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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

<u>A I</u>	For the	2021 calendar year, or tax year beginning JU	L 1, 2021 and	ending J	UN 30, 2022				
В	Check if applicabl	C Name of organization			D Employer	identific	cation number		
Г	Addre	THE TONY ROBBINS FOUNDATION							
Е	Name	5			33-04	92446			
F	Initial return	Number and street (or P.O. box if mail is not deli	one number						
F	Final	5230 CAPPOLL CANVON POAD SILTER 3	4-3080						
_	⊥return. termin ated	,			G Gross receipts		17,809,024.		
Г	Amen		in or loroigh postar sour		H(a) Is this a				
	Applic	,	H BABLA				? Yes X No		
_	pendi	SAME AS C ABOVE					cluded? Yes No		
$\overline{}$	Гах-ех	empt status: X 501(c)(3) 501(c) ()	◀ (insert no.) 4947(a)(1)	or 527	1		list. See instructions		
		te: WWW.ANTHONYROBBINSFOUNDATION.ORG	(moore no.) 10 m (a)(1)	01 021	H(c) Group ex				
			sociation Other	1 Year	of formation: 19		State of legal domicile: CA		
	art I	Summary		μ τοαι	or formation.	110	Otate of logal dofficine.		
	1	Briefly describe the organization's mission or most:	significant activities: TO EMP	OWER INDI	VIDUALS AND)			
S	'	ORGANIZATIONS TO MAKE A SIGNIFICANT DI							
Governance	2	Check this box if the organization discon			than 25% of its	net ass	eets		
Ver	3	Number of voting members of the governing body (·			1 1	5		
ŝ	4	Number of independent voting members of the gov				- 1 1	5		
		Total number of individuals employed in calendar ye				. —	4		
ij	6	Total number of volunteers (estimate if necessary)				. —	150		
Activities &	7 a	Total unrelated business revenue from Part VIII, coli				. —	0.		
¥	l 'n	Net unrelated business taxable income from Form 9				. 7b	0,		
	<u> </u>	The difference basiness taxable mosmo from Ferri			Prior Year		Current Year		
	8	Contributions and grants (Part VIII, line 1h)			3,191		3,482,669.		
Revenue	9					,200.	164,850.		
Ver	10	, , , , , , , , , , , , , , , , , , , ,	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)						
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				,901.	121,132. 169,196.		
	1	Total revenue - add lines 8 through 11 (must equal F			4,120	_	3,937,847.		
		Grants and similar amounts paid (Part IX, column (A			1,220		1,567,973.		
		Benefits paid to or for members (Part IX, column (A)				0.	0.		
	45	Salaries, other compensation, employee benefits (P			276	,251.	284,027.		
ses	16a	Professional fundraising fees (Part IX, column (A), lin				0.	0.		
Expenses	h	Total fundraising expenses (Part IX, column (D), line							
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d,			360	,350.	527,577.		
		Total expenses. Add lines 13-17 (must equal Part IX				,144.	2,379,577.		
		Revenue less expenses. Subtract line 18 from line 1				,409.	1,558,270.		
- JC	3	Tieveride 1866 experiesce. Gabardet inte 16 from line 1		Be	ginning of Currer		End of Year		
ets (20	Total assets (Part X, line 16)			13,868		15,703,753.		
ASS	21	Total liabilities (Part X, line 26)				,034.	284,158.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from I	ine 20		13,477	,464.	15,419,595.		
Pa	art II	Signature Block							
Und	er pena	Ities of perjury, I declare that I have examined this return,	ncluding accompanying schedules	s and stateme	ents, and to the be	est of my	knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowled	ge.			
Sig	n	Signature of officer			Date				
Her		YOGESH BABLA, CFO							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN		
Paid	j	KRISTEN BASS		0	4/26/23	if self-employ	ed P01247587		
Pre	parer	Firm's name CBIZ MHM, LLC			Firm's	EIN 🕨	34-1884125		
Use	Only	Firm's address 4722 N 24TH ST, STE 300							
_		PHOENIX, AZ 85016			Phone	no.602	-264-6835		
Ma	the II	RS discuss this return with the preparer shown above	e? See instructions				X Yes No		

Form 990 (2021)

