EXTENDED TO MAY 15, 2023

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. 1515-0047

Dopartment of the Treasury Internal Revenue Service

Form 990

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

1111 1 2021 and ending JUN 30, 2022

A Fo	or the 2	2021 calendar year, or tax year beginning JUL 1, 2021 and	eraing u	D Employer identifica	tion number					
B Ch	neck if plicable	C Name of organization		D Employer Identifica	MOIT IMMOSI					
	Address change	JACKIE ROBINSON FOUNDATION, INC.		12 200634	_					
F	Name change	Doing business as		13-289634	5					
F	inital return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	0.600					
F	Trinal	75 VARICK STREET, 2ND FLOOR		(212) 290	10 205 213					
=	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,205,213.					
_	Amonde	# NEW YORK, NY 10013-1917		H(a) Is this a group retu	97					
=	Applica-	F Name and address of principal officer: DELLA BRITTON		for subordinates?						
_	pending	SAME AS C ABOVE		H(b) Are all subordinates Incl	uded? Yes No					
1.7	av ever	npt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1)	or 527		st. See instructions					
1 14	Vaheite	WWW.JACKIEROBINSON.ORG		H(c) Group exemption	number >					
K E	arm of a	rganization: X Corporation Trust Association Other	L Year	of formation: 1973 M	State of legal domicile: NY					
Pa	-411	Cumman								
-	1 B	rially describe the organization's mission or most significant activities: SEE	SCHEDU	LE O						
ė										
an	2 0	check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net asse	ets. 30					
err	a N	lumber of voting members of the governing body (Part VI, line 1a)		My5114444111 (111) # 1111/4	29					
ő	A N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	21					
Activities & Governance	5 T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		.,.,	180					
Ē	L T	otal number of volunteers (estimate if necessary)			0.					
ě	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12		1a	0.					
₹	b N	Net unrelated business taxable income from Form 990-T, Part I, line 11		10						
=			-	Prior Year	10,248,484.					
	в	Contributions and grants (Part VIII, line 1h)	****	8,233,384.	0.					
Revenue	9 F	Program service revenue (Part VIII, line 2g)		405,983.	332,739.					
, ve	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		22,967.	1,207.					
Ä	111 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,662,334.	10,582,430.					
	12 1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1000000	1,967,273.	1,756,928.					
=	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14 F	Renefits paid to or for members (Part IX, column (A), line 4)		2,744,301.	2,508,200.					
LO.	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	111111111111111111111111111111111111111	0.	0.					
Experses	16a F	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 2,222,3	110							
ber	b1	Total fundraising expenses (Part IX, column (D), line 25)	179.	4,239,974.	4,767,477.					
ŭ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,951,548.	9,032,605.					
	18 1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	04/	-289,214.	1,549,825.					
_	19 F	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year					
Assets or	4			30,161,175.	36,170,052.					
Sets	20	Total assets (Part X, line 16)		7,925,776.	13,231,587.					
Asa	21	Total fabilities (Part X, line 26)	******	22,235,399.	22,938,465.					
S	22	Net assets or fund balances. Subtract line 21 from line 20	ALL LANDS	22/200/200						
P	art II	Signature Block	ac and clater	nents and to the best of my	knowledge and belief, it is					
Unc	der penal	lities of perjury, I declare that I have examined this return, including accompanying schedul	which amove	r has any knowledge.						
true	, correct	t, and complete. Declaration of preparer (other than of ficer) is based on all information of v	VIIIO II piupu u	Nay	4 14, 2023					
		Signature of other		Date						
Sig	m									
He	re	DELLA BRITTON, PRESIDENT AND CEO								
_			DΛ	Date Check	PTIN					
		05/12/23 sitemotored P00446023								
Pai	- 1	FREDERICK E. DAVIS JR.		Firm's EIN▶	13-2781641					
	parer	Firm'sname MITCHELL & TITUS, LLP								
Us	e Only	Firm's address 80 PINE STREET NEW YORK, NY 10005		Phone no. (2	12) 709-4500					
-	osagaan A	NEW IORK, NI 10005	on Canada	more supplied to the supplied	X Yes No					
Ma	ly the IF	RS discuss this return with the preparer shown above? See instructions			Form 990 (2021					

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990(2021) JACKIE ROBINSON FOUNDATION, INC. 13-2896345 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	THE JACKIE ROBINSON FOUNDATION PROVIDES COLLEGE AND GRADUATE SCHOOL
	SCHOLARSHIPS AS WELL AS LEADERSHIP DEVELOPMENT OPPORTUNITIES FOR
	STUDENTS OF COLOR WITH STRONG CAPABILITIES BUT LIMITED FINANCIAL
	RESOURCES. THE FOUNDATION IS DISTINCTIVE FOR THE DEPTH OF ITS
_	RESOURCES. THE FOUNDATION IS DISTINCTIVE FOR THE DEFIN OF THE
2	Did the organization undertake any significant program services during the year which were not listed on the
	pho 1 om 990 of 350-22:
	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?
	if "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501 (c)(3) and 501 (c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
-	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
4a	
	MENTORING AND LEADERSHIP DEVELOPMENT PROGRAM: PROVIDES A COMPREHENSIVE
	PROGRAM OF DIRECT GRANTS, INTENSIVE MENTORING, PROFESSIONAL AND LIFE
	SKILLS DEVELOPMENT AND CAREER GUIDANCE FOR UNDER-SERVED MINORITY YOUTH.
4b	(Code:) (Expenses \$ 754,620 including grants of \$ 2,017.) (Revenue \$ 0.)
	PUBLIC INFORMATION: PROVIDES TO THE PUBLIC GENERAL INFORMATION ABOUT
	THE ACTIVITIES OF THE FOUNDATION AND SERVICES PROVIDED TO STUDENTS.
	
	No. of the control of
_	(Code:) (Expenses \$ 254,292. including grants of \$ 970.) (Revenue \$ 0.)
4C	(Code:)(Expenses \$ 254,292 including grants of \$ 970) (Revenue \$ ARCHIVES: CHRONICLES JACKIE ROBINSON'S LIFE IN BASEBALL, AND AS A
	ARCHIVES: CHRONICLES UACKIE ROBINSON S BITE IN BROWNING ADOLLIVES OF
	BUSINESSMAN, PHILANTHROPIST AND SOCIAL ACTIVIST. MAINTAINS ARCHIVES OF
	DOCUMENTS AND ARTIFACTS FOR PUBLIC EDUCATION PURPOSES.
	21
41	Other program services (Describe on Schedule O.)
	(Expenses \$ 948,752 · including grants of \$ 0 ·) (Revenue \$ 0 ·)
4-	Total program service expenses 5,982,758.
46	Form 990 (2021)

