EXTENSION ATTACHED

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

, 2020, and ending For the 2020 calendar year, or tax year beginning , **20** 2023 Check if applicable: D Employer identification number Address change Red Hook Initiative 20-3904662 767 Hicks Street Telephone number Name change Brooklyn, NY 11231 (718) 858-6782 Initial return Final return/terminated **G** Gross receipts \$ Amended return 3,784,137. F Name and address of principal officer: H(a) Is this a group return for subordinates Application pending Yes Morgan Monaco **H(b)** Are all subordinates included? If "No," attach a list. See instructions Same As C Above Yes No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 (insert no.) 501(c) (Website: ▶ www.rhicenter.org H(c) Group exemption number Κ L Year of formation: 2006 Form of organization: X Corporation Other > M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: 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. if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box ► Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)..... 17 5 $2\overline{19}$ Total number of volunteers (estimate if necessary)..... 6 472 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 5,530,142 3,695,088. Program service revenue (Part VIII, line 2q)..... 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 1,965 4,416. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 55,047 70,459. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 5,587,154 769,963. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 95,289 230,330. Benefits paid to or for members (Part IX, column (A), line 4)..... 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,254,423 3,243,718. **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 1,242,819. 904,160. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).... 4,592,531 4,378,208. Revenue less expenses. Subtract line 18 from line 12..... -608,245.994,623. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16)..... 3,639,302. 3,528,835. 21 Total liabilities (Part X, line 26)..... 699,710. 1,418,422. 22 Net assets or fund balances. Subtract line 21 from line 20...... 2,829,125. 2,220,880. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepager (other than officer) is based on all information of which preparer has any knowledge. 2/25/2022 Sign Here Morgan Monaco Executive Director Type or print name and title Print/Type preparer's name 2/25/2022 Michael Schall Michael P02024184 **Paid** self-employed ► SCHALL & ASHENFARB CPAS Preparer Use Only Firm's address 307 5th Ave, 15th Floor Firm's EIN ► 13-4036703 NEW YORK, NY 10016 (212) 268-2800 May the IRS discuss this return with the preparer shown above? See instructions Yes

Form **8868**

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.
► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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.

Automat	ic 6-Month Extension of Time. Only sub	mit origin	al (no copies needed).						
All corpora	tions required to file an income tax return other the	han Form 99	00-T (including 1120-C filers), partnershi	ps, RE	MICs, and	trusts must			
use roill /	7004 to request an extension of time to file incom Name of exempt organization or other filer, see instructions.	e tax returns	5.	Тахра	yer identificati	on number (TIN)			
Type or									
print	Red Hook Initiative			20-	3904662	2			
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 ad	ldress, see instru	uctions.						
	Brooklyn, NY 11231								
Enter the F	Return Code for the return that this application is	for (file a se	parate application for each return)			01			
Application Is For	1	Return Code	Application Is For			Return Code			
Form 990 c	or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990-BL 02 Form 1041-A						08			
	(individual)	03	Form 4720 (other than individual)			09			
Form 990-F	<u> </u>	04	Form 5227	10					
	(section 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-1	(trust other than above)	06	Form 8870			12			
If the orIf this is check t	rganization does not have an office or place of bus for a Group Return, enter the organization's fou his box If it is for part of the group, ension is for.	ır digit Group	e United States, check this box	f this is					
for the	est an automatic 6-month extension of time until e organization named above. The extension is fo calendar year 20 or x tax year beginning7/01 , 2020 tax year entered in line 1 is for less than 12 mor hange in accounting period	r the organiz _, and endir	ng <u>6/30</u> , ²⁰ <u>21</u> .	zation nal retu					
	application is for Forms 990-BL, 990-PF, 990-T, fundable credits. See instructions			3 a	\$	0.			
	application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpayme			3 b	\$	0.			
c Balar EFTP	nce due. Subtract line 3b from line 3a. Include you's (Electronic Federal Tax Payment System). See	ur payment of instructions	with this form, if required, by using	3 c	\$	0.			
Caution: If payment in	you are going to make an electronic funds withdostructions.	rawal (direct	debit) with this Form 8868, see Form 8	453-EC	and Form	1 8879-EO for			