33-0492446

Ра	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	WE'RE DEDICATED TO CREATING POSITIVE CHANGES IN THE LIVES OF YOUTH,	
	SENIORS, THE HUNGRY, HOMELESS AND THE IMPRISONED POPULATION, ALL WHO	
	NEED A BOOST ENVISIONING A HAPPIER AND DEEPLY SATISFYING WAY OF LIFE.	
	OUR PASSIONATE STAFF, GENEROUS DONORS AND CARING GROUP OF	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of	•
	revenue, if any, for each program service reported.	,
4a	(Code:) (Expenses \$1,791,017. including grants of \$1,567,973.) (Revenue \$	188,746.)
	COMMUNITY CONNECTION:	· · · · · · · · · · · · · · · · · · ·
	A COMMITMENT TO MEETING CHALLENGES WITHIN THE GLOBAL COMMUNITY,	
	CREATING SOLUTIONS AND TAKING ACTION, THE TONY ROBBINS FOUNDATION	
	PROVIDES MONETARY DONATIONS TO VARIOUS NON PROFIT ORGANIZATIONS AROUND	
	THE WORLD THAT ALIGN WITH OUR MISSION TO EMPOWER INDIVIDUALS AND	
	ORGANIZATIONS TO MAKE A SIGNIFICANT DIFFERENCE IN THE QUALITY OF LIFE	
	OF THOSE OFTEN FORGOTTEN.	
	212 696	145,300.)
4b	(Code:) (Expenses \$	145,300.
	GLOBAL YOUTH LEADERSHIP SUMMIT (GYLS):	
	TONY ROBBINS GLOBAL YOUTH LEADERSHIP SUMMIT(GYLS) IS A FOUR-DAY PROGRAM	
	THAT PROVIDES YOUTH, AGE RANGES 14-16, WITH AN ENVIRONMENT DESIGNED TO	
	BOOST LEADERSHIP SKILLS & TEACH THE IMPORTANCE OF CONTRIBUTION. THIS	
	PROGRAM WAS STARTED IN 2000 BY THE TONY ROBBINS FOUNDATION AND	
	CONTINUES TO HELP SHAPE TODAY'S YOUTH IN BECOMING TOMORROW'S LEADERS.	
4c	(Code:) (Expenses \$145,046. including grants of \$) (Revenue \$)
	PLATINUM PARTNERS FOOTPRINTS:	
	THE TONY ROBBINS FOUNDATION TAKES HONOR IN PROVIDING HOPE AND FUNDING	
	SUPPORT TO UNDERSERVED COMMUNITIES AROUND THE WORLD THROUGH DONOR	
	SERVICE PROJECTS.	
	Other pregram conjects (Deceribe on Schedule O.)	
4d	Other program services (Describe on Schedule O.)	\
	(Expenses \$\frac{\text{including grants of \$}}{\text{10 fevenue \$}}\$\) (Revenue \$\text{Nevenue \$}\$	J
40	Total program service expenses 2,148,749.	Form 990 (2021)
		FORM 990 (2021)

Form 990 (2021) THE TONY ROBBINS FOUNDATION 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		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١		
U		_		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		_v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
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? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b	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	11c		x
٨	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	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX			X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u>.</u>		
.9	,	10		x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		 ^
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		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

132003 12-09-21

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 2? If "Yes," complete Schedule (Part I and III and I		Continued)		Yes	No
Part IX, column (A), line 2º (II "Yes," complete Schedule I, Parts J and III and off man officers, directors, trustees, key employees, and highest compensation of the organization sourrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part III and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV (Ps.) and the was stated after December 31, 2002? If "Yes," arrawer inea 2bb through 2bd and complete Schedule I, Part IV (Ps.) and the was stated after December 31, 2002? If "Yes," arrawer inea 2bb through 2bd and complete Schedule I, Part III and 1bd and 1	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
22 bit the organization answern "Yes" to Part VII. Section A, lind 3, 4, or 5, about compensation of the organization's current and former Offices, directors, tustees, key employees, and highest compensated employees? "I "Yes," complete Schedule I, and the complete Schedule I, and the compensation of the compensation of the compensation of the compensation invest as a sex exempt bond is sew with an outstanding principal amount of more than \$100,000 as of the satisfact day of the year, that was issued after December 31, 2002? If "Yes," answer lines 26b through 26d and complete Schedule K. If "No." go to line 25a. 24b Did the organization marktan an escrow account other than a returning escrow at any time during the year to detease any tax exempt bonds? 25c Did the organization marktan an escrow account other than a returning escrow at any time during the year to detease any tax exempt bonds? 25d Section 501(58), 501(61)4, and 501(6)(29) organizations. Did the organization gain in excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I is the transaction has not been reported on any of the organizations with a disqualified person during the year? If "Yes," complete Schedule I, Part I is the transaction has not been reported on any of the organizations with a disquality of the organization organization and that the transaction has not been reported on any of the organizations with a disquality of the organization provide a grant or other assistance to any current or former office, director, fursible, experimently and the organization provide a grant or other assistance to any current or former office, director, fursible, experimently including an employee threator) or family member of any of these persons? If "Yes," complete Schedule I, Part II is a complete Schedule I, Part II is a complete Schedule I, P			22		Х
and formar officers, directions, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and 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 2th through 24d and complete Schedule K II "No." go to line 25a	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Pag," arrawer lines 24b through 24d and complete Schedule K. If "No." yor bit me 25a. 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization nate an an escrow account of the than a refunding secrow at any time during the year to defease any tax-exempt bonds? 25d Did the organization available person during the year? If "Yea," complete Schedule L, Part I Did the organization of the proceeding of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization prior Forms 990 or 990 EZ? If "Yea," complete Schedule L, Part I 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, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yea," complete Schedule L, Part II 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 threeof, a grant selection committee member, or to a 35% controlled entity forbudging an employee threeof) or family member of any of these persons? If "Yea," complete Schedule L, Part II 27 X X was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II) 27 X X was the organization and party to a business transaction with one of the following parties (see the Schedule L, Part II) 28					ı
standard yof the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "Mo," go to line 25a b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization mest any proceeds of tax exempt bonds beyond a temporary period exception? d Did the organization analytic and 501c(129) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		•	23		Х
Schedule K. If 'No', 'go to line 25a. b Did the organization minaritain an escrow account other than a refunding escrow at any time during the year to defease any tax except bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax except bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24a 24d	2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ı
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maritarian an escrive account other than a refunding escrive at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization wave that it lengaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ı
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization and as an 'on behalf off issuer for bonds outstanding at any time during the year? 24d			24a		X
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24			24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(2(3), 501(4), 4m, 601(4)(20) granizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yee," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have not been reported on any of the organization is profession of the profession of	С				ı
25a 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 X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I 25b X 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? If "Yes," complete Schedule L, Part II 26 X 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 of rounder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of the organization and present or employee thereof any of these persons? If "Yes," complete Schedule L, Part IV 27 X 28 Was the organization payables thereof or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 X 29 Line of the organization for interest than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28 X X 29 Line organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X X X X X X X X X	_				
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			24d		
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	25a		05-		v
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule I, Part I	L	, , ,	25a		
Schedule L, Part I 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, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, 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 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV (28b X) 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 line 28a or 28b? If "Yes," complete Schedule L, Part IV (28c X) 10 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M (29) X (20) Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M (29) X (20) Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I (30) Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part I (30) Did the organization receive any party in the meaning of section 512(b)(13)? If "Yes," complete Schedule M, Part I, III, or IV, and Part V, Iline 1 36 Section 501(6)(3) organizat	D				ı
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, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If Yes, "complete Schedule L, Part II			256		х
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 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 II V, instructions for applicable fliing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X b A family member of any individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 28b X c A 33% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Uid the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did 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 32 X 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an ex	26		230		
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20				ı
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Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	1 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	4	77	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	1 _		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			 ^
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	10		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		<u> </u>
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-		
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	\dashv		
''	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	7		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<u> </u>	—
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 the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		Ь

