Information

A formeer board member, Greg O'Connell, owns the management company from which the organization rents space at 106 Ferris Street. The board voted to approve this transaction.

SCHEDULE M (Form 990)

Noncash Contributions

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

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Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number Name of the organization 20-3904662 Red Hook Initiative

Par	tl Typ	es 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	Meti noncasi	(d nod of d n contrib) etermir ution a	ning mounts
1	Art - Wo	rks of art							
2	Art - His	torical treasures							
3	Art - Fra	ctional interests							
4	Books an	d publications							5)
5	Clothing	and household goods							
6	Cars and	other vehicles							
7	Boats and	d planes							
8	Intellectu	al property							
9		- Publicly traded							
10		s - Closely held stock							
11		- Partnership, LLC, or trust interests .							
12		s - Miscellaneous							
13	7000	conservation contribution –							
14		conservation contribution - Other							
15		te – Residential							
16		te - Commercial							
17		te – Other.							
18		es							
19		entory.							
20		d medical supplies							
21		у							
22		artifacts							
23		specimens							
24		gical artifacts							
25		(Farm_Equipment)		65	61,083.	EM27			
26				03	01,003.	LMA		_	
27	Other >	,	-						
28	Other >	(
29		Forms 8283 received by the organization of	luring the toy	your for postributions for	ar udajah tha				
25	organizat	ion completed Form 8283, Part IV, Done	e Acknowled	gear for contributions in	or which the	29			
	3			5				Yes	No
	2 30 00							103	140
30a	it must he	eyear, did the organization receive by contribld for at least three years from the date of purposes for the entire holding period	of the initial	contribution, and which	ch isn't required to be u	sed	30 a		Х
F		escribe the arrangement in Part II.					30 a		Λ
31		organization have a gift acceptance poli	cv that requi	res the review of any i	nonstandard contributio	ns?	31		Х
13.7195-0	Does the	organization hire or use third parties or contributions?	related organ	nizations to solicit, pro	cess, or sell		32 a		11070
h		escribe in Part II.					32 d		X
	and the same of the same	anization didn't report an amount in colu	mn (c) for a	type of property for w	hich column (a) is chec	ked,			

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

Schedule M (Form 990) 2018

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

SCHEDULE O (Form 990 or 990-EZ)

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.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization

Red Hook Initiative

20-3904662

Form 990, Part III, Line 1 - Organization Mission

RHI believes that social change to overcome systemic inequities begins with empowered youth. In partnership with community adults, we nurture young people in Red Hook to be inspired, resilient, and healthy, and to envision themselves as co-creators of their lives, community and society. We envision a Red Hook where all young people can pursue their dreams and grow into independent adults who contribute to their families and community.

Form 990, Part III, Line 4a - Program Service Accomplishments

Youth Development Programs (ages 11-24): Our youth development pipeline runs from middle school through young adulthood; its aim is to collaboratively interrupt cycles of injustice and to build hope. Beginning in middle school, RHI offers a daily after school program focusing on academic enrichment and leadership skills. This is followed by a 4-year program focused on employment, education and leadership. By eleventh grade, RHI's youth leaders are getting routine exposure to opportunities in college and careers and they are also employees at RHI, receiving training that enables them to provide programs and services to their peers. For those aged 19-24, RHI serves young adults in small groups and individual services. These include: College Scholars Program (for students planning to apply to college or working toward a two or four year degree), employment programs (for those searching for work or in need of professional development training). Individual services include: coaching, resume and job application support, benefits screening, clinical counseling, legal referrals and housing referrals through case management. In FY19, RHI began operating two local urban farms in Red Hook, which provide dozens of job opportunities for youth while also creating a source of healthy affordable produce for the community at large. In FY19, our youth programs collectively served more than 400 people from the

Employer identification number

20-3904662

Form 990, Part III, Line 4a - Program Service Accomplishments

Community Building Programs: RHI's work to build a healthy and sustainable Red Hook flows directly out of our focus on youth development, but engages residents of all ages. Our approach to community building is to facilitate authentic participation and leadership, build social capital, and create positive institutional change in Red Hook. High school juniors and seniors learn about community organizing and advocacy and then lead an action or campaign of their choice. Since 2014, RHI has trained over 225 adult Local Leaders in emergency preparedness and community organizing, equipping public housing residents to be resilient in the face of emergencies and building their collective power.

RHI Institute: RHI is committed to hiring locally and investing in residents who will improve their lives and the community in which they live and work. Our community hiring model is supported by three initiatives: 1) RHI fellows is a competitive eight-month program open to young professionals from Red Hook who want to develop careers in the nonprofit sector; 2) Career Accelerator is a competitive year-long program for permanent staff who are paired with external mentors, monthly coaching and support to reach targeted, ambitious career goals; 3) Ongoing professional development is a priority for all staff to ensure they receive training and capacity-building to stretch their skills and position them for growth. In the first two years of the Fellowship and Accelerator, RHI has served nearly Red Hook 30 participants in their nonprofit career development. In FY19, RHI paid over \$1.25M back to the Red Hook community through local hiring, youth work opportunities, and stipends/contracts paid to local residents.

Red Hook Initiative

Employer identification number

20-3904662

Form 990, Part VI, Line 11b - Form 990 Review Process

The information provided in the draft 990 form is shared with our audit committee, which then makes a presentation and recommendation to the full board in order to approve the full audit before we file it.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Governance Committee is tasked with making sure the policy is up to date, signed by all board members annually, and the provisions reinforced periodically. They ask questions about the nature of board members' activities and ventures with an eye on any potential conflicts or red flags to raise.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Executive Committee is tasked with reviewing the Executive Director's salary on an ongoing basis. It has been based on peer research as well a study RHI specifically retained a search firm to conduct in 2014, which is being updated in 2019. The ED salary has not received increases above and beyond those received by all staff. When new senior hires are made the executive committee consults with the finance committee to make or review a recommendation for salary, which is again based on peer research.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

These documents are made available upon request.