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

Form **8868** (Rev. 1-2020)

Pan	(III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefl	ly describe the organization's mission:			Λ
		Schedule 0			
	Did th	he organization undertake any significant program services during the year which were not listed on the prior			
2		ne organization undertake any significant program services during the year which were not listed on the prior	Yes	X I	No
		es," describe these new services on Schedule O.		Δ'	10
3		he organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X I	No
	If "Ye	es," describe these changes on Schedule O.			
4	Descr	cribe the organization's program service accomplishments for each of its three largest program services, as mea ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t	sured by e	xpense	es.
	and r	revenue, if any, for each program service reported.	the total ex	(perise:	٥,
4 a	(Code	e:) (Expenses \$ 3,446,517. including grants of \$ 239,678.) (Revenue \$_)
	<u>See</u>	<u>Schedule O</u>			
4 h	(Code	e:) (Expenses \$ including grants of \$) (Revenue \$_)
75	(Oout	o			′
4 c	(Code	e:) (Expenses \$ including grants of \$) (Revenue \$ _)
4 d	Other	r program services (Describe on Schedule O.)			
		enses \$ including grants of \$) (Revenue \$)	
4 e	Total	program service expenses > 3.446.517.	-		

Form 990 (2020) Red Hook Initiative Part IV Checklist of Required Schedules

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

Form 990 (2020) Red Hook Initiative Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
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	240		
	any tax-exempt bonds?d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24c 24d		
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 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? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
	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? If 'Yes,' complete Schedule L, Part IV.	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	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			
	Check it ochedule o contains a response or note to any fine in this Falt v		Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	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	X	
BA/			990 (2020

Form 990 (2020) Red Hook Initiative

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
	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 219			
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ŀ	o If 'Yes,' enter the name of the foreign country ►			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		X
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a 5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		Λ
		30		
	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?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ä	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	_	v	
	services provided to the payor?	7 a	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	/ D	Λ	
	Form 8282?	7 c		Х
(If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 11		
	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?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	ıza		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue gualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
ŀ	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			
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
ŀ	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		
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?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		X

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. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 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..... 17 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0....... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section 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 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 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)

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

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

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

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

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	thar	n one Ì s both	box, an o	unles	eck moss s pers and a ee)	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Javier Lopez	40									
Chf Strategy Off.	0					Χ		151,698.	0.	0.
_(2) Jill Eisenhard Executive Dir.	$-\frac{40}{0}$			Х				143,638.	0.	0.
(3) Barbara Koegel	40									
Chief Operat. Off.	0					Χ		98,006.	0.	0.
(4) Morgan Monaco	40									
Executive Dir.	0			Χ				49,692.	0.	0.
(5) Chris Cardona	_ 1									
President	0	Χ		Χ				0.	0.	0.
(6) Nanda Prabhakar	_ 1									
Vice President	0	Χ		Χ				0.	0.	0.
(7) Michael Lee	_ 1									
Vice President	0	Χ		Χ				0.	0.	0.
(8) Andrew Strauss	_ 1									
Treasurer	0	Χ		Χ				0.	0.	0.
_(9) Maria Mottola	_ 1									
Secretary	0	X		Χ				0.	0.	0.
(10) John Kline	_ 1									
Director	0	X						0.	0.	0.
(11) Brandon Holley	1									
Director	0	X						0.	0.	0.
(12) Rebecca Kirszner Katz Director	$-\frac{1}{0}$	Х						0.	0.	0.
(13) Donovan Hamlet	1	21						0.	· ·	<u></u>
Director	1	Х						0.	0.	0.
(14) Thomas L. McMahon	11									
Director	0	Χ						0.	0.	0.