If "Yes," complete Form 6069.

THE TONY ROBBINS FOUNDATION Form 990 (2021) 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 Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 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 to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

Section C. Disclosure

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

exempt status with respect to such arrangements?

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.

X Own website Another's website X Upon request Other (explain on Schedule O)

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20	State the name,	address, and tele	phone number	of the person v	who p	ossesses the organization's books and records	▶_
	YOGESH BABLA	- 858-444-30	80				
	5230 CARROLL	CANYON ROAD,	SUITE 306,	SAN DIEGO,	CA	92121	

Form **990** (2021)

16h

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

X Check this box if neither the organization ne	or any related o	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.		
(A)	(B)		(C)					(D)			
Name and title	Average	(do		Pos		l than c	nne	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of	
	week	_	Ler an	uau	recto	rrus	iee)	from	from related	other	
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the	
	related	e or (stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	truste	In stit utio nal tru stee		yee	Highest compensated employee		1099-NEC)		and related	
	below	idual	tutior	er	Key employee	est co loyee	ner			organizations	
	line)	Indi	Insti	Officer	Key	High	Former				
(1) ANTHONY J ROBBINS	2.00										
CHAIRMAN		Х		Х				0.	0.	0.	
(2) JOHN MESSMORE	2.00										
SECRETARY		Х		Х				0.	0.	0.	
(3) YOGESH BABLA	2.00										
CFO-TREASURER		Х		Х				0.	0.	0.	
(4) DEANNA GARZA-BROWN	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(5) AJAY GUPTA	2.00										
BOARD MEMBER		Х						0.	0.	0.	
		ł									
			\vdash		\vdash						
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Form 990 (2021) THE TONY ROBE	BINS FOUNDA	TIO	N						33-04	9244	6	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box, offic	not c	Posi heck r ss per id a di	ition more son i	than o	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n I	Estin amou otl	F) nated unt of ner
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		fron organ and r	nsation the ization elated zations
1b Subtotal							>	0.		0.		0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)							▶	0.		0.		0.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable	.		0
compensation from the organization											Y	es No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so	*	,	,		,	,	·		,		3	х
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		4	х
and related organizations greater than \$150Did any person listed on line 1a receive or a											4	A
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	J fo	or su	ıch r	oers	on .					5	Х
Complete this table for your five highest cor the argenization. Penert componential for the	•	•							•	ensat	ion from	
the organization. Report compensation for t				ig w	iui c	JI VVI		(B)			(C)	
Name and business	address	NOI	NE					Description of s	ervices		ompensa	ation
							_					
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation >				(0					Form 9 9	0 (2021)

