Form	990
Form	990

EX ⁻	ΓΕΝ	SIO	N A	ΓΤΑ	CHE	D

For	m 990							OMB No. 1545-0047
	r. January 20			Organization Exe 527, or 4947(a)(1) of the Interna				2019
Depa Inter	artment of th nal Revenue	e Treasury Service	► Do not en ► Go to www	ter social security numbers on t irs.gov/Form990 for instruction	nis form as it may bons and the late	pe made public.	n.	Open to Public Inspection
A			year, or tax year begin	•	, 2019, and e			, 2020
В	Check if app			3 ,, 02	, ,	5 0,	D Employer iden	
	Addres	ss change Re	ed Hook Initiat	ive			20-3904	662
	Name		57 Hicks Street				E Telephone num	ber
	Initial r	_{return} Br	cooklyn, NY 112	31			(718) 8	58-6782
	Final ret	urn/terminated						
	Ameno	ded return					${\bm G} \ \ {\rm Gross \ receipts}$	\$ 5,624,785.
	Applica	ation pending F	Name and address of principal	officer: Morgan Monac	0	• • •	a group return for su	103 110
		Sa	<u>ame As C Above</u>			H(b) Are all If "No,	subordinates include attach a list. (see ir	ed? Yes No
			501(c)(3) 501(c) () ◄ (insert no.) 4	947(a)(1) or 52	27		
<u> </u>	Websit		rhicenter.org			.,	exemption number	
ĸ			Corporation Trust	Association Other ►	L Year of f	formation: 200	6 M State of	legal domicile: NY
Pa		Summary	the examization's missi	on or most significant activ	ition DUT ha	14	at assist	ahan na ta
				ies begins with				
Governance				cure young people				
rna	ar	nd health						
ove	2 Ch	eck this box 🕨		n discontinued its operation				sets.
ଅ	-			ning body (Part VI, line 1a				17
			-	s of the governing body (Pa				17
viti				calendar year 2019 (Part necessary)				<u> </u>
Activities				Part VIII, column (C), line 1				0.
				from Form 990-T, line 39.				0.
							rior Year	Current Year
e				1h)			1,384,133.	5,530,142.
Revenue		-	•	2g)			1 000	1 0.05
lev.				A), lines 3, 4, and 7d) hes 5, 6d, 8c, 9c, 10c, and			<u>1,877.</u> 32,864.	1,965.
_				(must equal Part VIII, colu			<u>32,804.</u> 1,418,874.	<u>55,047.</u> 5,587,154.
			9	X, column (A), lines 1-3).	()		131,141.	95,289.
				(, column (A), line 4)			101/111	507205.
				benefits (Part IX, column			3,099,091.	3,254,423.
ses	16a Pro	ofessional fund	draising fees (Part IX, c	olumn (A), line 11e)			94,545.	- , - ,
Expensi	b Tot		expenses (Part IX, col		428,61	19	,	
Щ	17 Oth	-		nes 11a-11d, 11f-24e)			957,132.	1,242,819.
		•		equal Part IX, column (A),			1,281,909.	4,592,531.
				8 from line 12			136,965.	994,623.
r se						Beginni	ng of Current Year	End of Year
Assets I Balanc	20 Tot					2	2,356,002.	3,528,835.
Ase Ba	21 Tot	tal liabilities (F	Part X, line 26)				221,500.	699,710.
Net J	22 Ne	t assets or fur	nd balances. Subtract li	ne 21 from line 20		2	2,134,502.	2,829,125.
Pa	irt II	Signature E	Block					
Unde	er penalties	of perjury, I declare	e that I have examined this retu	rn, including accompanying schedul all information of which preparer has	es and statements, a	and to the best of n	ny knowledge and be	ief, it is true, correct, and
com	piete. Deciai	The second secon			any knowledge.			
c :		Signature of	Mons 2			Da	12/24/2	20
Sign Here			n Monaco			Evo	utive Dire	ator
			t name and title			EXEC	utive Dile	
		Print/Type prepa	arer's name	Preparer's signature	Date		Check if	PTIN
Ра	id	Michael	Schall	Michael Schall	12	/21/2020	self-employed	P02024184
	eparer	Firm's name	► SCHALL & ASHE		t			
Us	e Only	Firm's address	► 307 5th Ave,				Firm's EIN ► 13	-4036703
	-		NEW YORK, NY				Phone no. (21	
-								· · · · · · · · · · · · · · · · · · ·
Ma	y the IRS	discuss this r	eturn with the preparer	shown above? (see instruct	tions)			X Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

01

► File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

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

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

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

 Name of exempt organization or other filer, see instructions.
 Taxpayer identification number (TIN)

Type or print	Red Hook Initiative	20-3904662	. ,
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.		
due date for filing your	767 Hicks Street		
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	Brooklyn, NY 11231		

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of • Morgan Monaco	
--	--

Telephone No. ► (718) 858-6782

Fax No. ►

)	If the organization does not have an office or place of business in the United States, check this box	►
		. If this is for the whole group,
	check this box ► . If it is for part of the group, check this box ► and attach a list with the	names and TINs of all members
	the extension is for.	

1	I request an automatic 6-month extension of time until	5/15	, 20 <u>21</u>	, to file th	e exempt organization return
	for the organization named above. The extension is t	for the organ	zation's return	n for:	

calendar year 20 or

	► X tax year beginning	<u>_7/01</u>	, 20 <u>19</u>	, and ending	<u> 6/30 </u>	_, 20 <u>20</u>			
2	If the tax year entered in line		s than 12 mon	ths, check reas	on: Initia	l return	Final r	eturn	
	Change in accounting pe	riod							