Part VII	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
		(B)			((•							
	(A) Name and title	Average hours per	box	, unle	ess pe	erson	than is botl or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	Estim	(F) lated am of other	ount
		week (list any hours for related	or director	Institutio	Officer	Key employee	Highest employe	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe the c ar	ensation organizat od related anization	tion d
		organiza - tions below dotted	ndividual trustee or director	nstitutional trustee		oloyee	Highest compensated employee						
		line)		8			ated						
	egg_Bishop	1	.,							•			
	rector	0	Х						0.	0.			0.
	<u>mifer_Wheary</u> ector	$-\frac{1}{0}$	Х						0.	0.			0.
	en Wurmfeld	1	21						Ŭ.	<u> </u>			
	rector	0	X						0.	0.			0.
	<u> </u>	1								0			0
	rector	0	X						0.	0.			0.
	<u>Millicent Comrie</u> Tector	$-\frac{1}{0}$	X						0.	0.			0.
	nice McGuire	1	21						0.	0.			
	ector	0	X						0.	0.			0.
	orge_Suttles	0								_			_
	rector	0	Х						0.	0.			0.
(22)													
(23)													
(24)													
(25)													
1 b Subt	otal	<u> </u>						>	443,034.	0.			0.
	I from continuation sheets to Part VII, Secti							>	0.	0.			0.
	(add lines 1b and 1c)							>	443,034.	0.			0.
	number of individuals (including but not limited	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
from	the organization 2											Yes	No
3 Did t	he organization list any former officer, direc	tor tructo	o ka	N/ O	mnl	01/06	or	hiat	host componented	omployee		ies	NO
on lir	ne 1a? If 'Yes,' complete Schedule J for suc	h individu	ial								. 3		Х
the o	any individual listed on line 1a, is the sum of organization and related organizations greate individual	er than \$1	50,0	00?	If '	es,	' con	ıple	te Schedule J for		4	X	
5 Did a	any person listed on line 1a receive or accruervices rendered to the organization? If 'Yes	e comper	satio	n fr	om	anv	unre	late	ed organization or	individual		A	Х
Section	B. Independent Contractors	·									ı		
1 Comp	plete this table for your five highest compen pensation from the organization. Report compen	sated indessation for	epen the c	dent alen	t coi dar	ntra vear	ctors endi	tha ng v	at received more the with or within the or	nan \$100,000 of ganization's tax year			
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax (A) Name and business address (B) Description of services								Compe	C)	on			
									'		· ·		
2 Total	number of independent contractors (including t	out not lim	ited to	o the	se I	isted	d abo	ve)	who received more	than			
\$100	,000 of compensation from the organization	- 0											

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns				
ဗ္ဗ	h	Total. Add lines 1a-1f	3,695,088.			
Program Service Revenue		All other program service revenue				
ď	g	Total. Add lines 2a-2f				
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	4,416.			4,416.
	6a b	Gross rents				
	d	Net rental income or (loss)	1,350.			1,350.
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b (i) Securities (ii) Other 7a				
		Gain or (loss)				
Other Revenue	8 a	Gross income from fundraising events (not including $\frac{123,895}{0}$. of contributions reported on line 1c). See Part IV, line $\frac{18}{0}$. Less: direct expenses				
₹	С	Net income or (loss) from fundraising events ▶				
		Gross income from gaming activities. See Part IV, line 19				
		Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less				
		Net income or (loss) from sales of inventory				
S.		Business Code				
Miscellaneous Revenue	11 a b	<u>Other Income</u> 900099	69,109.			69,109.
SCE Re	d	All other revenue				
Σ		Total. Add lines 11a-11d ▶	69,109.			
	12		3,769,963.	0.	0.	74,875.