132008 12-09-21

33-0492446

Form 990 (2021) THE TONY ROPE TO THE TON

Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue Related or exempt function revenue Belated or exempt function revenue Total revenue Total revenue Total revenue Related or exempt function revenue Total revenue Total revenue Total revenue Related or exempt function revenue Total revenue Tot	Revenue excluded from tax under sections 512 - 514
Total revenue Total revenue Total revenue Related or exempt function revenue Brederated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Business Code Business Code Total revenue Related or exempt function revenue business revenue 1a 781. 781. 1g \$ 285,690. Business Code Business Code	Revenue excluded from tax under
### 1 a Federated campaigns	from tax under sections 512 - 514
b Membership dues 1b 1c	SECTIONS 212 - 214
b Membership dues 1b 1c	
Business Code 6.114.20 1.64.950 1.64.950	
- PARTICIPATION PERG	
b c c d d d d d d d d d d d d d d d d d	
am Ser d	+
G C d d	+
is all d	
	+
2 e	
1 7 M CATCH Program Convice revenue	
g Total. Add lines 2a-2f ▶ 164,850.	
3 Investment income (including dividends, interest, and	
other similar amounts) 125,775.	125,775.
4 Income from investment of tax-exempt bond proceeds	
5 Royalties	
(i) Real (ii) Personal	
6 a Gross rents 6a	
b Less: rental expenses 6b	
c Rental income or (loss) 6c	
d Net rental income or (loss)	
7 a Gross amount from sales of (i) Securities (ii) Other	
assets other than inventory 7a 13,397,810.	
b Less: cost or other basis	
c Gain or (loss) 7c 04,643.	
2	-4,643.
d Net gain or (loss)	-4,043.
8 a Gross income from fundraising events (not	
5 including \$ of	
contributions reported on line 1c). See	
Part IV, line 18	
b Less: direct expenses 8b 285,690.	
c Net income or (loss) from fundraising events 0 •	
9 a Gross income from gaming activities. See	
Part IV, line 19	
b Less: direct expenses9b	
c Net income or (loss) from gaming activities	
10 a Gross sales of inventory, less returns	
and allowances 10a 352,230.	
b Less: cost of goods sold 10b 183,034.	
c Net income or (loss) from sales of inventory	
Business Code	
ที่ 11 a	
b	
The state of the s	
5	
e Total. Add lines 11a-11d	

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33-0492446

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D- :	Check if Schedule O contains a respons	(A)	nis Part IX(B)	(C)	(D)
7b, 8b	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	nd domestic governments. See Part IV, line 21	1,422,590.	1,422,590.		
	Grants and other assistance to domestic andividuals. See Part IV, line 22				
3 G	Grants and other assistance to foreign				
0	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16	145,383.	145,383.		
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees				
	Compensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	Other salaries and wages	230,468.	155,302.	33,770.	41,396
	Pension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)	210.	210.		
	Other employee benefits	52.240	24.070	0.204	40.450
	Payroll taxes	53,349.	34,870.	8,301.	10,178
	Fees for services (nonemployees):				
	Management	10 560	10.000	0.000	2 565
	egal	18,762.	12,289.	2,908.	3,565
	Accounting	19,040.	12,471.	2,951.	3,618
	obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	161 260	140 510	0.460	10 201
	olumn (A), amount, list line 11g expenses on Sch O.)	161,369. 7,565.	142,519. 5,879.	8,469. 758.	10,381 928
	Advertising and promotion	27,012.	24,124.	350.	2,538
	Office expenses	28,565.	· · · · ·	4,427.	-
	nformation technology	20,505.	18,710.	4,42/.	5,428
	Royalties	82,824.	67,240.	7,002.	8,582
	Occupancy	28,806.	28,806.	7,002.	0,302
	ravel	20,000.	20,000.		
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	12,435.	12,421.	6.	8
	Conferences, conventions, and meetings	12, 133.	12, 121.	· · ·	
	Payments to affiliates	14,759.	9,667.	2,288.	2,804
		6,107.	4,000.	947.	1,160
	Other expenses, Itemize expenses not covered	2,207	-,		=,=00
a li	hove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
	REDIT CARD FEES	77,687.	19,677.		58,010
	SHIPPING AND POSTAGE	13,823.	13,004.	136.	683
~ _	EPAIRS AND MAINTENANCE	10,412.	6,820.	1,614.	1,978
· -	OUES & SUBSCRIPTIONS	9,707.	4,928.	433.	4,346
~ -	All other expenses	8,704.	7,839.		865
	otal functional expenses. Add lines 1 through 24e	2,379,577.	2,148,749.	74,360.	156,468
	oint costs. Complete this line only if the organization	, ,	, ,	, ,	,
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	theck here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)

Part X | Balance Sheet

Pai	τχ	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X		······	
_					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,388,297.	1	1,836,152
	2	Savings and temporary cash investments			11,594,797.	2	8,198,739
	3	Pledges and grants receivable, net	32,590.	3	7,155		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of	these pers	ons		5	
	6	Loans and other receivables from other disq	ualified pe				
		under section 4958(f)(1)), and persons descri	ibed in sed	etion 4958(c)(3)(B)		6	
ς,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			152,906.	8	96,760
As	9	Donatal and a second defense delegance			48,491.	9	53,717
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	201,043.			
	b	Less: accumulated depreciation	10b	160,912.	54,143.	10c	40,131
	11	Investments - publicly traded securities			597,274.	11	1,553,765
	12	Investments - other securities. See Part IV, li	0.	12	3,917,334		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			13,868,498.	16	15,703,753
	17	Accounts payable and accrued expenses	38,009.	17	73,525		
	18	Grants payable	250,000.	18	100,000		
	19	Deferred revenue	103,025.	19	110,633		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple		21			
ç	22	Loans and other payables to any current or f	ormer offic	cer, director,			
ij		trustee, key employee, creator or founder, su	ubstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of	these pers	ons		22	
⋍	23	Secured mortgages and notes payable to un	related th	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax	, payables	to related third			
		parties, and other liabilities not included on I	ines 17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			391,034.	26	284,158
		Organizations that follow FASB ASC 958,	check he	e ▶ X			
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions	13,224,917.	27	15,357,798		
Bal	28	Net assets with donor restrictions	252,547.	28	61,797		
밀		Organizations that do not follow FASB AS					
Ţ		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fur	nds			29	
set	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			13,477,464.	32	15,419,595
_	33	Total liabilities and net assets/fund balances			13,868,498.	33	15,703,753