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	Ś	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Form	990 (2019) Red Hook Initia	tive	20-3904662 F	Page 2
Par				
		a response or note to any line in this Part III		Х
1	Briefly describe the organization's mis	sion:		
	See_Schedule_0			
2	Did the organization undertake any signif	icant program services during the year which were r	not listed on the prior	
-				No
	If "Yes," describe these new services on			
3	Did the organization cease conducting	, or make significant changes in how it conducts	, any program services? Yes X	No
	If "Yes," describe these changes on Sche	edule O.		
4	Describe the organization's program s	ervice accomplishments for each of its three larg	est program services, as measured by expen	ses.
	and revenue, if any, for each program	izations are required to report the amount of gra service reported.	nts and allocations to others, the total expens	ses,
	, , , , , , , , , , , , , , , , , , ,			
4 a	(Code:) (Expenses \$	3,667,891. including grants of \$	95,289,)(Revenue \$)
	See_Schedule_0			
11	(Code:) (Expenses \$	including grants of \$)
41)
4 0	: (Code:) (Expenses \$	including grants of \$) (Revenue \$)
4 c	Other program services (Describe on S			
	(Expenses \$	including grants of \$) (Revenue \$)	
4	Total program service expenses	3,667,891.	Form 990	(2010)

		0-3904662		F	age 3
Pa	t IV Checklist of Required Schedules			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' co Schedule A		1	X	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidat for public office? If 'Yes,' complete Schedule C, Part I.	es	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	election	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, Pa	art III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the rig to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule</i> <i>Part I</i>	e D,	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? <i>If 'Yes,' complete Schedule D, Part II</i>		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 custodia for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>		9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		0		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, I or X as applicable.	Х,			
ä	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Sched D, Part VI		1a	Х	
I	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	total 1	1 b		Х
(Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	total	1 c		Х
(Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets report in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		1 d		Х
(Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, F	Part X 1	1 e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresse the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D	s), Part X 1	1 f	Х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII		2a	Х	
I	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' ar if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	1d 1	2 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	1	3		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?		4a		Х
I	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments value at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	ued 1	4b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	or for any 1	5		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	to 1	6		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	, 	7		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? <i>If 'Yes,' complete Schedule G, Part II</i>		8	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	1	9		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		0a		Х
Ł	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		0b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		21		Х

Form 990 (2019) Red Hook Initiative

Part IV Checklist of Required Schedules (continued)

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
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
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? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	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):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	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		Х
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		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt 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		Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 43		165	
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c		(001)
BA/	IEEAUU4L U//31/19	Form	1 990 (2015

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

Yes

Х

No

))

Form 990 (2019) Red Hook Initiative 20-3904	562	F	Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		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 2a			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	71 2b	X	-
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b If Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<u> </u>
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	50		<u></u>
	50		<u> </u>
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
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?	7a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	70		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
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?		I	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
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 10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders 11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
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		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
If 'Yes,' complete Form 4720, Schedule O.			

1	a Enter the number of voting members of the governing body at the end of the tax year 1 a 17 If there are material differences in voting rights among members	-		
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	b Enter the number of voting members included on line 1a, above, who are independent 1b			
	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
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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			
_	since the prior Form 990 was filed?	4		X
5		5		X
6	5	0		Х
/	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?	7 a		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				
	the following:			
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9		Х
See	ction B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	ode.)
			Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was doneSee.Schedule.Q.	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official. See Schedule. 0	15a	Х	
	b Other officers or key employees of the organization.	15b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16				
	a Did the organization invest in contribute assets to or participate in a joint venture or similar arrangement with a			Х
	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?	16a		
_	5 7 7 7 5	16a 16b		
	taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	 taxable entity during the year?			
Sec	taxable entity during the year?	16 b	 3)s on	ly)
<u>Sec</u> 17	taxable entity during the year?	16 b	3)s on	ly)
<u>Sec</u> 17	taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NY	16b	3)s on	ly)
Sec 17 18	taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O) Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year. See Schedule O	16b	 3)s on	 ly)
<u>Sec</u> 17 18 19	taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records ►	16b	3)s on	lly)
<u>Sec</u> 17 18 19	taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records ► Morgan Monaco 767 Hicks Street Brooklyn NY 11231 (718) 858-6782	16 b 01 (c) (3		 ly) 2019)

Form 990 (2019) Red Hook Initiative

Section A. Governing Body and Management

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

Х

Yes

No

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Form 990 (2019) Red Hook Initiative	20-3904662	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
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 Compensat	ed Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	with or within the	
 List all of the organization's current officers, directors, trustees (whether individuals or organizatio compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. 	ons), regardless of amount of	

• 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.

See instructions for the order in which to list the persons above.

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

			((C)					
(A) Name and title	(B) Average hours	is	s both a	an off	ficer ar rustee))	Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	employee Key employee	Highest compensated	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jill Eisenhard	40	-							_
Executive Dir.	0			Х			134,042.	0.	0.
<u>(2) Javier Lopez</u> Chf Strategy Off.	$-\frac{40}{0}$	-				Х	129,918.	0.	0.
(3) Barbara Koegel Chief Operat. Off.	$-\frac{40}{0}$					x	108,802.	0.	0.
(4) Chris Cardona President	$-\frac{1}{0}$	Х		X			0.	0.	0.
	$-\frac{1}{0}$	Х		X			0.	0.	0.
Andrew_Strauss Treasurer	<u>1_</u>	Х		X			0.	0.	0.
<u>(7) Maria Mottola</u> Secretary	<u>1_</u>	Х		X			0.	0.	0.
_(8)_David_Friedman Director	$-\frac{1}{0}$	Х					0.	0.	0.
<u>(9) Dr. Millicent Comrie</u> Director	$-\frac{1}{0}$	Х					0.	0.	0.
(10) John Kline Director	$-\frac{1}{0}$	Х					0.	0.	0.
(11) Brandon Holley Director	<u>1</u>	Х					0.	0.	0.
(12) Rebecca Kirszner Katz Director	$-\frac{1}{0}-$	Х					0.	0.	0.
(13) Donovan Hamlet Director	$-\frac{1}{0}-$	Х					0.	0.	0.
(14) Thomas L. McMahon Director	1	Х					0.	0.	0.
ВАА	TEEA0	107L	07/31/	19					Form 990 (2019)