Form 990 (2021) JACKIE ROBIN
Part IV Checklist of Required Schedules

ı cu	One distribution required constants		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
1	If "Yes," complete Schedule A	1	X	
•	If "Yes," complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes " complete Schedule C. Part	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			
9	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			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	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 "Ves." complete Schedule D. Part IV	9		X
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	X	
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,			100
	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	X	-
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l '		- v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments · program related in Part X, line 13, that is 5% or more of its total	l		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	_
d	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	١		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
е	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	444	х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
	Schedule D, Parts XI and XII	128		_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1-1-0		 ``
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	14b		x
	or more? If "Yes," complete Schedule F, Parts I and IV	1.15		
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	15		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 or aggregate grants of other accounts to	16		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18	Did the organization report more than \$15,000 total of furidialising event gross income and continue of a first will all the state of t	18		X
	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19	Did the organization report more than \$15,000 of gloss modified from gaming activities of the control of the co	19		X
	complete Sc hedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	domestic government on that the order in the second of the	For	990	(2021

-	TIV Checklist of Required Scriedules (continued)		Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	140
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	X	
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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%			1
	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			1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			1
-	"Yes," complete Schedule L, Part IV	28a		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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did-the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? f "Yes." complete Schedule M	30	_	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or tax able entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, Ine 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_	+-
36	Section 50 1(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			.,
	If "Yes." complete Schedule R, Part V, line 2	36	-	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		.,	
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			ì
	Check if Schedule O contains a response or note to any line in this Part V		Tar	1
	li e li	4	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	40		10
1a				
b	Enter the number of Forms W-2G included on line 1a. Enter-0-11 not applicable	9		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	10	x	1

13-2896345 Page 5 JACKIE ROBINSON FOUNDATION, Form 990 (2021) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 21 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X 6a any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9b **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10 a Initiation fees and capital contributions included on Part VIII, line 12 **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. 13a a Is the organization licensed to issue qualified health plans in more than one state? 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 13b organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand Х 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X 15 excess parachute payment(s) during the year?... 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 if "Yes," complete Form 4720, Schedule O.

132005 12-09-21

Form 990 (2021)

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?

If "Yes," complete Form 6069.

Form 990 (2021)

JACKIE ROBINSON FOUNDATION, INC.

13-2896345 Fage
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.			X
	Check if Schedule O contains a response or note to any line in this Part VI		***	Δ
Sect	ion A. Governing Body and Management		. 1	- L
	1	-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 30			
	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 U.	. 1	- 33	
	5-to the pumper of voting members included on line 1a, above, who are independent [10]			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	- 1		
	officer director trustee arkey employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	_	<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
_	Did the accordination have members or stockholders?	6		_X_
6	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	are members of the coverning body?	7a		X
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	no many other than the governing body?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8	The governing body?	8a	<u>X</u>	
a	Each committee with authority to act on behalf of the governing body?	8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section Brequests information about policies not required by the Internal Revenue Code.)		_	130
000	HOILD. I OHOUSE THIS SECTION DIRECTOR THE SECTION DIRECTOR DIRECTOR DIRECTOR DIRECTOR THE SECTION DIRECTOR DIRE		Yes	No
400	Did the organization have local chapters, branches, or affiliates?	10a	_	X
IVa	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ansure their operations are consistent with the organization's exempt purposes?	10b	-	-
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	_
ь	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		.,	-
400	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a	X	-
12a	Ware officers, directors, or trustees and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	-
C	Bit the policy? If "Yes," describe			1
·	on Schedule O how this was done	12c		-
13	Did the organization have a written whistle blower policy?	13	X	-
14	Did the organization have a written document retention and destruction policy?	14	X	-
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	parsons, comparability data, and contemporaneous substantiation of the deliberation and decision?		.,	
_	The organization's CEO, Executive Director, or top management official	15a		-
a h	Other officers or key employees of the organization	15b	X	
	It "Vos" to line 15a or 15b, describe the process on Schedule O. See instructions.			
162	Did the organization investin, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	to a bla antity during the year?	16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec		3.633	340	3.000
17	AL, CA, CT, DE, ID, IN, IA, ME, ME	, MN	,MC	MIT
18	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	avail	able
10	for public inspection, Indicate how you made these available. Check all that apply.			
	X Upon request Uther (explain on Schedule U)			
40	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd fina	ncial	
19	etatements available to the public during the tax year.			
00	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	TATONYA TOHNSON - (212) 290-8600			
	75 VARICK STREET, 2ND FLOOR, NEW YORK, NY 10013-1917		-	
4000	CRE SCHEDILE O FOR FULL LIST OF STATES	Foi	m 99	0 (2021
1320	06 12-09-21 SEE SCHEDOLL O TOX 1022 I			

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.

Check this box if neither the organization		orga	niza			pen	sate		rector, or trustee.	(F)
(A)	(B)			Posi.				(D)	(E)	(F) Estimated
Name and title	Average	(do not		Position do not check more than one			ne	Reportable	Reportable	amount of
	hours per	box	unle	ss per id a di	soni	s both r/trus	an tee)	compensation	compensation from related	other
	week						,	from the	organizations	compensation
	(list any	recto						organization	(W-2/1099-MISC/	from the
	hours for	or d	e e			sated		(W-2/1099-MISC/	1099-NEC)	organization
	related	ustee	trust		8	ubeu		1099-NEC)	10001120)	and related
	organizations below	ual tri	ional		play	t cor		10001420)		organizations
	line)	ndividual trustee or director	ns tilutional trusle e	Ollicer	Key emplayee	Highest compensated employee	Form <i>e</i> r			
(1) DELLA BRITTON	60.00	트	=	0	3	工品	Œ			
PRESIDENT AND CEO	0.00	х		x				302,640.	0.	28,885.
(2) LA'TONYA JOHNSON	60.00					Г				
VP CHIEF OPERATIONS OFFICER	0.00				Х			219,541.	0.	21,445.
(3) DAMIAN TRAVIER	60.00								_	
VP, CHIEF PROGRAM OFFICER	0.00					X		139,302.	0.	38,246.
(4) CECILIA MARSHALL	50.00							4.4.400	0	22 045
VP, PRGM DEVLMNT & STRATEGY	0.00		_			X	_	144,428.	0.	33,045.
(5) JENNIFER JENSEN	50.00					,,		140 572	0.	26,508.
JRM, CURATOR	0.00	_	_	-	_	X	_	140,572.	0.	20,300.
(6) ERIC YESLINE	50.00	-				x		116,409.	0.	37,400.
DIR. OF PROG. & PROSPECT DEVLMNT	0.00		_	_		Α.	H	110,409.	0.	37,4001
(7) STEPHEN LYNCH	60.00	-				١,,		122 265	0.	19,067.
VP, SPONSOR RELATIONS	0.00	_	_	_	_	X	_	132,265.	0.	19,007
(8) RACHEL ROBINSON	2.00		1					7 700	0.	9,609
DIRECTOR		X	<u> </u>	_	_	-	⊢	7,709.	0.	3,000
(9) GREGG A. GONSALVES	5.00									0
CHAIRMAN	0.00	X	_	Х		L		0.	0.	0.
(10) SHARON ROBINSON	2.00							_		_
VICE CHAIR		X	_	X	_	L	_	0.	0.	0.
(11) MARTIN L. EDELMAN	2.00									_
SECRETARY	0.00	X	_	X	_	┞	L	0.	0.	0
(12) JOSE M. RIVERA	2.00									_
TREASURER		X		X		_	┖	0.	0.	0
(13) RICHARD BLANK	2.00									_
DIRECTOR		X						0.	0.	0
(14) MICHAEL CLEMENTI	2.00						1	_		
DIRECTOR	0.00	X				L	L	0.	0.	0
(15) LEONARD S. COLEMAN, JR.	2.00									
DIRECTOR	0.00	X	_		_	-	L	0.	0.	0
(16) CHRISTOPHER DEAN	2.00							_		
DIRECTOR	0.00	X	_	_	-	-	1	0.	0.	0
(17) MICHELLE GADSEN-WILLIAMS	2.00	١						0.	0.	0
DIRECTOR	0.00	X	1_	_	1		1_	<u> </u>	1 0.	Form 990 (202