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,	937,	847.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	379,	577.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	558,	270.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,	477,	464.
5	Net unrealized gains (losses) on investments	5		383,	861.
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,				
	column (B))	10	15,	419,	595.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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 Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021
Open to Public

Inspection
Employer identification number

THE TONY ROBBINS FOUNDATION 33-0492446 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 on 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 Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	ction A. Public Support		•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	. ,	, ,	` ,	,	. ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	4,096,639.	3,104,531.	3,181,622.	3,191,901.	3,482,669.	17,057,362.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,096,639.	3,104,531.	3,181,622.	3,191,901.	3,482,669.	17,057,362.
	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)						344,776.
6	Public support. Subtract line 5 from line 4.						16,712,586.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	4,096,639.	3,104,531.	3,181,622.	3,191,901.	3,482,669.	17,057,362.
	Gross income from interest,	, , ,	, , ,	, , .	, , ,	, ,	
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	108,164.	236,728.	177,862.	307,048.	125,775.	955,577.
0	Net income from unrelated business	200,201.	200,7201	277,002.	,	220,770	200,011.
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						18,012,939.
	Total support. Add lines 7 through 10		>			40	6,554,880.
12	,					12	0,334,000.
13	First 5 years. If the Form 990 is for the					. , . ,	
800	organization, check this box and store ction C. Computation of Publi		centage				P
	•			aluman (f))		14	92.78 %
	Public support percentage for 2021 (li					15	
15							,,,
Ioa	33 1/3% support test - 2021. If the contain have The approximation available at						
	stop here. The organization qualifies						
L	33 1/3% support test - 2020. If the c						
47.	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	_					
	and if the organization meets the facts			=		-	▶ □
	meets the facts-and-circumstances te	-	•	*	-		
b	10% -facts-and-circumstances test	_					U% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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.
- 5a 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
0.		
9c		
10a		
10b		

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<u>Sc</u> he	dule A (Form 990) 2021 THE TONY ROBBINS FOUNDATION	33-0492446	P	age 5
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
360	tion B. Type I Supporting Organizations		Vac	N _a
	Did the governing hady members of the governing hady officers acting in their official conscity or membership of	no or	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's off			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	.55.5,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
0	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,	2		
Sec	supervised, or controlled the supporting organization. tion 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		100	110
·	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		
Sec	tion 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 inst	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ty (see instruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	-		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	21		
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b	1	1

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion 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				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	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				
Sect	ion 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-functional	y integra	ted Type III supporting orga	nization (see		
	instructions).			·		

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exer	1							
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3						
4	Amounts paid to acquire exempt-use assets		4						
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive							
	(provide details in Part VI). See instructions.		8						
9	Distributable amount for 2021 from Section C, line 6		9						
10	Line 8 amount divided by line 9 amount		10						
		(i)	(ii)	(iii)					
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021					
1	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2021								
a	From 2016								
b	From 2017								
c	From 2018								
<u>d</u>	From 2019								
<u>e</u>	From 2020								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2021 distributable amount								
<u>i</u>	Carryover from 2016 not applied (see instructions)								
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from Section D,								
	line 7: \$								
<u>a</u>	Applied to underdistributions of prior years								
<u> </u>	Applied to 2021 distributable amount								
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2021. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2017								
	Excess from 2018								
	Excess from 2019								
<u>a</u>	Excess from 2020 Excess from 2021								

Schedule A	(Form 990) 2021	THE TONY	ROBBINS FOUNDATION	33-0492446	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b lines 2 and 3;	, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c Part IV, Section E, lines 1c, 2a, 2b, 3a, a	, line 10; Part II, line 17a or 17b; Part III, line 12; ; Part IV, Section B, lines 1 and 2; Part IV, Section nd 3b; Part V, line 1; Part V, Section B, line 1e; P ete this part for any additional information.	on C,

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

Employer identification number THE TONY ROBBINS FOUNDATION 33 - 0492446

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conservat	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	_	
			L .
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

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to be sold to raise funds rather than to be maintained as part of the organization's collection?

b

collection items (check all that apply):

☐ Preservation for future generations

Public exhibition

Scholarly research

	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contribution	s or other assets no	ot included	d			
	on Form 990, Part X?								No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:								
	An							İ	
С	Beginning balance				1c	;			
d	Additions during the year				1c	1			
е	Distributions during the year								
f	Ending balance					·	_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	ustodial account lia	bility?		Yes		No
_	If "Yes," explain the arrangement in Part XIII.								
Pa	rt V Endowment Funds. Complete if	the organization ans		1			1		
		(a) Current year	(b) Prior year	 	+ ` '	e years back	<u> </u>		
	Beginning of year balance	9,076,832.	5,421,062.	· · · · · ·	. 4	,976,012.	5,	020,	008.
b	Contributions	1,014,666.	3,000,000.						
С	Net investment earnings, gains, and losses	462,421.	655,770.	249,228	•	195,822.		59,	770.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses							103,	
g	End of year balance	10,553,919.	9,076,832.	5,421,062	. 5	,171,834.	4,	976,	012.
2	Provide the estimated percentage of the curre	•	(line 1g, column (a))) held as:					
а	Board designated or quasi-endowment	100	_%						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administered for	the organ	ization	ſ	1	
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizate						3b		
4 Do	Describe in Part XIII the intended uses of the		vment funds.						
Pal	t VI Land, Buildings, and Equipme		Doubly line 11 a C) Faure 000 Dark	V II: 10				
	Complete if the organization answered			i					
	Description of property	(a) Cost or ot	` '		Accumul		(d) Boo	k value	€
		basis (investm	lent) Dasis	` '	depreciation	OH		7	000
	Land			7,000.				١,	000.
	Buildings								
	Leasehold improvements			104 042	16	0 012		22	1 2 1
	Equipment	.		194,043.	10	0,912.		٠٠,	131.
	Other	. <u> </u>				_		40	131.
ıota	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part X	(, column (B), line 1	0c.)		P	5 /5		
						Schedule	ש (Forn	1 990)	2021