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re		-		
Do i 6b, i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	230,330.	230,330.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	220,829.	83,915.	68,457.	68,457.
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	2,671,939.	2,262,942.	205,645.	203,352.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,011,333.	2,202,942.	203,043.	203,332.
9	Other employee benefits	137,594.	113,391.	11,530.	12,673.
10	Payroll taxes	213,356.	175,826.	17,878.	19,652.
11	Fees for services (nonemployees):	220,000.	1.0,0201	2.,0.0	23,0021
а	Management				
	Legal				
	: Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	334,506.	151,022.	85,316.	98,168.
13	Office expenses	192,807.	123,739.	42,589.	26,479.
14	Information technology	192,007.	123,739.	42,309.	20,419.
15	Royalties				
16	Occupancy	240,422.	208,134.	23,462.	8,826.
17	Travel.	24,622.	21,501.	2,083.	1,038.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	24,022.	21,301.	2,003.	1,030.
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	63,838.	52,207.	6,099.	5,532.
23	Insurance	23,177.	19,996.	2,215.	966.
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.)	·	,	,	
а	Printing and postage	15,440.	3,514.	5,487.	6,439.
b	Other expenses	9,348.		9,298.	50.
C					
C					
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e	4,378,208.	3,446,517.	480,059.	451,632.
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)				_

		Check if Schedule O contains a response or note to	o any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			174,800.	1	374,007.
	2	Savings and temporary cash investments			1,748,149.	2	2,012,138.
	3	Pledges and grants receivable, net			1,422,676.	3	1,099,294.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe		5			
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section			6		
	7	Notes and loans receivable, net				7	
ţ	8	Inventories for sale or use		⊢		8	
Assets	9	Prepaid expenses and deferred charges			13,353.	9	25,544.
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 1		2070001		20,011
	b	Less: accumulated depreciation	10 b	1,209,320.	155,242.	10 c	113,704.
	11	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	<u> </u>	14,615.	15	14,615.	
	16	Total assets. Add lines 1 through 15 (must equal line		3,528,835.	16	3,639,302.	
	17	Accounts payable and accrued expenses		171,328.	17	226,028.	
	18	Grants payable	L		18	·	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
ies	21	Escrow or custodial account liability. Complete Part I		L		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	utor, or 3.	5%		22	
	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third	l parties.		528,382.	24	1,156,394.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	36,000.
	26	Total liabilities. Add lines 17 through 25			699,710.	26	1,418,422.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	L	X			
ala	27	Net assets without donor restrictions		La company de	918,005.	27	571,571.
8	28	Net assets with donor restrictions			1,911,120.	28	1,649,309.
Fun		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds		<u> </u>		29	
ž,	30	Paid-in or capital surplus, or land, building, or equipm		L		30	
Ass	31	Retained earnings, endowment, accumulated income,		<u>L</u>		31	
et	32	Total net assets or fund balances		L	2,829,125.	32	2,220,880.
	33	Total liabilities and net assets/fund balances	TEEA0111L		3,528,835.	33	3,639,302.
RΔ				10/07/20			Form 990 (2020)

Form **990** (2020)

Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI.						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,76	9,9	63.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	, 37	8,2	08.	
3	Revenue less expenses. Subtract line 2 from line 1	3		-60	8,2	45.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	, 82	9,1	25.	
5	Net unrealized gains (losses) on investments.	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10		0.0			
Da	column (B))	10	2	, 22	0,8	80.	
Pai	rt XII Financial Statements and Reporting					_	
	Check if Schedule O contains a response or note to any line in this Part XII						
				`	es (No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		7	2 a		Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a					
ı	b Were the organization's financial statements audited by an independent accountant?			2 b	Χ		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Both consolidated and separate basis	te					
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		:	2 c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a		Х	
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why on Schedule O and describe any steps taken to undergo such audits		:	3 b			
BAA	TEEA0112L 10/19/20		Fo	orm 9	990 (2020)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number Red Hook Initiative 20-3904662 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		, p		,		
Cale	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	3,996,780.	2,823,077.	4,384,133.	5,530,142.	3,695,088.	20,429,220.
	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	3,996,780.	2,823,077.	4,384,133.	5,530,142.	3,695,088.	20,429,220.
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)						2,295,140.
6	Public support. Subtract line 5 from line 4						18,134,080.
Sec	tion B. Total Support						20,201,000.
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	3,996,780.	2,823,077.	4,384,133.	5,530,142.	3,695,088.	20,429,220.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			1,877.	7,365.	5,766.	15,008.
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.	25,276.	27,103.	32,864.	49,647.	69,109.	203,999.
11	Total support. Add lines 7 through 10						20,648,227.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support P	ercentage				<u></u> _
	Public support percentage for 20			ne 11, column (f))	14	87.82 %
15	Public support percentage from	2019 Schedule A,	Part II, line 14			15	82.67 %
16a	33-1/3% support test—2020. If t and stop here. The organization	he organization di qualifies as a pul	id not check the bolicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	k this box
b	33-1/3% support test—2019. If the and stop here. The organization	ne organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this I	box and stop here	. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and the tracks and the tracks and the tracks and the tracks are the tracks and the tracks are the tracks and the tracks are tracked to the tracked to t	meets the facts-a d-circumstances	nd-circumstances test. The organiza	s test, check this lation qualifies as	box and stop here a publicly support	e. Explain in Part ed organization	VI how the ►
18	Private foundation. If the organization	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions >