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Part VII Section A. Officers, Directors, Tru	ustees,	Key	En	ıplo	bye	es,	and	d Highest Com	pensated Emp	loyees (continued)
	(B)			(0	•					
(A) Name and title	Average hours per week	box	, unle	ess pe	erson direct	e than is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
						ă				
(15) <u>Gregg Bishop</u> Director	<u>1</u>	X						0.	0.	0.
(16) Jennifer Wheary	1	Λ						0.	0.	0.
Director	0	Х						0.	0.	0.
(17) Eden Wurmfeld	1									
Director	0	Х						0.	0.	0.
(18) Nanda Prabhakar	1									
Director	0	Х						0.	0.	0.
(19) Michael Lee	1									
Director	0	Х						0.	0.	0.
(20) David Xi Bing Ma	1							0	0	0
Dir til 6/30/20 (21)	0	Х						0.	0.	0.
(21)		•								
(22)										
(23)		•								
(24)										
		1								
(25)										
1 b Subtotal							•	372,762.	0.	0.
c Total from continuation sheets to Part VII, Secti								0.	0.	0.
d Total (add lines 1b and 1c).								372,762.	0.	0.
2 Total number of individuals (including but not limited from the organization ► 3	to those I	isted	abo	ve) \	who	recer	ved	more than \$100,00	U of reportable comp	Densation
										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for successful and the second secon										. 3 X
										· J <u>A</u>
4 For any individual listed on line 1a, is the sum of the organization and related organizations greated	er than \$1	50,0	00?	lf '\	′es,	' com	iple	te Schedule J for		
such individual										. 4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper	isatio	on fr	om	any 1 fo	unre	late	ed organization or	individual	. 5 X
Section B. Independent Contractors	, compre		01100	and	0 10	1 000	n p			
1 Complete this table for your five highest compen	sated ind	epen	dent	t cor	ntra	ctors	tha	t received more the	nan \$100,000 of	
compensation from the organization. Report compen		the c	aien	dar .	year	enai	ng v		-	
(A) Name and business add	ress							(B) Description o	of services	(C) Compensation
2 Total number of independent contractors (including t \$100,000 of compensation from the organization		ited t	o tha	ose l	isteo	d abo	ve)	who received more	than	

Form 990 (2019) Red Hook Initiative Part VIII Statement of Revenue

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ar		III Statement of Revenue Check if Schedule O contains a res	sponse or note to an	y line in this Part V			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts		a Federated campaigns 1					
and Other Similar Amounts		b Membership dues1					
Am		c Fundraising events	==0/=				
ilar		d Related organizations					
Sim		e Government grants (contributions) 1 of All other contributions, gifts, grants, and	e 474,077.				
ler		similar amounts not included above 1	4,929,821.				
đ	ç	g Noncash contributions included in lines 1a-1f					
pu	ŀ	h Total. Add lines 1a-1f	- 1	5,530,142.			
	-		Business Code	5,550,142.			
	2 a	a					
	ł	b					
	C	۵					
i	C	d					
	e	e					
þ.		All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, other similar amounts)	interest, and	1,965.			1,965
	4	Income from investment of tax-exem		1,505.			, yuu
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a 5,40	0.				
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c 5,40					
	C	d Net rental income or (loss)		5,400.			5,400
	7 a	a Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a					
	ł	b Less: cost or other basis and sales expenses 7b					
	6	c Gain or (loss) 7c					
		d Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·				
	82	a Gross income from fundraising events					
		(not including $\$$ 126,244.					
		of contributions reported on line 1c).					
			8a 37,631.				
		-	8b 37,631.				
		c Net income or (loss) from fundraising	events				
	9 a	a Gross income from gaming activities. See Part IV, line 19.	9a				
	ŀ		9b				
		c Net income or (loss) from gaming ac					
		i i i i i i i i i i i i i i i i i i i					
	100	a Gross sales of inventory, less returns and allowances	0a				
			0b				
	0	c Net income or (loss) from sales of in					
ļ			Business Code				
e B	11 a	<u>other_Income</u>	900099	49,647.			49,647
ē	k	b 	_				
kevenue	0	cd All other revenue					
-		e Total. Add lines 11a-11d	L	10 617			
		Total revenue. See instructions		49,647.	0		E7 010
٨	14			<u>5,587,154</u> .	0.	0.	57,012

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	2,780,484.	2,335,515.	254,054.	190,915.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	124,159.	103,055.	10,395.	10,709.
10	Payroll taxes	215,738.	179,069.	18,062.	18,607.
11	Fees for services (nonemployees):				
a	Management				
t	Legal				
c	Accounting				
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	450,762.	216,655.	134,538.	99,569.
13		178,073.	152,638.	23,475.	1,960.
14	Information technology	170,075.	152,050.	23,473.	1,500.
15	Royalties				
16	Occupancy	238,258.	209,109.	21,546.	7,603.
17	Travel	22,876.	22,364.	226.	286.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	174,559.	157,929.	8,315.	8,315.
23	Insurance	17,852.	16,998.	178.	676.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ā	Other_expenses	104,740.	75,294.	8,536.	20,910.
k	P Food	38,414.	36,287.	951.	1,176.
C	Printing and postage	17,285.	8,711.	1,000.	7,574.
c		,		• • • • •	, <u> </u>
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,592,531.	3,667,891.	496,021.	428,619.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
BAA		TEEA0110L 07/31	/19		Form 990 (2019)

Form 990 (2019) Red Hook Initiative Part IX Statement of Functional 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

Grants and other assistance to foreign

Compensation not included above to

organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16

Benefits paid to or for members Compensation of current officers, directors,

trustees, and key employees

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

1

2

3

4

5

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX.

(A) Total expenses

95,289

134,042.

(D)

Fundraising

expenses

60,319.

(C)

Management and

general expenses

14,745.

(B)

Program service

expenses

95,289

58,978.

Form 990 (2019) Red Hook Initiative

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Part X Balance Sheet

Pa	irt X				
		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.	129,932.	1	174,800.
	2	Savings and temporary cash investments.	256,679.	2	1,748,149.
	3	Pledges and grants receivable, net.	1,525,896.	3	1,422,676.
	4	Accounts receivable, net	• •	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
ts	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	97,188.	9	13,353.
As	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,300,724.			
		Less: accumulated depreciation 10b 1,145,482.	329,201.	10 c	155,242.
		Investments – publicly traded securities.		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11	17,106.	15	14,615.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,356,002.	16	3,528,835.
	17	Accounts payable and accrued expenses	184,000.	17	171,328.
	18	Grants payable		18	
	19	Deferred revenue	37,500.	19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	528,382.
	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.	221,500.	26	699,710.
Ices		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	196,843.	27	918,005.
Ba	28	Net assets with donor restrictions	1,937,659.	28	1,911,120.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.	· · ·		· · ·
5	29	Capital stock or trust principal, or current funds		29	
ŝ	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
š	31	Retained earnings, endowment, accumulated income, or other funds		31	
				22	0 000 105
t A:	32	Total net assets or fund balances	2,134,502.	32	2,829,125.