132007 12-09-21

(B) Average hours per week (list any hours for related	ьох	notel	(C Posi				ו או	/E\	- 1	(F	7	
hours per week (list any hours for	ьох	notel					(D) (E)			(F) Estimated		
week (list any hours for		unle		nore t	than c		Reportable Reportable			Estim		
(list any hours for	officer and a director/trustee)				sboth r/trus		compensation from	compensation from related		oth		
	tor						the	organizations		comper	nsati	n
related	direc				ted		organization	(W-2/1099-MISC	/	from		
	stee o	rustee			pensa		(W-2/1099-MISC/	1099-NEC)		organi		
organizations below	al (ru:	onalt		oloyee	t comp		1099-NEC)			and re organiz		
line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				o.g		
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but not limited to th	ose	liste	ed ab	ove	e) wh	o re	ceived more than \$100	000 of reportable				
>									_	1,,	_	<u>. 8</u>
									ī	- T	es	No
officer, director, trust	ee,	key i	empl	loye	e, or	hig	hest compensated emp	loyee on		2	1	х
J for such individual	46.6				****	67700	an acomposition from t	ho organization	100	-		
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est compensated in	dep	ende	nt c	ontr	acto	rs tl	hat received more than :	100,000 of compe	ensat	ion from		
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highes Compensated Employees (continued (Paportal)) (A)	Form 990 JACKIE I	ROBINSON	FO	UN	DA	ΤI	ON	<i>i</i>	INC.	13-289	6345
C) Name and stile Position	Part VII Section A Officers, Directors, T	rustees, Key Em	plo	yees	, an	d H	ighe	st C	Compensated Employe	es (continued)	
Name and title		(B)			(0	;)			(D)	(C)	
Chacket that apply)	• • •	1									
Week State and Properties State and Pro	Name and the	1 -	(ch	eck	al t	hata	appl	y) _			
West any hours for related organization related organization show the law to separate the second organization and related organizations in the law time) West organization and related organizations West organization West organization and related organization and related organizations West organization West org		per									
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O.00 X			<u> </u>								
STEWN SMEALIE	• •		x						0.	0.	0.
O. O. O. O. O. O. O. O.			-								
32) BERON SERUELL			\mathbf{x}						0.	0.	0.
DIRECTOR				П							
333 ALBA TULL	1 /		x						0.	0.	0 •
DIRECTOR											
(34) ARI UNTRACHT DIRECTOR (35) SOBANI WARNER DIRECTOR (36) STEPHEN M. ROSS DIRECTOR DIRECTOR (36) STEPHEN M. ROSS DIRECTOR DIRECTOR			X						0.	0.	0.
DIRECTOR (35) SOBANI WARNER 2.00 DIRECTOR 0.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0				П							
Companies			X						0.	0.	0.
DIRECTOR											
(36) STEPHEN M. ROSS		0.00	X				_	_	0.	0.	0.
DIRECTOR 0.00 X 0. 0. 0. 0.											0.8
	DIRECTOR	0.00	X			L		_	0.	0.	0.
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13-2896345 Page 9 JACKIE ROBINSON FOUNDATION, INC. Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Unrelated Related or exempt Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues 1c c Fundraising events d Related organizations 1,350,000. 1e e Government grants (contributions) f All other contributions, gifts, grants, and 8,898,484. similar amounts not included above g Noncash contributions included in lines 1a-1f 10,248,484 h Total. Add ines 1a-1f **Business Code** f All other program service revenue g Total. Add Ines 2a-2f 3 Investment income (including dividends, interest, and 148,340. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (i) Personal 6,718. 6 a Gross rents b Less: rental expenses.... 6,718. c Rental income or (loss) 6,718. 6,718. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 1,799,446 assets other than inventory **b** Less: cost or other basis 1,615,047. and sales expenses Other Revenue c Gain or (loss) 184,399. 184,399. d Netgain or (loss) 8 a Gross income from fundraising events (not contributions reported on line 1c). See Part IV, line 18 7,736 b Less: direct expenses -7,736. -7,736 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory **Business Code** 2,175. 900099 2,175. 11 a REGISTRATION FEES

132009 12-09-21

2,225,

10,582,430.

2,225.

331,721.

Form 990 (2021)