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	<u> </u>	picase complete	,					
Calend	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	.,			, ,				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.								
3	Gross receipts from activities that are not an unrelated trade or business under section 513.								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Sec	tion B. Total Support		•		1	,			
	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b. 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.).								
	Total support. (Add lines 9, 10c, 11, and 12.)								
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □		
	tion C. Computation of Pul					1 1			
	Public support percentage for 20	•	•		-		%		
	Public support percentage from 2					16	0/0		
	tion D. Computation of Inv								
	Investment income percentage for	•		-	***		0,0		
	Investment income percentage fi						%		
	33-1/3% support tests—2020. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organization	▶ ∐		
	33-1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	o Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	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	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
t	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?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
t	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
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.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
t	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Pa	art IV Supporting Organizations (continued)			
			Yes	No
	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 lines 11b and 11c below, the governing body of a supported organization?	11a		
	b A family member of a person described in line 11a above?	11b		
	c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization officers, 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 r than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such power during the tax year.	n's more		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	41		
	of each of the organization's supported organization(s)? If No,' describe in Part VI how control or management of supporting organization was vested in the same persons that controlled or managed the supported organization(s)	tne . 1		
Sec	ction D. All Type III Supporting Organizations			
	etion 5. All Type in oupporting organizations		Yes	No
1	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	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations playe	d		
_	in this regard.	3		
Sec	ction 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 instruction	ns).		
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	tv (see instr	uction	s)
	The organization supported a governmental entity. Describe in Tark VI now you supported a governmental entity.	y (300 1113ti	action	3).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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	20		
	substantially all of its activities.	2a		
	b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one 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	2b		
	but for the organization's involvement.	20		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	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? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	ov. 20, 1970 (explain in t complete Sections A	n Part VI). See . through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
á	Average monthly value of securities	1a		
I	Average monthly cash balances	1b		
•	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
-	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2020

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

Sec	Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		
	in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
i Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