BAA

Form 990 (2019)

Forn	n 990 (2019)	Red Ho	ook	Initiative 20-3	904662		Pa	age 12
Par	t XI	Reco	nciliatio	n of	f Net Assets				
					contains a response or note to any line in this Part XI				. Х
1	Total	revenue	e (must eq	ual F	Part VIII, column (A), line 12)	1	5,5	87,1	154.
2	Total	expens	es (must e	equal	l Part IX, column (A), line 25)	2	4,5	92,5	531.
3	Reve	nue less	s expenses	s. Su	ubtract line 2 from line 1	3	9	94,6	523.
4	Net a	ssets or	r fund bala	nces	s at beginning of year (must equal Part X, line 32, column (A))	4	2,1	34,5	502.
5	Net u	nrealize	ed gains (lo	osse	s) on investments	5			
6	Dona	ted serv	vices and u	ise c	of facilities	6			
7			•			7			
8	Prior	period a	adjustment	ts		8			
9	Other	change	es in net as	ssets	s or fund balances (explain on Schedule O). See Schedule O	9	-3	0,00	000.
10	Net a	ssets or	fund baland	ces a	at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	• • •		
Dee		nn (B)). I∎:		• • • • •		10	2,82	29,1	.25.
Par	τλιι	Finar	icial Sta	tem	ents and Reporting				_
		Check	if Schedul	еO	contains a response or note to any line in this Part XII				·Ц
								Yes	No
1	Acco	unting n	nethod use	ed to	prepare the Form 990: Cash X Accrual Other				
		organiz hedule (nged	its method of accounting from a prior year or checked 'Other,' explain				
2 a	Were	the org	anization's	s fina	ancial statements compiled or reviewed by an independent accountant?		2a		Х
	lf 'Ye sepai	rate bas	k a box be is, consoli te basis	dat <u>e</u>	to indicate whether the financial statements for the year were compiled or reviewed basis, or both: Consolidated basis Both consolidated and separate basis	d on a			
t	Were	the org	anization's	s fina	ancial statements audited by an independent accountant?		2 b	Х	
	lf 'Ye basis X	, consol	k a box be lidated bas ite basis	sis, o	to indicate whether the financial statements for the year were audited on a separat or both: Consolidated basis Both consolidated and separate basis	e			
C	lf 'Yes revie	s' to line w, or co	2a or 2b, d mpilation d	loes of its	the organization have a committee that assumes responsibility for oversight of the audit, s financial statements and selection of an independent accountant?		2 c	Х	
	on So	chedule	Ο.	5	either its oversight process or selection process during the tax year, explain				
	Audit	Act and	d OMB Circ	cular	I, was the organization required to undergo an audit or audits as set forth in the Single A-133?		3a		Х
k					Indergo the required audit or audits? If the organization did not undergo the required audit chedule O and describe any steps taken to undergo such audits		3 b		
BAA					TEEA0112L 01/21/20		Form	99 0	(2019)

SCHEDULE A (Form 990 or 990-EZ)

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.

20	19	

OMB No. 1545-0047

Open to Public

Departn Internal	nent Rev	of the Treasury venue Service	► (Go to www.irs.gov/Fo	rm990 for instructions	and the	latest i	nformation.	Inspection		
Name o	f the	e organization						Employer identification	ation number		
		ook Initi						20-390466			
Part					rganizations must o				tions.		
	rga	7	•		For lines 1 through 12,		2	,			
1	_				hurches described in sect			ı).			
2 3	_				Schedule E (Form 990 or ization described in sec			(Viii)			
4	-		•		unction with a hospital of				nter the hospital's		
•		name, city, a	-								
5		An organizati			ge or university owned	or oper	ated by	a governmental unit de	escribed in		
6		A federal, sta	ate, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).			
7	Х	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community	trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:									
10	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11		-			ely to test for public safe						
12 a	or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
b		Type II. A sup	pporting organiz	ation supervised or c organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You		
С		Type III function	onally integrated (s) (see instructi	. A supporting organizat ons). You must com	tion operated in connection plete Part IV, Sections	n with, a A, D, an	nd functio d E.	onally integrated with, its	supported		
d		functionally in	ntegrated. The o	organization generally	anization operated in cor must satisfy a distribu Is A and D, and Part V.	nnection tion req	with its s uiremen	supported organization(s t and an attentiveness) that is not requirement (see		
e 4		integrated, or	r Type III non-fu	inctionally integrated	en determination from t supporting organizatior	ı.		51 7 51 7 51			
a I	Pr	ovide the follo	wing informatio	n about the supported	d organization(s).						
		ame of supported of	-	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	on (iv) Is the (v) Amount of monetary (vi) Amount 10 organization listed support (see instructions) support (see ir					
						Yes	No				
(A)											
(B)											
(6)											
(C)											
(D)											
(E)											
Total											