e Total. Add lines 11a-11d

12 Total revenue. See instructions

-	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a response	or note to any line in th	is Part IX		
00 r	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	4 556 000	1 756 000		
	individuals. See Part IV, line 22	1,756,928.	1,756,928.		
3	Grants and other assistance to foreign	1			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	945,885.	593,771.	100,281.	251,833
	trustees, and key employees	945,005.	393,1111	100/2021	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1,041,218.	558,097.	55,313.	427,808
7	Other salaries and wages	1,041,210.	330737.1		
8	Pension plan accruals and contributions (include	93,806.	61,089.	4,540.	28,177
	section 401(k) and 403(b) emp loyer contributions)	421,368.	230,006.	26,569.	164,793
9	Other employee benefits	5,923.	3,672.	296.	1,955
0	Payroll taxes				
1	Fees for services (nonemployees):				
	Management				
	Accounting	85,000.	46,398.	4,369.	34,233
	I Lobbying				
	Professional fundraising services. See Part IV, line 17				24 004
f		34,894.			34,894
g	are (III I'm 44 - mount avagedo 100/ of ling 25			0.4 0.45	240 250
-	column (A), amount, list line 11g expenses on Sch 0.)	827,483.	383,378.	94,847.	349,258 50,958
12	Advertising and promotion	65,868.	6,195.	8,715. 97,247.	138,704
13	Office expenses	531,489.	295,538.	38,174.	71,189
14	Information technology	241,325.	131,962.	30,174.	71,105
15	Royalties	. 400 555	1 (07 510	308,479.	246,786
16	Occupancy	2,182,777.	1,627,512.	12,747.	33,615
17	Travel	96,623.	30,201.	12,747	00/020
18					
	for any federal, state, or local public officials	25,304.	-324.	8,415.	17,213
19	Conferences, conventions, and meetings	45,414.	3,331.	751.	41,332
20	Interest	40,414.	3,3311		
21	Payments to affiliates	319,074.	82,567.	13,341.	223,166
22	·	97,891.	47,969.	20,978.	28,944
23		31,031.			
24	above. (List miscellaneous expenses on line 24e, If				
	amount, list line 24e expenses on Schedule 0.) DUES AND SUBSCRIPTIONS	175,486.	87,095.	21,123.	67,268
	CHOD ACH	29,471.	16,209.	7,368.	5,894
	CDANIES AND AWADDS	6,542.	0.	3,580.	2,962
		0,3111			
	d	2,836.	1,104.	395.	1,33
	e All other expenses Add lines 1 through 24e	9,032,605.	5,982,758.	827,528.	2,222,319
25	o the state of the expeniention	2,000,000			
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	check here if following SOP 98-2 (ASC 958-720)				

ar	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,252,136.	1	81,815.
-1	2	Savings and temporary cash investments	210,252.	2	302,607.
	3	Pledges and grants receivable, net	12,297,479.	3	9,054,825.
- 1	4	Accounts receivable, net	59,417.	4	102,235.
		Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
- 11	ŭ	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	44,236.	8	56,556.
2	9	Prepaid expenses and deferred charges	126,151.	9	733,576.
		Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 24,790,806.			
	h	Less: accumulated depreciation 10b 3,909,515.	8,290,372.	10c	20,881,291.
Ш	11	Investments - publicly traded securities	5,733,121.	11	4,709,067.
Ш	12	Investments - other securities, See Part IV, line 11	100,000.	12	100,000.
1	13	Investments - program-related. See Part IV, line 11		13	
H	14	Intangible assets	25,453.	14	126,935.
	15	Other assets, See Part IV, line 11	22,558.	15	21,145.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	30,161,175.	16	36,170,052.
	17	Accounts payable and accrued expenses	2,964,076.	17	6,104,656.
	18	Grants payable		18	
	19	Deferred revenue	147,482.	19	172,482.
	20	Tax exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
_	22	Loans and other payables to any current or former officer, director,			
<u>g</u>		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	3,358,064.	23	5,966,952.
	24	Unsecured notes and loans payable to unrelated third parties	350,000.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
	-	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,106,154.		987,497.
	26	Total liabilities. Add lines 17 through 25	7,925,776.	26	13,231,587.
		Organizations that follow FASB ASC 958, check here			
æ		and complete lines 27, 28, 32, and 33.			
Ě	27	Net assets without donor restrictions	-14,714,802.	27	-14,634,488.
ğ	28	Net assets with donor restrictions	36,950,201.	28	37,572,953.
ᅙ		Organizations that do not follow FASB ASC 958, check here			
亨	1	and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ēts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
S	31	Retained earnings, endowment, accumulated income, or other funds		31	
ë			00 035 300		22,938,465.
Net Assets or Fund Balances	32	Total net assets or fund balances	22,235,399. 30,161,175.	32	36,170,052.

Form	990(2021) JACKIE ROBINSON FOUNDATION, INC.	13-2	896345	Pag	e 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				. 4	20
1	Total revenue (must equal Part VIII, column (A), line 12)	_1_	9,032		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,54		
3	Povenue less expenses Subtract line 2 from line 1	3	22,23		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-84	_	
5	Net unrealized gains (losses) on investments	5	-040	0,1.	33.
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8		_	0.
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,		22,93	Ω /	65
	column (B))	10	44,33	J , =	05.
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	***********	07141741100000000	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	0	-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	. 0	2a		Х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				77
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	iuna			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		2b	х	
b	Were the organization's financial statements audited by an independent accountant?	n hacie		7.0	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	5 Dasis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis	eaudit			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	o a da i ş	2c	x	
	review, or compilation of its financial statements and selection of an independent accountant?	edule O			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nale Audit			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	.5.07 (2011	3a	X	
	Act and OMB Circular A-133?	ired audit			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		3b	X	I
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury ternal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number 13-2896345

JACKIE ROBINSON FOUNDATION, INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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). 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, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (vi) Amount of other (v) is the ornanzation isted (v) Amount of monetary (iii) Type of organization (i) Name of supported (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

Schedule A (Form 990) 2021 JACKIE ROBINSON FOUNDATION, INC. 13-2896

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.)

Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total or Orbital Content of Content or Content	Sec	tion A. Public Support							_
1 Grag grants, contributions, and membraship fees received, (Do not include any Yurususi grants.") 2 Tax revenues leved for the organization is benefit and either paid to or expended on its behalf or the organization is benefit and either paid to or expended on its behalf or the organization is benefit and either paid to or expended on the behalf or the organization without change and the organization in the organization in the organization is benefit and either paid to or expended on the behalf or the organization without change and the organization in the organization price of the organization organization in the organization organization in the organization			(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	_
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Section B. Total Support Section B. Total Support Section B. Total Support Section B. Total Section	-	membership fees received. (Do not						E 5 4 4 0 7 0 3	,
ization's benefit and either paid to or expended on its behalf or the organization without charge of the organization included on its 1 that exceeds 2% of the amount shown on line 11, column (f)			8757408.	13860438.	14340989.	8233384.	10248484.	5544070.	•
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 line 1 through 3. 5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that seceeds 2% of the amount shown on line 11, column (i) 6. Public support. Sected line 3 formine 4. Section B. Total Support 7. Amounts from line 4. 8. Gross income from inheast, dividends, payments received on securities loans, ents, ryelfies, and income from enhalts ources. 9. Not income from inheast, dividends, payments received on securities, whether or not the business is regularly carried on 10. Other income. Do not include gain or loss from the sale of capital assess (Explainin Part VI.) 12. Gross receipts from related activities, etc. (see instructions) 13. Trest 5 years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(S) organization, check this box and stop here. Section C. Computation of Public Support Percentage Section C. Computation of Publ	2	Tax revenues levied for the organ-							
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18. Private foundation, lifthe organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		more, and if the organization meets	the facts-and-circu	umstances test, che	eck this dox and \$	stop nere. Explair	nization		
18 Private foundation. If the organization did not check a box on line 13, 10a, 10b, 17a, or 17b, check this box and seem seem 15 Schedule A (Form 990) 2021		organization meets the facts-and-circ	cumstances test.	ine organization of	namies as a publici	h check this hov	and see instruction		
	18	Private foundation, If the organization	on did not check	a box on line 13, it	Ja, 100, 17a, 01 17	CHECK THIS DOX	Schedule	A (Form 990) 2	021