Part II, Line 10 - Other Income

Nature and Source		 2020	 2019	 2018	 2017	 2016
Rental Income Other Income		\$ 69,109.	\$ 49,647.	\$ 10,200. 22,664.	\$ 27,103.	\$ 25,276.
	Total	\$ 69,109.	\$ 49,647.	\$ 32,864.	\$ 27,103.	\$ 25,276.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Rec	Hook Initiative			20-3904662				
Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.							
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.							
_		(a) Donor advised fund	ls (b) F	unds and other accounts				
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the ass organization's exclusive legal con	ets held in donor advised trol?	funds Yes No				
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or	for any other purpose cor	nferring				
Par								
ı aı	Complete if the organization answ	wered 'Yes' on Form 990. P	art IV. line 7.					
1	Purpose(s) of conservation easements held by							
	Preservation of land for public use (for examp	ole, recreation or education)	Preservation of a histo	rically important land area				
	Protection of natural habitat	·	Preservation of a certif	fied historic structure				
	Preservation of open space	'						
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contribu	tion in the form of a conser-	vation easement on the				
			H	leld at the End of the Tax Year				
-	Total number of conservation easements							
	Total acreage restricted by conservation easer							
(: Number of conservation easements on a certif	fied historic structure included in (a) 2c					
(Number of conservation easements included in structure listed in the National Register		2d					
3	Number of conservation easements modified, trantax year ►	isferred, released, extinguished, or to	erminated by the organization	on during the				
4	Number of states where property subject to conse	rvation easement is located >						
5	Does the organization have a written policy reand enforcement of the conservation easemer							
6	Staff and volunteer hours devoted to monitoring, i							
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enf	orcing conservation easeme	ents during the year				
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	ı line 2(d) above satisfy the requir	ements of section 170(h)(4)(B)(i) 				
9	In Part XIII, describe how the organization rep include, if applicable, the text of the footnote t conservation easements.	orts conservation easements in its to the organization's financial state	s revenue and expense stements that describes the	atement and balance sheet, and organization's accounting for				
Par	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Tre wered 'Yes' on Form 990, P	asures, or Other Sin art IV, line 8.	nilar Assets.				
1 8	If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	ld for public exhibition, education,	or research in furtherance	balance sheet works of art, e of public service, provide in				
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or res	earch in furtherance of publ	ic service, provide the				
	(i) Revenue included on Form 990, Part VIII,							
	(ii) Assets included in Form 990, Part X							
	If the organization received or held works of art, hamounts required to be reported under FASB	ASC 958 relating to these items:						
	Revenue included on Form 990, Part VIII, line							
	Assets included in Form 990, Part X	<u></u>		▶\$				

Part III Organizations Maintaining Colle	ections of Art, Histo	ricai Treasures, or	Otner Similar I	Assets (CC	ontinu	ea)
3 Using the organization's acquisition, accession, a items (check all that apply):	nd other records, check ar	ny of the following that ma	ake significant use o	f its collection	า	
a Public exhibition	d Loan o	r exchange program				
b Scholarly research	e Other					
c Preservation for future generations						
4 Provide a description of the organization's collect Part XIII.	ions and explain how they	further the organization's	s exempt purpose in			
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the or	ganization's collection?)	Yes		No
Escrow and Custodial Arrangen line 9, or reported an amount on	nents. Complete if the Form 990, Part X, I	ne organization ans ine 21.	swered 'Yes' on	Form 990), Part	i IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	n or other intermediary	for contributions or othe	er assets not includ	led Yes		No
b If 'Yes,' explain the arrangement in Part XIII a	and complete the following	ng table:		_		_
				Amount		
c Beginning balance			1с			
d Additions during the year			1 d			
e Distributions during the year			1e			
f Ending balance			1f			
2 a Did the organization include an amount on Fo	rm 990, Part X, line 21,	for escrow or custodial	account liability?	··· Yes		No
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	ation has been provide	d on Part XIII			1
						_
Part V Endowment Funds. Complete if	the organization ans	swered 'Yes' on Fo	rm 990, Part IV	', line 10.		
(a) Current	year (b) Prior year	(c) Two years back	(d) Three years b	oack (e) F	our years	back
1 a Beginning of year balance						
b Contributions						
• Not investment cornings, going						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities						
and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the curre	nt year end balance (line	e 1g, column (a)) held a	as:			
a Board designated or quasi-endowment ▶	%					
b Permanent endowment ► %						
c Term endowment ► %						
The percentages on lines 2a, 2b, and 2c should e	qual 100%.					
3 a Are there endowment funds not in the possession	of the organization that o	re held and administered	for the			
organization by:	or the organization that a	re neiu anu auministereu	ioi tile		Yes	No
(i) Unrelated organizations				3a(i)		
(ii) Related organizations				3a(ii)		
b If 'Yes' on line 3a(ii), are the related organiza						
4 Describe in Part XIII the intended uses of the						
Part VI Land, Buildings, and Equipmen						
Complete if the organization ans		n 990 Part IV line	11a See Form	990 Part	· X lir	ne 10
<u> </u>						
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a) =	Book va	iue
1 a Land	(227.00.000			
b Buildings.						
c Leasehold improvements.	1,166,832.		1,092,73	7	71	095.
d Equipment	143,117.		103,50			609.
e Other	143,117.				ر در	
Total. Add lines 1a through 1e. (Column (d) must en		olumn (P) line 10e)	13,07	J. ▶	112	0.
Total. Add lines to through te. (Column (d) must en	quai ruiiii 330, Pail X, C	olullili (D), IIIIE 10C.)			113,	704.