Sch

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

Section A. Public Support

	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,583,214.	3,996,780.	2,823,077.	4,384,133.	5,530,142.	18,317,346.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,583,214.	3,996,780.	2,823,077.	4,384,133.	5,530,142.	18,317,346.
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)						3,044,000.
6	Public support. Subtract line 5 from line 4						15,273,346.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,583,214.	3,996,780.	2,823,077.	4,384,133.	5,530,142.	18,317,346.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	132.			1,877.	7,365.	9,374.
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	13,370.	25,276.	27,103.	32,864.	49,647.	148,260.
	Total support. Add lines 7 through 10						18,474,980.
12	Gross receipts from related activ	vities, etc. (see in:	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and						►
	tion C. Computation of Pu						
	Public support percentage for 20						82.67%
15	Public support percentage from	2018 Schedule A,	Part II, line 14				85.81%
16a	33-1/3% support test-2019. If t and stop here. The organization						
b	33-1/3% support test-2018. If the and stop here. The organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	tVI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Parl ed organization.	t VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 1/b, check th	is box and see ins	structions ►
BAA					Sc	hedule A (Form 90	90 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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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 organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) ⊺otal
I	Gifts, grants, contributions, and membership fees						
	received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
5	its behalf The value of services or						
5	facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1,						
	2, and 3 received from disqualified persons.						
b	Amounts included on lines 2				ſ		
	and 3 received from other than disgualified 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						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(.,	(-)	(0) ==		()	
	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources						
b	Unrelated business taxable income (less section 511						
	taxes) from businesses						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9,				1		
	10c, 11, and 12.)	in fam II	ationala C. J.				
14	First five years. If the Form 990 organization, check this box and	stop here	ation's first, secor	na, thira, tourth, (or fifth tax year as	a section 501(c)(3	⁵⁾ ▶
Sec	tion C. Computation of Pu						
15	Public support percentage for 20	-					%
16	Public support percentage from a					16	0/0
	tion D. Computation of Inv						0
17	Investment income percentage f	-		-			00 00
18	Investment income percentage f 33-1/3% support tests-2019. If f						
i ya	is not more than 33-1/3%, check						
b	33-1/3% support tests-2018. If t	the organization c	lid not check a bo	ox on line 14 or li	ne 19a, and line 1	6 is more than 33-	1/3%, and 🔤
20	line 18 is not more than 33-1/3%		-				
20	Private foundation. If the organi	zation ald not che	eck a box on line	14, 198, or 190, (check this box and	i see instructions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 2 described in section 509(a)(1) or (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. 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use. 3c 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. Δh **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes.' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a 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 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 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 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons
- as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in **Part VI**.
- **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*.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in **Part VI**.
- 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.
 - **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.)

9a

9b

9c

10a

10b

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		Yes	No	
11 Has the organization accepted a gift or contribution from any of the following persons?				
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a			
b A family member of a person described in (a) above?				
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c			

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove

applied to such powers during the tax year.
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the support of the support

directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI* the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

Yes

Yes

2a

2b

3a

3h

No

1

2

No

Page 6

 Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B – Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 	1 2 3 4 5 6 7 8 8	(A) Prior Year	(B) Current Yea (optional)
 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B – Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 	3 4 5 6 7 8	(A) Prior Year	
 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B – Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 	4 5 6 7 8	(A) Prior Year	
 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B – Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 	5 6 7 8	(A) Prior Year	
 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B – Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 	6 7 8	(A) Prior Year	
 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B – Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 	7 8	(A) Prior Year	
 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B – Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 	8	(A) Prior Year	
ection B – Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		(A) Prior Year	
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1a	(A) Prior Year	
tax year or assets held for part of year):	1a		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
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		
ection 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		
5 Income tax imposed in prior year	5		

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

Schedule A (Form 990 or 990-EZ) 2019

Part '		pporting Organiza	ations (continued)						
Section	Current Year								
1 A	mounts paid to supported organizations to accomplish exempt put	rposes							
	mounts paid to perform activity that directly furthers exempt purposes on excess of income from activity	of supported organization	ns,						
3 A	3 Administrative expenses paid to accomplish exempt purposes of supported organizations								
4 A	mounts paid to acquire exempt-use assets								
5 C	Qualified set-aside amounts (prior IRS approval required)								
6 C	Other distributions (describe in Part VI). See instructions.								
7 T	otal annual distributions. Add lines 1 through 6.								
	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide	e details						
9 D	Distributable amount for 2019 from Section C, line 6								
10 L	ine 8 amount divided by line 9 amount								
Sectio	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019					
1 D	Distributable amount for 2019 from Section C, line 6								
2 L c	Inderdistributions, if any, for years prior to 2019 (reasonable ause required – explain in Part VI). See instructions.								
3 E	excess distributions carryover, if any, to 2019								
a F	rom 2014								
b F	rom 2015								
c F	rom 2016								
d F	rom 2017								
e F	rom 2018								
f T	otal of lines 3a through e								
g A	Applied to underdistributions of prior years								
h A	Applied to 2019 distributable amount								
iC	Carryover from 2014 not applied (see instructions)								
j F	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
	Distributions for 2019 from Section D, ine 7: \$								
a A	Applied to underdistributions of prior years								
	Applied to 2019 distributable amount								
сF	Remainder. Subtract lines 4a and 4b from 4.								
S	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than ero, explain in Part VI. See instructions.								
fr	Remaining underdistributions for 2019. Subtract lines 3h and 4b rom line 1. For result greater than zero, explain in Part VI. See instructions.								
7 E	Excess distributions carryover to 2020. Add lines 3j and 4c.								
8 E	Breakdown of line 7:								
a E	Excess from 2015								
	Excess from 2016								
	Excess from 2017								
d E	Excess from 2018								
	Excess from 2019								

BAA

Schedule A (Form 990 or 990-EZ) 2019

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 VI

Part II, Line 10 - Other Income

Nature and Source	<u>.</u> .	2019	 2018	 2017	 2016	2015
Rental Income Other Income		\$ 49,647.	\$ 10,200. 22,664.	\$ 27,103.	\$ 25,276. \$	\$ 13,370.
	Total	\$ 49,647.	\$ 32,864.	\$ 27,103.	\$ 25,276.	\$ 13,370.