Schedule A (Form 990) 2021 JACKIE ROBINSON FOUNDATION, IN Part III Support Schedule for Organizations Described in Section 509(a) (2)

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

Sec	ction A. Public Support					r	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		57-114				
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						1
	are not an unrelated trade or bus-						1
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total Add lines 1 through 5						
_	Amounts included on lines 1, 2, and						
•	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			i			
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 5.)						
_	ction B. Total Support	77. 77.00 . 27.742		1	(4) 0000	(~) 2021	(f) Total
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(i) rotal
	Amounts from line 6					-	
10	Gross income from interest,				1	1	
	dividends, payments received on securities loans, rents, royalties,				1		
	and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add ines 10a and 10b						
	Net income from unrelated business						
٠.	activities not included on line 10b,					1	
	whether or not the business is						
	regularly carried on						1
12	Other income. Do not include gain or loss from the sale of capital				1		
	assets (Explain in Part VI.)				-		
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section !	501(c)(3) organiza	tion,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2021 (l			column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	021 (line 10c. colu	mn (f), divided by	ine 13, column (f))		17	%
		2020 Schedule A.	Part III. line 17		000000000000000000000000000000000000000	18	%
18	a 33 1/3% support tests - 2021. If the	organization did	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line	17 is not
19	more than 33 1/3%, check this box a	nd etan hara The	organization gual	ifies as a publicly	supported organiza	ation	▶□
	b 33 1/3% support tests - 2020. If the	organization did	not check a hov o	n line 14 or line 19	a. and line 16 is m	ore than 33 1/3%	and
	b 33 1/3% support tests - 2020. If the line 18 is not more than 33 1/3%, che	r organization did i	ton boro Thomas	anization qualifics	as a mublicly supp	orted organization	▶□
	line 18 is not more than 33 1/3%, che	CK This dox and S	bevon line 14 1	anization qualifes	hie hox and eac in	structions	
20	Private foundation. If the organization	an and that enteck a	DOX GITTING 14, 18	A, OI ISO, CHECK I	THE DOT WIN DOOM!	Schedule	A (Form 990) 2021

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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
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? # "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		
3а		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
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6		
7		
8		
9a		
9b		
9c		
10a		
105		

Schedule A (Form 990) 2021

Part	No A (Form 990) 2021 JACKIE ROBINSON FOUNDATION, INC. 1 No Supporting Organizations (continued)			
rait	14 oubborring organizations (continued)		Yes	No
44 L	has the organization accepted a gift or contribution from any of the following persons?			
11 F	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	/		
a A	1c below, the governing body of a supported organization?	11a		
h /	A family member of a person described on line 11a above?	11b		
0 /	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		T.,	
			Yes	No
3	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on more supported organizations have the power to regularly appoint or elect at least a majority of the organization's official directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) affectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	rted		
2	Did the croanization operate for the benefit of any supported organization other than the supported			110
	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		
55	supervised or controlled the supporting organization.			_
Sect	ion C. Type II Supporting Organizations		Yes	No
	the terror also a majority of the directors	1		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s). ion D. All Type III Supporting Organizations			
Sect	ion D. All Type III Supporting Organizations		Yes	No
	the last day of the fifth morth of the			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization is tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	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		1	1
	organization(s) or (ii) serving on the governing body of a supported organization(s).	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	By reason of the relationship described on the 2, above, and the diguillation of the organization's 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			
		3		
Soci	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
1	The organization satisfied the Activities Test. Complete line 2 below.			
a	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ity (see instructi	ons).	_
C	Activities Test. Answer lines 2a and 2b below.	7	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	5 0		
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	6	100	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			30
	that the mactivities constituted substantially all of its activities.	2a	+-	+=
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			11
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		7	
	these activities but for the organization's involvement.	21	-	-
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
9	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	V -		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	32		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3t		

	All other Type III non-functionally integrated supporting organizations must	Compate C	(A) Prior Year	(B) Current Yea (optional)
Secti	on A - Adjusted Net Income			(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 formanagement, 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		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	22 (ACV - COVID-1920) (ACV - COV	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	4		
_	see instructions).	5		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
6		7		
7	Recoveries of prior-year distributions	8		
8 Sect	Minimum Asset Amount (add line 7 to line 6) 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		4
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

_	tule A (Form 990) 2021 JACKIE ROBINS Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ed)	
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
	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	
	Amounts paid to acquire exempt use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide 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 t	he organization is responsive			
_	(provide details in Part VI). See instructions,			8	
9	Distributable amount for 2021 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
10	LING CATION ATTACK OF THE CATION AND ADDRESS	(i)	(ii)		(iii)
ecti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	s	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				
а	From 2016	Land Agreement of the Control			
b	From 2017				
С	From 2018				
d	From 2019			_	V
e	From 2020				
f	Total of lines 3a through 3e				بالمراجعة
	Applied to underdistributions of prior years			_	
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)			-	
ì	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			_	
4	Distributions for 2021 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if			1	
	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 carry over to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
7/0	Excess from 2018				
_	Excess from 2019				
_	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
NIKE	2,787,281.	1,657,899.
MAJOR LEAGUE BASEBALL	3,441,801.	2,312,419.
UNITED HEALTH FOUNDATION	1,245,470.	116,088.
STRADA EDUCATION NETWORK	2,079,999.	950,617.
YAWKEY FOUNDATION	1,750,000.	620,618.
ARTHUR HAYES	3,641,000.	2,511,618.
ANHEUSER BUSCH COMPANY	3,800,000.	2,670,618.
THE HESS FOUNDATION	1,400,000.	270,618.
		0
Total Excess Contributions to Schedule A, Part II, Line 5		11,110,495

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

JA	CKIE ROBINSON FOUNDATION, INC.	13-2896345
Organization type (check or		
Filers of:	Section:	
Form 990 or 990 EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
, om soot.	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	So (G)(G) Excess private resistant	
Note: Only a section 501(c) General Rule For an organization property) from any Special Rules	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule in filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an	g \$5,000 or more (in money or 's total contributions. test of the regulations under
contributor, during	and 170(b)(1)(A)(v)), that checked schedule A (Form 990), Facth, line 16, 164, 61 165) at g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) z, line 1. Complete Parts I and II.	Form 990, Part VIII, line 1h;
contributor, during literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from g the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (b) instead of the contributor name and address), II, and III.	eentific,
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from s exclusively for religious, charitable, etc., purposes, but no such contributions totaled in here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it tole, etc., contributions totaling \$5,000 or more during the year	nore than \$ 1,000. If this to x us, charitable, etc., treceived <i>nonexclusively</i>
answer "No" on Part IV, lin	that isn't covered by the General Rule and/orthe Special Rules doesn't file Schedule B (F e 2, of its Form 990; or check the box on line H of its Form 990 EZ or on its Form 990 Pf ng requirements of Schedule B (Form 990).	Form 990), but it must F, Part I, line 2, to certify

Employer identification number

JACKIE ROBINSON FOUNDATION, INC.