BAA Schedule D (Form 990) 2020

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Part VII Investments — Other Securities. Complete if the organization answered	l'Yes' on Form 99	N/A 0 Part IV line 11h See Form 9	990 Part Y line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	
(1) Financial derivatives	. ,		,
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>`</u> (F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶			
Part VIII Investments – Program Related.		N/A	
Complete if the organization answered	I 'Yes' on Form 99		990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
Part IX Other Assets.	N/A	1	
Complete if the organization answered		0, Part IV, line 11d. See Form 9	
	scription		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (i	B) line 15.)	······	-
Part X Other Liabilities.	· · · · · · · · · · · · · · · · · · ·		
Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25) .
1. (a) Descr	iption of liability		(b) Book value
(1) Federal income taxes			
(2)			36,000.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)			
(10)			
		•	26 000
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			30,000.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the formations under EASE ASC 740. Check here if the text of the formate has			s liability for uncertain Se Part XTTT XI

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	3,819,963.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	50,000.
3 Subtract line 2e from line 1.	3	3,769,963.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	3,769,963.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	'n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	4,428,208.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 50,000.		
b Prior year adjustments		
c Other losses. 2c		
d Other (Describe in Part XIII.) 2 d		
e Add lines 2a through 2d	2 e	50,000.
3 Subtract line 2e from line 1.	3	4,378,208.
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	4	
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4 c	4 378 208
J TULAL GADGINGN MUUTIITO J ATU 40. [1110] ITUNI GUUALT UITI <i>330. FALL. IIIIG 10.1</i>		4 1/A /UA

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

Part XIII Supplemental Information.

RHI does not believe its financial statements include any material, uncertain tax positions. Tax filings for periods ending June 30, 2018 and later are subject to examination by applicable taxing authorities.

BAA Schedule D (Form 990) 2020

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

ZUZUOpen to Public

Name of the organization Employer identification number 20-3904662 Red Hook Initiative **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

		G (Form 990 or 990-EZ) 2020 Red Hoo			20-390	
Par	t II	Fundraising Events. Complete if the more than \$15,000 of fundraising List events with gross receipts great the second s	event contributions	nswered 'Yes' on Fo s and gross income	orm 990, Part IV, li on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
Þ			(a) Event #1 Taste of RH (event type)	(b) Event #2	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
Revenue	1	Gross receipts	138,069.			138,069.
œ	2	Less: Contributions	123,895.			123,895.
	3	Gross income (line 1 minus line 2)	14,174.			14,174.
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
irect	8	Entertainment				
Δ	9	Other direct expenses	14,174.			14,174.
		Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro				14,174.
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes	s' on Form 990, Pai	rt IV, line 19, or rep	ported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
~	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct (4	Rent/facility costs				
	5	Other direct expenses	F-1			
	6	Volunteer labor	Yes%	Yes% No	Yes%	
	7	Direct expense summary. Add lines 2 three	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)		
	ls th	er the state(s) in which the organization cone organization licensed to conduct gaming lo,' explain:				Yes No

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

b If 'Yes,' explain:

Sch	edule G (Form 990 or 990-EZ) 2020 Red Hook Initiative	0-3904	1662	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility.	13 a		ૄ
	b An outside facility.			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records			70
	Name ►			
	Address ►			
ı	a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization	ne amoui	nt	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 the			
	alala mahahan Baanaan		Yes	No
ı	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 ► \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an	lumns ((iii) and (v);
	information. See instructions.	y additi	IOHal	
	mornation. See instructions.			