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		plemental Financial Stateme		OMB No. 1545-0047
SCHEDULE D (Form 990)	2019			
Department of the Treasury Internal Revenue Service	► Go to <i>www.irs</i>	► Attach to Form 990. .gov/Form990 for instructions and the late	Open to Public Inspection	
Name of the organization			Em	nployer identification number
	Initiative	or Advised Funds or Other Similar)-3904662
Part I Organiza Complete	if the organization ans	wered 'Yes' on Form 990, Part IV, I	line 6.	11(5,
		(a) Donor advised funds	(b) Fund	Is and other accounts
	end of year			
	ntributions to (during year)			
	ants from (during year)			
00 0	at end of year			
are the organizat	ion's property, subject to the	nor advisors in writing that the assets held organization's exclusive legal control?		Yes No
for charitable pur	poses and not for the benefi	ors, and donor advisors in writing that grant t of the donor or donor advisor, or for any c	other purpose conferr	ring
	tion Easements.			
		wered 'Yes' on Form 990, Part IV, I	line 7.	
	nservation easements held b	y the organization (check all that apply).	rvation of a historica	Illy important land area
	natural habitat		rvation of a certified	5 1
	of open space			
		held a qualified conservation contribution in the	e form of a conservation	on easement on the
last day of the ta				
- Total number of				l at the End of the Tax Year
		ments	_	
•		fied historic structure included in (a)	-	
		n (c) acquired after $7/25/06$, and not on a h		
structure listed in	the National Register		2 d	
3 Number of conserv tax year ►	vation easements modified, tra	nsferred, released, extinguished, or terminated	by the organization de	uring the
		ervation easement is located ►		
		egarding the periodic monitoring, inspection		ns, Yes No
		nts it holds? inspecting, handling of violations, and enforcin		
7 Amount of expense ►\$	es incurred in monitoring, insp	ecting, handling of violations, and enforcing co	nservation easements	during the year
8 Does each conse	rvation easement reported o	n line 2(d) above satisfy the requirements c	of section 170(h)(4)(E	³⁾⁽ⁱ⁾ Yes No
9 In Part XIII, desc include, if applica conservation eas	able, the text of the footnote	ports conservation easements in its revenue to the organization's financial statements th	e and expense stater nat describes the org	nent and balance sheet, and janization's accounting for
Part III Organizat Complete	tions Maintaining Colle if the organization ans	ections of Art, Historical Treasures wered 'Yes' on Form 990, Part IV, I	, or Other Simila line 8.	r Assets.
historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in its revenued for public exhibition, education, or reseanal statements that describes these items.	ue statement and bal rch in furtherance of	lance sheet works of art, public service, provide in
historical treasures following amount	s, or other similar assets held f s relating to these items:	r FASB ASC 958, to report in its revenue st or public exhibition, education, or research in f	urtherance of public se	ervice, provide the
(i) Revenue incl	uded on Form 990, Part VIII,	line 1		
2 If the organization amounts required	received or held works of art, to be reported under FASB	nistorical treasures, or other similar assets for a ASC 958 relating to these items:	financial gain, provide	the following
		• 1		►\$ ►\$
	$\Box \cup \Box \Box \Box \cup J \cup U \cup U$			

Schedule D (Form 990) 2019

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Schedule D (Form 990) 2019 Red H						20-390			Page 2
Part III Organizations Mainta	ining Colle	ections	of Art, Histo	orica	l Treasures, or	Other Similar Ass	ets (co	ontinu	ed)
3 Using the organization's acquisition items (check all that apply):	, accession, a	nd other r	ecords, check a	ny of	the following that ma	ake significant use of its	collectio	n	
a Public exhibition			d Loan	or exc	hange program				
b Scholarly research			e Other						
c Preservation for future gener	ations								
4 Provide a description of the organiz Part XIII.					Ū				
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or	receive	donations of ar	t, hist	orical treasures, or	other similar assets	Yes	Г	No
Part IV Escrow and Custodia) Par	-
line 9, or reported an	amount on	Form S	990, Part X,	line	21.			, i ui	civ,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	in or othe	er intermediary	for co	ontributions or othe	r assets not included	Yes	Г	No
b If 'Yes,' explain the arrangement								L	
				ng tu			Amount		
c Beginning balance						1c			
d Additions during the year									
e Distributions during the year									
f Ending balance									
2a Did the organization include an a							Yes		No
b If 'Yes,' explain the arrangement						-			-
Part V Endowment Funds. C	omplete if	the ora	anization ar	Iswe	red 'Yes' on Fo	rm 990, Part IV, Iir	ne 10.		
	(a) Current		(b) Prior yea		(c) Two years back	(d) Three years back		our years	s back
1 a Beginning of year balance		-							
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
a End of year balance									
2 Provide the estimated percentage	e of the curre	nt vear e	nd balance (lir	ne 1a.	column (a)) held a	as:			
a Board designated or guasi-endowm			8						
b Permanent endowment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
c Term endowment ►	010								
The percentages on lines 2a, 2b, a	nd 2c should e	aual 1009	%.						
3a Are there endowment funds not in t organization by:	he possession	of the or	ganization that a	are he	d and administered	for the	Г	Yes	No
(i) Unrelated organizations							3a(i)		
(ii) Related organizations							3a(ii)		
b If 'Yes' on line 3a(ii), are the rela							. 3b		
4 Describe in Part XIII the intended							<u> </u>		
Part VI Land, Buildings, and		-							
Complete if the organi			Yes' on For	n 99	0. Part IV. line	11a. See Form 99	0. Part	t X. lir	ne 10.
Description of property		1			Cost or other	(c) Accumulated		Book va	
Description of property			or other basis estment)	(D	basis (other)	depreciation	(u) L	JUUN VC	nue
1 a Land		,	,		. ,				
b Buildings									
c Leasehold improvements		1	,144,532.			1,056,308.		88	,224.
d Equipment			143,117.			76,099.			,018.
e Other			13,075.			13,075.		.	0.
Total. Add lines 1a through 1e. (Colum		qual Form	n 990, Part X.	colum	n (B), line 10c.)	>		155	,242.
BAA			,				ule D (Fo		

Part VII	Investments – Other Securities.	Vac' on Form 00	N/A 0 Part IV line 11b See Form 0	00 Port V line 12
	Complete if the organization answered ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	
•••	ial derivatives			I-year market value
	/ held equity interests.			
(3) Other				
(A)				
<u>(R)</u>				
(C)				
<u>(D)</u>				
<u>(E)</u>				
(F)				
<u>(G)</u>				
(H)				
(l)				
	nn (b) must equal Form 990, Part X, column (B) line 12.) 🕨			
	Investments – Program Related. Complete if the organization answered	l 'Yes' on Form 99		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Part IX	nn (b) must equal Form 990, Part X, column (B) line 13.) ► Other Assets.	N/A		
raitin	Complete if the organization answered	I 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	90, Part X, line 15.
		scription		(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	lumn (b) must equal Form 990, Part X, column (B) line 15.)	►	
Part X	Other Liabilities.	arm 000 Dart IV line 1	10 or 11f Coo Form 000 Dort V line 25	
1.	Complete if the organization answered 'Yes' on F	ription of liability	Te of TH. See Form 550, Fait A, me 25.	(b) Book value
	ral income taxes	iption of hability		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				<u> </u>
(10)				<u> </u>
	nn (h) must equal Form 990 Part X, column (B) line 25)		•	<u> </u>

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019 Red Hook Initiative	20-3	904662	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Retu	rn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12	'a.		
1 Total revenue, gains, and other support per audited financial statements	1	1 5,3	37,154.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments 2a			
b Donated services and use of facilities	50,000.		
c Recoveries of prior year grants			
c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) See Part XIII 2d -3	300,000.		
e Add lines 2a through 2d		2e −2	50,000.
3 Subtract line 2e from line 1			87,154.
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 4a			
b Other (Describe in Part XIII.)			
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.)		5,5	87,154.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expe	nses per Re	turn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12	la.		
1 Total expenses and losses per audited financial statements		1 4,6	42,531.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			<u> </u>
a Donated services and use of facilities 2a	50,000.		
b Prior year adjustments 2b			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	50,000.
3 Subtract line 2e from line 1			92,531.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		,	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b.		4 c	
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		5 4,5	92,531.
Part XIII Supplemental Information.			