13-2896345

Partl Co	ontributors (see instructions). Use duplicate copies of Part I if a		()
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$ \$	Per son X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 340,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 _		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 -		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 _		\$\$	Per son X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (202

Name of organization

Employer identification number

TACKTE	ROBINSON	FOUNDATION,	INC.	13-2896345
ONCKIL	RODINE	100HBHH 1		

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 9	Name, address, and ZIP + 4	\$\$_494,701.	Per son X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 10	Name, address, and Erri	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	<u> </u>	s250,000.	Per son X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

JACKIE ROBINSON	FOUNDATION,	INC
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13-2896345

Part I	Contributors (see instructions). Use duplicate copies of Part I i (b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
		\$	Person Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Per son Payroll Onneash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Per son Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Per son Payroll Noncash (Complete Part II for

Employer identification number

JACKIE ROBINSON FOUNDATION, INC.

13-2896345

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	*
(a) No. from Partl	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions,)	(d) Date received
		\ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Partl			
		\$	a
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Parti			
123453 11-	11-21	\$	Schedule B (Form 9

Employer identification number

rt III	E ROBINSON FOUNDATION, I Exclusively religious, charitable, etc., contribution	ns to organizations described in section	13-2896345 on 501(c)(7), (8), or (10) that total more than \$1,000 for the ye				
	from any one contributor. Complete columns (a)	through (e) and the following line entry.	For organizations solor the year. (Enter this info, once.) \$				
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	naritable, etc., contributions of \$1,000 or less pace is needed.	s for the year. (Bittle files files office.)				
No.	Ose adplicate aspice s						
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
arti							
- 1							
	Y						
		(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
	V 						
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
artl	(4)						
	10						
+		(e) Transfer of gift					
		(6) 112.2.6. 5. 3					
	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee				
Ì	Translation of training data see, a						
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
artl	(6). 2 poss 1. 3						
		×	_				
	+		_				
	2.	-					
-		(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
ı							
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
artl	(b) Fu pose of girl	(4) 232 333					
	-						
_ [
	-	-					
}		(e) Transfer of gift					
		(e) transier or girt					
- 1	Transferee's name, address, a	od 7IP ± 4	Relationship of transferor to transferee				
	ransieree's name, address, a	M ZIF T T					
	-						

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 Open to Public Inspection

Name of the organization

JACKIE ROBINSON FOUNDATION, INC.