Loan or exchange program

Other

132052 10-28-21

Schedule D (Form 990) 2021 THE TONY ROBBINS	FOUNDATION	3	3-0492446 Page 3			
Part VII Investments - Other Securities.			<u> </u>			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.						
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value			
(1) Financial derivatives						
(2) Closely held equity interests						
(3) Other						
(A) CAZ DISRUPTIVE TECHNOLOGY FUND, LP	253,760.	END-OF-YEAR MARKET VALUE				
(B) CAZ PRIVATE INCOME FUND, LP	1,006,051.	END-OF-YEAR MARKET VALUE				
(C) CAZ GP OWNERSHIP CLASS B FUND - TE,						
(D) LP	1,616,173.	END-OF-YEAR MARKET VALUE				
(E) GREENLAKE REAL ESTATE FUND LLC	1,041,350.	COST				
(F)						
(G)						
(H)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,917,334.					
Part VIII Investments - Program Related.						
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value			
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)						
Part IX Other Assets.						
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.				
(a)	Description		(b) Book value			
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)					
Part X Other Liabilities.			•			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.			
1. (a) Description of liability			(b) Book value			
(1) Federal income taxes						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
			<u> </u>			

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

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

Schedule D (Form 990) 2021

(9)

. al	Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV		Tonido per me		
1	Total revenue, gains, and other support per audited financial statements			1	4,326,351
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	383,861.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	383,861.
3	Subtract line 2e from line 1			3	3,942,490.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-4,643.		
С	Add lines 4a and 4b			4c	-4,643,
5 Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line † XII Reconciliation of Expenses per Audited Financial	12.)Statements With F	vnenses ner I	5 Return	3,937,847.
ı a	Complete if the organization answered "Yes" on Form 990, Part IV		kpenses per i	ietuiii.	
1	Total expenses and losses per audited financial statements			1	2,384,220.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				•
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)		4,643.		
е	Add lines 2a through 2d			2e	4,643.
3	Subtract line 2e from line 1			3	2,379,577.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)		5	2,379,577.
Pa	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid			1; Part X, li	ne 2; Part XI,
PART	X, LINE 2:				
THE	FOUNDATION IS A QUALIFIED NONPROFIT ORGANIZATION THAT	IS EXEMPT FROM			
INCO	ME TAXES UNDER SECTION 501(C)(3) ORGANIZATION UNDER TH	E FEDERAL			
INTE	RNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA	REVENUE AND			
TAXA	TION CODE. THE FOUNDATION, HOWEVER, MAY OCCASIONALLY	BE SUBJECT TO			
TAXE	S ON UNRELATED BUSINESS INCOME. THE FOUNDATION IS NOT	A PRIVATE			
FOUN	DATION.				
	J.1150.				
THE	FOUNDATION FOLLOWS ACCOUNTING STANDARDS GENERALLY ACCE	PTED IN THE			
TINU	ED STATES OF AMERICA RELATED TO THE RECOGNITION OF UNC	ERTAIN TAX			
POSI	TIONS. THE FOUNDATION RECOGNIZES ACCRUED INTEREST AND	PENALTIES			
ASSC	CIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE STA	TEMENT OF			
ACTI	VITIES WHEN APPLICABLE. MANAGEMENT HAS DETERMINED THA	T THE FOUNDATION			

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE TONY ROBBINS FOUNDATION

Employer identification number

33-0492446

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBIAN GRANT-MAKING GRANT-MAKING 145,383.

3 a Subtotal	0	0		145,383.
b Total from continuation		_		
sheets to Part I	0	0		0.
c Totals (add lines 3a and 3b)	0	0		145,383.

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

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO BUILD A LIBRARY &					
			MUSIC CENTER FOR AN					
		CENTRAL AMERICA	UNDERPRIVLEGED					
		AND THE CARIBBIAN		70,383.	WIRE TRANSFER	0.		
			FOR COMMUNITY MARKET					
			& GARDEN AND TO					
		CENTRAL AMERICA	PROVIDE HOT MEALS TO					
		AND THE CARIBBIAN	THE NEEDY.	75,000.	WIRE TRANSFER	0.		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the f	oreian country	recognized as a tax			

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021	THE TONY ROBBINS FO	DUNDATION			33-0492446		Page
Part III Grants and Other Assistan	ce to Individuals Outsic	le the United Sta	ites. Complete i	f the organization answered "Yes"	on Form 990, Part	: IV, line 16.	
Part III can be duplicated if a							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

Schedule F (Form 990) 2021 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I,	LINE 2:
A CLOSE	OUT REPORT IS REQUIRED AT THE CONCLUSION OF THE GRANT PERIOD.