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

Part X - FASB ASC 740 Footnote

RHI does not believe its financial statements include any material, uncertain tax

positions. Tax filings for periods ending June 30, 2017 and later are subject to

examination by applicable taxing authorities.

Schedule D, Part XI, Line 2d Other Revenue Included In F/S But Not Included On Form 990

Loss on uncollectible	pledges	\$ -300,000.
	Total	\$ -300,000.

BAA

Schedule D (Form 990) 2019

SCHEDULE G			-	-	undraising or Gami	•	OMB No. 1545-0047
(Form 990 or 990-EZ)	Comple	2019					
Department of the Treasury Internal Revenue Service	► G	Open to Public Inspection					
Name of the organization						Employer identific	
Red Hook Initi		te if the organiza	ation answ	ered 'Yes' o	on Form 990, Part IV, line	20-390466 e 17.	
Fart Form 990-E2	Z filers are not re	quired to comp	lete this p	oart.	owing activities. Check		
 Indicate whether a	0	raised lunds thi	rougn any	or the roll		11.5	
	email solicitations	5		f	Solicitation of gove		
c 🗌 Phone solicita	ations			g	Special fundraising	events	
d In-person soli							
2 a Did the organizatio employees listed	n have a written o in Form 990, Par	r oral agreement t VII) or entity i	t with any i in connec	individual (i tion with p	including officers, directo rofessional fundraising	rs, trustees, or key services?	Yes X No
b If 'Yes,' list the 10 compensated at I	0 highest paid inc east \$5,000 by th	dividuals or entine organization.	ities (fund	raisers) pu	ursuant to agreements u	under which the fundra	iser is to be
(i) Name and addres or entity (fundr		(ii) Activity	have custo	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
4							
5							
6							
7							
8							
0							
9							
10							
Total				►			0.
3 List all states in whor licensing.	nich the organization	on is registered of	or licensed	to solicit c	ontributions or has been	notified it is exempt from	

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Schedule G (Form 990 or 990-EZ) 2019 Red Hook Initiative

20-3904662 Page 2

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

		List events with gross receipts gre				
-			(a) Event #1 Taste of RH	(b) Event #2	(c) Other events None	(d) Total events (add column (a) through column (c))
R			(event type)	(event type)	(total number)	
REVENUE	1	Gross receipts	163,875.			163,875.
Е	2	Less: Contributions	126,244.			126,244.
	3	Gross income (line 1 minus line 2)	37,631.			37,631.
	4	Cash prizes				
D	5	Noncash prizes				
I R E C T	6	Rent/facility costs				
	7	Food and beverages				
EXPENSES	8	Entertainment				
N S E	9	Other direct expenses	37,631.			37,631.
S	10	Direct expense summary. Add lines 4 thr				
	11	Net income summary. Subtract line 10 fr				
Par	τιιι	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ition answered Tres	s' on Form 990, Pai	rt IV, line 19, or re	ported more than
R E V E			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E N U E	1	Gross revenue				
F	2	Cash prizes				
EXPENSES	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes [%] No	Yes% No	Yes [%] No	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)		
Ł	n Is th If 'N		g activities in each of th	nese states?		
		e any of the organization's gaming license 'es,' explain:				

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 Red Hook Initiative	20-3904662	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?		No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility.		010
b An outside facility.		olo
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	irus:	
Name ►		
Address ►		
 15 a Does the organization have a contract with a third party from whom the organization receives gaming reverses b If '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: 	enue? Yes d the amount	No
Name ►		
Address ►		
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain th state gaming license?		No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the	
organization's own exempt activities during the tax year ► \$		(.).
Part IV Supplemental Information. Provide the 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.		(v);

SCHEDULE I	I	G	rants and Ot	her Assistance	to Organizatior	IS.		OMB No. 1545-0047		
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service		Compie	•	► Attach to Form 99 irs.gov/Form990 for the	90.			Open to Public Inspection		
Name of the organization				-			Employer identifi	cation number		
Red Hook Initi							20-39046	52		
Part I General Ir	nformation on G	rants and Assista	ance							
				r assistance, the grantees				X Yes No		
2 Describe in Part IV	/ the organization's p	rocedures for monitorin	g the use of grant fu	unds in the United States.		See F	Part IV			
				and Domestic Gov more than \$5,000.						
1 (a) Name and add or gove	ress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1)										
(2)								-		
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
<u>(0)</u>										
			-	in the line 1 table			••••	C		
-	8					·····	•			
BAA For Paperwork F	reduction Act Notic	e, see the Instruction	s tor Form 990.		TEEA3901L	07/10/19	Schedu	le I (Form 990) (2019)		

20-3904662

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Assistance to Red Hook Residents	70	95,289.			
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provi	ide the information	n required in Part I,	, line 2; Part III, co	lumn (b); and any othe	er additional information.

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.

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

2019 Schedule I, Part IV - Supplemental Information		Page 3					
Client RHIJUNE	Red Hook Initiative	20-3904662					
12/21/20		11:29AM					
Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (continued)							
situation. T	he application includes questions about what other forms of	funding have					
been investio	gated. The applicant/recipient signs off on receipt of the g	grant and the					

Social Worker or Case Manager follows up on its use/application. These are awarded on a case by case basis.