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Name of the organization Employer identification number 20-3904662 Red Hook Initiative Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?..... No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (b) EIN (d) Amount of cash grant (f) Method of valuation (g) Description of 1 (a) Name and address of organization (e) Amount of non-cash (h) Purpose of grant or government (book, FMV, appraisal, noncash assistance assistance or assistance

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

3 Enter total number of other organizations listed in the line 1 table.....

Schedule | (Form 990) 2020 Red Hook Initiative 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	1 004	200 005			Emergency food
1 Assistance to Red Hook Residents	1,324	200,005.		Fair Market Value	assistance&clothing
2					
_ 3					
4					
5					
6					
7					

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

Page 2

2020

Schedule I, Part IV - Supplemental Information

Page 3

Client RHIJUNE Red Hook Initiative 20-3904662

2/10/22

11:02AM

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

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

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

20-3904662

Department of the Treasury Internal Revenue Service

Name of the organization

Red Hook Initiative

Employer identification number

Par	t I Questions Regarding Compensation			
			Yes	No
1 a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
ŀ	of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/	_		
3	Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	a Receive a severance payment or change-of-control payment?	4 a		Х
k	Participate in or receive payment from a supplemental nonqualified retirement plan?	4 b		X
(Participate in or receive payment from an equity-based compensation arrangement?	4 c		Χ
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	a The organization?	5 a		X
	Any related organization?	5 b		X
	If 'Yes' on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
á	The organization?	6 a		Х
	Any related organization?	6 b		X
	If 'Yes' on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If 'Yes,' describe in Part III	7		Χ
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8		v
_		3		X
9	If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	0		

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

Schedule J (Form 990) 2020

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(0) D. I.	(D) Na atawalala	(F) Total of	(F) Commonation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
Javier Lopez (i)	<u> 151,548.</u>	150.	0.	0.	0.	151,698.	0.	
1 Chf Strategy Off. (ii)	0.	0.	0.	0.	0.	0.	0.	
(i) _ 2						 		
(i) (ii)								
(i)								
4 (ii)								
(i) <u>[</u> 5				_ -				
(i) (ii)								
(i)								
7 (ii)								
(i) (ii)								
(i)								
9 (ii) (i)								
10 (ii)								
(i) L						<u> </u> 		
(i)								
12 (ii)								
(i) [13 (ii)						 		
(i)								
14 (ii) (i)								
15 (ii)								
(i) L 16 (ii) L				 		 		

Page 2

Schedule J (Form 990) 2020 Red Hook Initiative 20-3904662 Page 3

Part III Supplemental Information

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

BAA Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number 20-3904662 Red Hook Initiative Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth- noncash	(d) od of determi contribution a	ning amounts	
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household goods			25,000.	Fair N	Market		
6	Cars and other vehicles			,				
7	Boats and planes							
8	Intellectual property							
9	Securities – Publicly traded							
10	Securities - Closely held stock							
11	Securities – Partnership, LLC, or trust interests .							
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate – Other							
18	Collectibles							
19	Food inventory		1,193	20,624.	Fair N	Market		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organization d							
	organization completed Form 8283, Part V, Donee	e Acknowled	gement		29	Ī		
						Yes	No	
30a	During the year, did the organization receive by contri	bution any pi	roperty reported in Part I	, lines 1 through 28, that				
	it must hold for at least three years from the date							
	for exempt purposes for the entire holding period?	′				30 a	X	
	If 'Yes,' describe the arrangement in Part II.							
	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							
	Does the organization hire or use third parties or r noncash contributions?	•				32 a	Х	
	If 'Yes,' describe in Part II.							
33	If the organization didn't report an amount in columbescribe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,			
	For Panamuark Paduction Act Natice can the Inc		Ганна 000		Calaadii	la M (Farma O	00) 2020	

Schedule M (Form 990) 2020

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

BAA TEEA4602L 08/18/20 Schedule M (Form 990) 2020

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

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 FY21, RHI served 450 youth from Red Hook with these services.

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

Name of the organization

Red Hook Initiative

20-3904662

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 FY21, 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 FY21, 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.

In FY21 RHI paid over \$1.6M 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 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

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

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. This typically happens at the October board meeting.

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

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

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

The 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 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

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

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

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