SCHEDULE G (Form 990)

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

2021

Open to Public Inspection

Name of the organization Employer identification number THE TONY ROBBINS FOUNDATION 33-0492446 Part I 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. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e			(event type)	(overit type)	(total flambol)	
Revenue	1	Gross receipts	285,690.			285,690.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	285,690.			285,690.
	4	Cash prizes				
S	5	Noncash prizes				
sued	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses				285,690.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	285,690.
Б.	11	1				0.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, o	r reported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	(1.) Dull take finatent		AN Total moneton / odd
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))	
a	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	ctivities in each of these s	states?		Yes No
	_	, <i>э</i> лрын				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
	_					
1320	32 10)-21-21			Sche	edule G (Form 990) 2021

Schedule G (Form 990) 2021 THE TONY ROBBINS FOUNDATION	33-0492446	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record		,,
Name		
Address ▶		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the am	ount	
of gaming revenue retained by the third party \$\bigseleft\ \bigseleft\ \bigs		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name		
Coming responses and the body		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent		
organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v): and Part III. lines 9.	9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,,,,	00, .00,
Too, 100, 110, and 112, ac approaches the promote any accumulation and mornalism continues.		

Schedule G	(Form 990) THE TONY ROBBINS FOUNDATION	33-0492446	Page 4
Part IV	(Form 990) THE TONY ROBBINS FOUNDATION Supplemental Information (continued)		<u> </u>
	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization THE TONY ROBB	INS FOUNDATION	1					Employer identification number 33-0492446
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's properties. Grants and Other Assistance to recipient that received more than St	stance? ocedures for monit Domestic Organia	oring the use of grant	t funds in the United	States. Complete if the organic			X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALPINE CHRISTIAN SCHOOL 1901 LOOP DRIVE ALPINE, TX 79830	11-3763276	501(C)(3)	25,000.	0.			UPGRADE OF TECHNOLOGY/INTERNET IN SCHOOL
FEEDING AMERICA 35 EAST WACKER DRIVE, SUITE 2000 CHICAGO, IL 60601	36-3673599	501(C)(3)	37,305.	0.			TO PROVIDE FOOD FOR THE HUNGRY
FRATERNITE OF NOTRE DAME 502 NORTH CENTRAL AVE CHICAGO, IL 60644	13-3600714	501(C)(3)	286,225.	0.			TO SUPPORT HOMELESS FOOD
NO LIMITS THEATER GROUP 9801 WASHINGTON BLVD, 2ND FLOOR CULVER CITY, CA 90232	95-4603048	501(C)(3)	25,000.	0.			TO TEACH UNDERSERVED DEAF
TRANSCENDANCE YOUTH ARTS PROJECT 7755 NORTH AVENUE LEMON GROVE, CA 91945	20-4641700	501(C)(3)	7,500.	0.			TO SUPPORT THE ARTS AND DANCE WITH TEENS IN UNDERSERVED COMMUNITIES
PARTNERS FOR YOUTH WITH DISABILITIES - 89 SOUTH STREET SUITE 103 - BOSTON, MA 02111	22-2627798		15,000.	0.			DISABLED YOUTH
2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations	•	•					

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

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADEMY PREP FOUNDATION, INC							
1021 LAKELAND HILLS BLVD							SCHOOL PROGRAMS FOR
LAKELAND, FL 33805	59-3377240	501(C)(3)	50,000.	0.			UNDERSERVED CHILDREN
CREIGHTON COMMUNITY FOUNDATION INC							
3219 E CAMELBACK ROAD #376							FOOD INSECURITY IN
PHOENIX, AZ 85018	46-2275877	501(C)(3)	20,000.	0.			UNDERSERVED COMMUNITIES
T.D. JAKES FOUNDATION							
5500 PRESTON ROAD SUITE 250							HAMILTON PROJECT -
DALLAS, TX 75205	75-0964565	501(C)(3)	50,000.	0.			UNDERSERVED STUDENTS
PREVENTATIVE MEDICINE RESEARCH INSTITUTE - 900 BRIDGEWAY -							
SAUSALITO, CA 94965	94-2949537	501(C)(3)	150,000.	0.			ALZHEIMERS RESEARCH
LOVE LIGHT + MELODY							
2921 WEST 38TH AVENUE #129							EDUCATIONAL PROGRAMS FOR
DENVER, CO 80211	20-8894342	501(C)(3)	25,000.	0.			UNDERSERVED SCHOOL
MARICI							
100 PINE STREET, SUITE 1250							
SAN FRANCISCO, CA 94111	82-1536804	501(C)(3)	506,320.	0.			END TO SEX TRAFFICKING
PLANO METRO ROTARY CLUB 1400 GABLES COURT							
PLANO, TX 75075	75-2109059	501(C)(3)	25,000.	0.			CORNEAL EYE TRANSPLANTS
EMBRACE GLOBAL							
3465 BRODERICK STREET	86-1740054	E01/C\/2\	E0 000	0.			DODMADIE DADY INCIDAMODO
SAN FRANCISCO, CA 94123	00-1/40034	DOT(C)(3)	50,000.	0.			PORTABLE BABY INCUBATORS
PROSTATE CANCER FOUNDATION							
1250 FOURTH STREET	05 444544	504 (5) (2)		_			
SANTA MONICA, CA 90401	95-4418411	DOT(G)(3)	50,000.	0.			CANCER RESEARCH

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Types of Property

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

➤ Attach to Form 990.