Employer identification number 13-2896345

Par	I Organizations Maintaining Donor Advised	l Funds or Other Similar Funds	or Accounts. Complete if the
1	organization answered "Yes" on Form 990, Part IV, line	e 6.	(b) Funds and other accounts
		(a) Donor advised funds	(D) Fullus 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 w	vriting that the assets held in donor advis	sed 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	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conterring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	panization answered "Yes" on Form 990,	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 o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	Held at the End of the Tax Year
	day of the tax year.		Held at the Elid of the Tax To al
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	ifter 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, orterminated by the	e organization during the tax
	year -		
4	Number of states where property subject to conservation eas	sement is located >	•
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170/h)/4)/B)(ii)?		Yes L_ No
9	In Part XIII describe how the organization reports conservation	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	nents that describes the
	the first section comments		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	tilei Sillilai Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASBASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in	furtherance of public
	service provide in Part XIII the text of the footnote to its finar	ncial statements that describes these lie	ms.
b	If the organization elected, as permitted under FASBASC 95	i8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(iii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	ial gain, provide
_	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	- CONTRACTOR OF THE PROPERTY O		
b	Assets included in Form 990, Part X		\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Uniter similar Assets (continued)	Sched	ule D (Form 990) 2021 JACKIE I	ROBINSON FO	UNDATION,	INC.			96345	
3. Light the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a	Part	III Organizations Maintaining Co	ollections of Art,	Historical Trea	sures, or Othe	Similar	Assets	(continue	d)
a quality contains (check all that apply): a q chain or exchange program b Schodarly research c Other	3	Using the organization's acquisition, accession	n, and other records	check any of the fo	ollowing that make s	ignificant ι	use of its		
Controller Con									
Control by the service of the true generations Complete the organization of collections and explain how they further the organization's exempt purpose in Part XIII.	а	Public exhibition	d	Loan or exch	nange program				
4 Powdea description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicitor receive dentations of art, historical resources, or chere similar assets to be sold to raise funds either than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: Common 990, Part XY	b	Scholarly research	е	Other					
5 During the year, did the organization solicitor receive donations of art, historical treasures, or other similar assessible to be sold to relate funds repair than to be maintained as part of the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21. 1 a Is the organization an agent trustee, custodian or other insemediary for contributions or other assets not included on Form 990, Part X line 21. 1 a Is the organization an agent trustee, custodian or other insemediary for contributions or other assets not included on Form 990, Part X line 21. 2 Beginning balance 4 Additions during the year 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account fishility? 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account fishility? 4 Endowment Funds. Complete for the organization answered "Yes" on Form 990, Part X line 11. 5 Beginning of year balance 6 During the year (a) Current year (b) University of the organization answered "Yes" on Form 990, Part X line 10. 1a Beginning of year balance (a) Current year (b) University of the organization answered "Yes" on Form 990, Part X line 10. 1b Contributions 1c Notice expenditures for facilities 1d July 10, 130, 230, 10, 130, 340, 10, 393, 170, 10, 1724, 286. 11, 056, 712. 1b Contributions 1c Notice expenditures for facilities 1d Contributions 1d	С	Preservation for future generations							
5 During the year, did the organization solicitor receive donations of art, historical treasures, or other similar assessible to be sold to relate funds repair than to be maintained as part of the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21. 1 a Is the organization an agent trustee, custodian or other insemediary for contributions or other assets not included on Form 990, Part X line 21. 1 a Is the organization an agent trustee, custodian or other insemediary for contributions or other assets not included on Form 990, Part X line 21. 2 Beginning balance 4 Additions during the year 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account fishility? 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account fishility? 4 Endowment Funds. Complete for the organization answered "Yes" on Form 990, Part X line 11. 5 Beginning of year balance 6 During the year (a) Current year (b) University of the organization answered "Yes" on Form 990, Part X line 10. 1a Beginning of year balance (a) Current year (b) University of the organization answered "Yes" on Form 990, Part X line 10. 1b Contributions 1c Notice expenditures for facilities 1d July 10, 130, 230, 10, 130, 340, 10, 393, 170, 10, 1724, 286. 11, 056, 712. 1b Contributions 1c Notice expenditures for facilities 1d Contributions 1d	4	Provide a description of the organization's co	llections and explain	how they further the	ə organization's exer	npt purpos	se in Part)	KIII.	
The sold by raise funds rather from to be haritramed as part of the dystactors answered "Yes" on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete a grant of the part XIII and complete the following table: Complete a grant of the part XIII and complete the following table: Complete a grant of the part XIII and complete the following table: Complete a grant of the part XIII and complete the following table: Complete a grant of the part XIII and complete the following table: Complete a grant of the part XIII and complete the following table: Complete a grant of the part XIII and complete the following table: Complete a grant of the part XIII and complete the following table: Complete a grant of the part XIII and complete the part XIII and XIII and the part XIII and XIII and the part XIII and XIII an	5	During the year, did the organization solicit or	receive donations of	art, historical treas	ures, or other simila	assets		ä	
Tepoted an amount on Form 990, Part X Ine 21.		to be sold to raise funds rather than to be ma	intained as part of th	e organization's coll	lection?				No
18 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Yes No		IV Escrow and Custodial Arrang	jements. Comple	te if the organization	n answered "Yes" or	Form 990), Part IV, I	ine 9, or	
on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning blance d Additions during the year e Distributions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b if "Yes," explain the arrangement in Part XIII. One k here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" or Form 990, Part IV, line 10. 10 (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Four years back (e) Corributions (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Corributions (a) Current year (b) Prior year (c) Two years back (e) Provisions (e) Corributions (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Corributions (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Corributions (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Corributions (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Corributions (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Corributions (e) Corributions (for the possible of the corributions (e) Corributio		reported an amount on Form 990, Par	t X, line 21.						
on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning blance d Additions during the year e Distributions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b if "Yes," explain the arrangement in Part XIII. One k here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" or Form 990, Part IV, line 10. 10 (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Four years back (e) Corributions (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Corributions (a) Current year (b) Prior year (c) Two years back (e) Provisions (e) Corributions (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Corributions (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Corributions (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Corributions (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Corributions (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Corributions (e) Corributions (for the possible of the corributions (e) Corributio	1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	or other assets not	included	_	٦ ١	
C Beginning balance 1c 1d 1d 1d 1d 1d 1d 1e 1d 1d		on Form 990, Part X?					*******	」Yes ∣	No
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Ending belance If						. <u>1e</u>			
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B ft "Yee," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21, for escrow or cu	stodial account liab	ility?		」Yes	⊢ No
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Tune years back (a) Tune years back (a) Tune years back (a) Tune years back (b) Prior year (c) Two years back (d) Three years back (d) Three years back (e) Four years back (a) Tune years back (b) Prior year (b) Prior year (b) Prior years back (b) Prior years back (b) Prior years back (c) Two years back (d) Tune years back (e) Four years years (e) Four ye	b	If "Yes." explain the arrangement in Part XIII.	Check here if the exp	lanation has been p	provided on Part XIII	******			
Table Beginning of year balance		t V Endowment Funds. Complete	f the organization and	swered "Yes" on Fo	rm 990, Part IV, line	10,	b sale	CA Four ve	nam hade
1a Beginning of year balance			(a) Current year						
b Contributions	1a	Beginning of year balance	10,130,239.			10,			
C Net investment earnings, gains, and losses d Grants or scholarships C Other expenditures for facilities and programs f Administrative expenses g End of year balance Pervide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 8 Board designated or quasi-endowment ▶ 60⋅3640 % 9 Permanent endowment ▶ .0000 % C Term endowment ▶ .0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iv) Related organizations b If 'Yes' on line 3a(i), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describtion of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 20, 407, 353, 742, 476, 19, 664, 877.	b	Contributions							
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Part VI Land, Buildings, and Equipment.	b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?	414231444444444444444444444444444444444			[3b]	A_
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 3,327,982. 2,335,424. 992,558. 1,055,471. 831,615. 223,856.	4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
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Description of property Lay Cost of Cost Cost of Cos		Complete if the organization answers	d "Yes" on Form 990						
b Buildings c Leasehold improvements d Equipment 3,327,982. 2,335,424. 992,558. 1,055,471. 831,615. 223,856. 20,407,353. 742,476. 19,664,877.		Description of property	1-9					(d) Book	value
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d Equipment 1,055,471. 831,615. 223,636.			and the second	3,32					
1 20 407 353 1 744,470 1 12,004,077									
		Other		20,40	7,353.	742,4			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 1	Oc.)	· · · · · · · · · · · · · · · · · · ·			

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of	year market value
I) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(O)			
(D)			
(E)			
_(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	F 000 Det IV Inc.	11a Soo Form 900 Part V line 13	
Complete if the organization answered "Yes" of	(b) Book value	(c) Method of valuation: Cost or end-of	-vear market value
(a) Description of investment	(b) BOOK value	(c) Method of Valdations could be one	, , , , , , , , , , , , , , , , , , , ,
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets. Complete if the organization answered "Yes" (a) [on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
2X			
(1)			
(1)			
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
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(2) (3) (4) (5) (6) (7) (8)	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line			(b) Book value
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organization's liability for uncertain tax positions under FASBASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) Total expenses and losses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments C Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4c 41,612. 41,612. 41,612. 42,013. 41,612.		JACKIE ROBINSON FOUNDATIO	ents With I			10) 03 43 rage .
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	sc	HOLARSHIPS THROUGH THE FOUNDATION'S PROG	RAMS.			

SCHEDULE I (Form 990)		G GO Comple	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.	er Assistand Id Individual	ce to Organi s in the Unit	zations, ed States ttv, line 21 or 22.		2021
Department of the Treasury Internal Revenue Service			► Go to www.ir.	► Attach to Form 990. s.gov/Form990 for the Is	Attach to Form 990.Go to www.irs.gov/Form990 for the latest information.	ation.		Open to Public Inspection
Name of the organization	JACKIE	ROBINSON FOU	K	INC.			ш	Employer identification number 13-2896345
Part General In		П	ΙI					
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
cnteria used to a 2 Describe in Part	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ance? edures for monita	xing the use of grant	funds in the United	i States.			
Partil Grants an	Grants and Other Assistance to Domestic Organizations and Domestic Governments. recipient that received more than \$5,000. Part II can be duplicated if additional space is new	omestic Organiz 5,000. Part II can	ations and Domestic Governments. Con be duplicated if additional space is needed.	Governments. Conal space is need	complete if the orga ed.	anization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, Ine 21, for any aded.	V, line 21, for any
1 (a) Name and a	1 (a) Name and address of organization or government		(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
2 Enter total num	Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table.	od government or	ganizations listed in the table					A A
LHA For Paperwor	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions far Farm 990.					Schedule I (Form 990) 2021

13-2896345 Schedule | (Form 990) 2021 JACKIE ROBINSON FOUNDATION, INC.

| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 22.

| Part III | Can be duplicated if additional space is needed. JACKIE ROBINSON FOUNDATION, INC.