			Transactions With Interested Persons 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. to www.irs.gov/Form990 for instructions and the latest information.								OMB No. 1545-0047 2019 Open To Public Inspection				
Name of the	e organization								Em	ployer i	dentifica	ation nu	ımber		
	ook Initia										0466				
Part I	Excess B	enefit Trans	actions (sec	tion 5	601(c)(3	3), seo	ction 501 (c)(4), and s	sectior	501	(c)(2	9) or	gani	zatio	ns
	Ully). Corr	plete if the orga	1					ne 258 of 250	D, OF FOR	m 990	J-EZ, I	Part v	, iine	r	rrected?
1	1 (a) Name of disqualified person		(b) Relationship between disqualified person and organization				Soli allu	(c) Description of transaction						Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
2 Ent	ter the amount	of tax incurred I	by the organization	ation m	anagers	or disq	ualified pers	ons during th	ne year i	under	. ►\$				
		of tax, if any, o									∶►s				
Part II		and/or From			-		•								
		the organization reported an am						r Form 990, F	Part IV, I	ine 26	; or if	the			
(a) Name	of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or m the nization?	(prin	e) Original cipal amount	(f) Balance due (g)		(g) In (default?	It? (h) Approved by board or committee?		agreement?	
				То	From					Yes	No	Yes	No	Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6) (7)															
(8)															
(9)															
(10)															
Total							▶\$								
Part III		Assistance the organization	Benefiting I answered 'Yes	ntere: ' on Fo	sted Pe rm 990, F	e <mark>rson</mark> Part IV,	s. line 27.								
	(a) Name of inter	ested person	(b) Relations person a		een intereste ganization	ed	(c) Amount	of assistance	(d) Typ	e of as	sistance	(e)	Purpos	e of ass	istance
(1)															
(2)									1						
(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) 2019

Sch	edule L	(Form	990 or	990-EZ)	2019	Red	Hook	Ι	niti	at	ive	
	1 11 /	-		_				-	-	-		

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 or organization's revenues?	
				Yes	No
(1) Gregory O'Connell	Fmr Director	25,524.	Rental of Property		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information.			N N	•	

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

Supplemental Information

A former board member, Greg O'Connell, owns the management company from which the organization rents space at 106 Ferris Street. The same former board member has an ownership stake in the venue that RHI rents for the annual fundraising event, "Taste of Red Hook".

The board voted to approve these transactions.

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.

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

OMB No. 1545-0047

Open to Public Inspection

Red Hook Initiative

Employer identification number 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 afterschool 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 a College Scholars Program (for students planning to apply to college or working toward a two or four year degree) and 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 FY20, RHI served 450 youth from Red Hook with these services.

Community Building Programs: RHI's work to build a healthy and sustainable Red Hook

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

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. In FY20, our organizing training successfully brought together its first intergenerational cohort, which mobilized for increasing NYCHA funding and improved living conditions in Brooklyn's largest public housing complex.

In FY20, RHI outreach workers conducted targeted Census registration efforts, shifting from in-person to online after the State enacted Shelter in Place. During this period, the community building team also did extensive surveying of residents' health and safety needs, which guided our emergency response work.

RHI runs two core, intensive professional development training programs that serve to realize our commitment to hiring locally and investing and promoting Red Hook residents as leaders in the nonprofit sector. In the first three years of the Fellowship and Accelerator, RHI has served 35 Red Hook participants in their nonprofit career development. In FY20 RHI paid over \$1.25M back to the Red Hook community through local hiring, youth work opportunities, and stipends or contracts paid to local residents.

COVID Response: RHI closed its community center on March 13, 2020 and quickly shifted to providing the bulk of our services by phone and Internet, including conducting remote youth programs that supported students in their own educational and emotional

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
Red Hook Initiative	20-3904662

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

transitions. Our community surveys revealed gaps in access to food, and so the site of our nearly-three-acre urban farm became a food distribution hub. As the farming season progressed, our farms once again provided dozens of job opportunities for youth while also creating a source of healthy affordable produce for the community at large. In the spring of 2020, our youth and food access programs collectively served more than 650 people per week from the Red Hook community, who reached hundreds more of their peers and neighbors.

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

In 2020 RHI's Board of Directors adopted the following compensation policy:

Approved by vote at June 10, 2020 Board Meeting

Red Hook Initiative Policy for Board Approval of Compensation

The Executive Director of Red Hook Initiative (RHI) is the principal representative of RHI, and the person responsible for the efficient operation of RHI. Therefore, it is the desire of RHI to provide a fair yet reasonable and not excessive compensation Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management (continued) for the Executive Director (and any other highly compensated employees and consultants).

The annual process for determining compensation is as follows: The Executive Committee of the Board of Directors shall annually evaluate the Executive Director on his/her performance, and ask for his/her input on matters of performance and compensation.

Board Approval: The Executive Committee will obtain research and information to make a recommendation to the full board for the compensation (salary and benefits) of the Executive Director (and other highly compensated employees or consultants) based on a review of comparability data. For example, the Executive Committee will secure data that documents compensation levels and benefits for similarly qualified individuals in comparable positions at similar organizations. This data may include the following:

Salary and benefit compensation studies by independent sources;
Written job offers for positions at similar organizations;
Documented phone calls re: similar positions at both nonprofit and for-profit organizations; and

•Information obtained from the IRS Form 990 filings of similar organizations.

Concurrent Documentation: To approve the compensation for the Executive Director (and other highly compensated employees and consultants) the Board must document how it reached its decisions, including the data on which it relied, in minutes of the meeting during which the compensation was approved. Documentation will include: •A description of the compensation and benefits and the date it was approved;

•The members of the board who were present during the discussion about

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management (continued) compensation and benefits, and the results of the vote;

•A description of the comparability data relied upon and how the data was obtained; and

•Any actions taken (such as abstaining from discussion and vote) with respect to consideration of the compensation by anyone who is otherwise a member of the board but who had a conflict of interest with respect to the decision on the compensation and benefits.

Independence in Setting Compensation: The President of the Board of Directors, who is a volunteer and not compensated by RHI, will operate independently without undue influence from the Executive Director. No member of the Executive Committee will be a staff member, the relative of a staff member, or have any relationship with staff that could present a conflict of interest.

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

These documents are made available upon request.

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Loss on uncollectible pledges	\$ -300,000.
Total	\$ -300,000.