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

Name of the organization Employer identification number THE TONY ROBBINS FOUNDATION 33-0492446

		(a) Check if	(b) Number of	(c) Noncash contribution	n	(d) Method of de	termin	ina	
		applicable	contributions or	amounts reported of	n	noncash contribu		•	3
			items contributed	Form 990, Part VIII, lin	e 1g				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (AUCTION ITEMS)	X	105	285,	690.	FMV			
26	Other								
27	Other								
28	Other ()								
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				0	
								Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 tl	hroug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to	be us	ed for			
	exempt purposes for the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is	chec	ked,			
	describe in Part II.								
114	Fau Danamusuk Dadustian Ast Nation and					0 - 1 1 - 1 - 1	I / C	0001	0004

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

132142 11-17-21 Schedule M (Form 990) 2021

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service **Employer identification number** Name of the organization THE TONY ROBBINS FOUNDATION 33-0492446 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LIFE OF PEOPLE OFTEN FORGOTTEN FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTERNATIONAL VOLUNTEERS PROVIDE THE VISION, INSPIRATION, AND RESOURCES NEEDED TO EMPOWER THESE IMPORTANT MEMBERS OF OUR SOCIETY. FORM 990, PART VI, SECTION A, LINE 2: ANTHONY ROBBINS AND YOGESH BABLA HAVE A BUSINESS RELATIONSHIP FORM 990, PART VI, SECTION A, LINE 6: THERE IS ONE CLASS OF VOTING MEMBERS OF THE CORPORATION. THERE IS ONE SOLE MEMBER. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE BOARD OF DIRECTORS SHALL BE ELECTED ANNUALLY BY THE SOLE MEMBER. FORM 990, PART VI, SECTION A, LINE 7B: NO AMENDMENT TO THE BYLAWS SHALL BECOME EFFECTIVE UNLESS AND UNTIL SUCH AMENDMENT HAS BEEN EXPRESSLY APPROVED BY THE SOLE MEMBER FORM 990, PART VI, SECTION B, LINE 11B: BEFORE FILING. THE FOUNDATION WILL EMAIL DRAFTS OF THE 990 AND AUDITED FINANCIAL STATEMENTS TO THE BOARD FOR REVIEW. ONCE ALL QUESTIONS ARE

ANSWERED THE 990 IS APPROVED AND FILED WITH THE IRS.

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

<u>Schedule O (Form 990) 2021</u>

Name of the organization **Employer identification number** THE TONY ROBBINS FOUNDATION 33-0492446 FORM 990, PART VI, SECTION B, LINE 12C: IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST AT THE TIME OF EACH BOARD DISCUSSION OF AN ITEM AS TO WHICH HE OR SHE HAS A CONFLICT OF INTEREST, DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE BOARD AND ALL MEMBERS OF ANY COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS. AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, ALL INTERESTED PERSONS SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE BOARD DISCUSSES AND VOTES UPON WHETHER THE CORPORATION WILL CONDUCT THE TRANSACTION. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT PRESENTS THE CONFLICT OF INTEREST. THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. THE BOARD SHALL OBTAIN ADEQUATE INFORMATION TO CONDUCT A THOROUGH ANALYSIS OF WHETHER THE CORPORATION IS RECEIVING FAIR MARKET VALUE IN THE TRANSACTION. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE CORPORATION CAN, WITH REASONABLE EFFORTS, OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY WITH WHOM THE CORPORATION DOES NOT HAVE A CONFLICT OF INTEREST.

Schedule O (Form 990) 2021 Page **2**

Name of the organization THE TONY ROBBINS FOUNDATION	Employer identification number 33-0492446
IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY	
ATTAINABLE, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF	
THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN	
THE CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT, AND WHETHER THE	
TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION, AND SHALL MAKE ITS	
DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN	
CONFORMITY WITH SUCH DETERMINATION.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE TONY ROBBINS FOUNDATION ("TTRF") HUMAN RESOURCES SERVICES ARE DONATED	
IN KIND BY ROBBINS RESEARCH INTERNATIONAL ("RRI"). AS SUCH, TTRF FOLLOWS	
ALL GUIDELINES FOR PERSONNEL RAISES AND COMPENSATION. CONSEQUENTLY TTRF IS	
INCLUDED IN ANY BONUSES GIVEN BY RRI MANAGEMENT, ADHERES TO FORMAL REVIEW	
PRACTICES AS DIRECTED BY RII, AND RECEIVES THE SAME INSURANCE BENEFITS AS	
ADMINISTRATED BY RRI. ADDITIONALLY, THE BOARD OF DIRECTORS AT THEIR	
DISCRETION MAY GIVE PERIODIC RAISES IN SALARY AND/OR BONUSES TO STAFF THEY	
FEEL WARRANTED.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS ARE KEPT AT THE FOUNDATION'S ADDRESS. THE FOUNDATION'S	
OPERATIONS MANAGER WILL ARRANGE FOR ANY PUBLIC DISCLOSURE REQUEST AFTER THE	
BOARD'S PRESIDENT AND CFO GIVES APPROVAL OF A DATE AND TIME FOR REVIEW.	