Page 2

	(a) Type of grantor assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANTS A	GRANTS AND SCHOLARGHIPS-TUITION ASSISTANCE	289	1,756,928.	.0		
PartIV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	

PART I, LINE 2:

GRANT RECIPIENTS ARE REQUIRED TO SUBMIT THEIR FAFSA, AWARD LETTER AND

BURSAR'S BILL FOR REVIEW.

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

JACKIE ROBINSON FOUNDATION, INC.

Employer identification number 13-2896345

Par	t I Questions Regarding Compensation		Yes	No
	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
1a	Check the appropriate box(es) if the organization provided any or the tonowing to or not appropriate box (es) if the organization provided any relevant information regarding these items.			
	—— are all the state of the part of the pa	1		-
	The state of different and for the state of pore and residence			
	Traversor companions			
	Tax indefinition and great up payment	1		
	Discretionary spending account Personal services (such as maid, chautieur, cher)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
2	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	musices, and officers, flooding the electric transfer of			
•	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	1		
3	CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation Committee			
	Independent compensation committee			
	X Form 990 of other organizations			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
2	Receive a severance payment or change-of-control payment?	4a		X
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C	Participate in orreceive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	1		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			1
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	200		
	contingent on the revenues of:	5a		X
а	The organization?	5b		X
b	Any related organization?			
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons fisted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	3 10		1
	contingent on the net earnings of:	6a		Х
а	The organization?	6b		X
b	Any related organization?	0.5		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VI, Section A, line 1a, did the organization provide any nonfixed payments	,		х
	not described on lines 5 and 6? If "Yes," describe in Part III	7		+*
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			x
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		+~
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.49586(c)?	1 9	_	

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren't listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DELLA BRITTON	9	302,640.	0	0	18,600.	10,285.	331,52	0
2	3		0	0	0	0	- 4	
(2) LA'TONYA JOHNSON	8	219,541.	0	0	11,550.	9,895.	240,986.	
0	1		0	0	0	0		
	8	139,302.	0	0	8,961.	29,285.	177,54	0
U	E	0	0	0	0.			0
(4) CECILIA MARSHALL	8	144,428.	0	0	2,850.	30,195.	177,47	0
щ	3	0	0	. 0		- 1	- 1	0
(5) JENNIFER JENSEN	€	140,572.	0	. 0	9,270.	17,238.	167,080.	0
,	9	0	0	* 0	0			
	ε	116,409.	• 0	• 0	8,190.	29,21	153,80	
		0	0	0	• 0			0
11	9	132,265.	0	0	.000,6	10,067.	151,33	0
01		0	0	0	0	0	0	0
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Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021 Open to Public Inspection

Internal Revenue Service

Name of the organization

JACKIE ROBINSON FOUNDATION, INC.

Employer identification number 13-2896345

FORM 990, PART I, LINE 1 - ORGANIZATION'S MISSION JRF PROVIDES TUITION ASSISTANCE, MENTORING TRAINING, PERSONAL DEVELOPMENT AS WELL AS CAREER DEVELOPMENT TO COLLEGE STUDENTS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MENTORING PROGRAM, WHICH RESULTS IN A NEARLY 100% GRADUATION RATE AMONG ITS STUDENT CONSTITUENTS. THE FOUNDATION ALSO STRIVES TO ENSURE THAT JACKIE ROBINSON'S COMMITMENT TO SOCIAL JUSTICE WILL BE CARRIED FORTH IN THE LIVES OF THESE YOUNG PEOPLE AS THEY ASSUME LEADERSHIP ROLES THROUGHOUT SOCIETY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: MUSEUM DEVELOPMENT COSTS. REVENUE \$ 0. INCLUDING GRANTS OF \$ 0. EXPENSES \$ 948,752. FORM 990, PART VI, SECTION A, LINE 2: RACHEL ROBINSON, FOUNDER OF THE JACKIE ROBINSON FOUNDATION AND A MEMBER OF THE JRF BOARD OF DIRECTORS IS THE MOTHER OF JRF BOARD MEMBERS SHARON ROBINSON (VICE CHAIRPERSON) AND DAVID ROBINSON. FORM 990, PART VI, SECTION B, LINE 11B: MANAGEMENT WORKS WITH THE AUDITORS TO PREPARE A DRAFT OF THE AUDITED FINANCIAL STATEMENTS AND THE 990. THE PREPARED DRAFTS ARE SUBMITTED TO THE AUDIT COMMITTEE, WHO WORK WITH THE INDEPENDENT AUDITORS AND TAX PREPARERS REVIEWS THE DOCUMENT. ANY ADDITIONS AND CORRECTIONS ARE MADE, AND A REVISED DRAFT IS DISTRIBUTED IN WHOLE, VIA MAIL OR DIGITAL (AS REQUESTED) TO EACH Schedule O (Form 990) 2021 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

BOARD MEMBER AS PART OF THEIR BOARD BOOK MATERIALS FOR THE FALL MEETING.

DURING THE FALL BOARD MEETING, DURING THE AUDIT COMMITTEE'S PRESENTATION,

MEMBERS MAY ASK QUESTIONS OR OFFER CORRECTIONS. A VOTE IS THEN TAKEN IN

WHICH MEMBERS ACKNOWLEDGE THAT THEY HAVE REVIEWED AND APPROVED THE

DOCUMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH MEMBER OF THE JRF BOARD OF DIRECTORS AND STAFF RECEIVES A COPY OF THE CONFLICT OF INTEREST POLICY AND A DISCLOSURE AND CERTIFICATION FORM. THE FORM ASKS EACH PERSON TO CERTIFY THAT: (1) THEY HAVE RECEIVED AND READ THE POLICY; (2) HAVE AGREED TO COMPLY WITH THE POLICY; AND (3) UNDERSTAND THAT AS A CHARITABLE ORGANIZATION AND IN ORDER TO MAINTAIN ITS FEDERAL EXEMPTION, JRF MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS EXEMPT PURPOSES AND WILL NOT ENGAGE IN ACTIVITIES OR TRANSACTIONS THAT PROVIDE IMPERMISSIBLE BENEFITS TO INDIVIDUALS OR ENTITIES. FURTHER, THE FORM REQUIRES EACH PERSON TO: (1) CERTIFY THAT HE OR SHE HAS NO ACTUAL OR POSSIBLE CONFLICT AND (2) DESCRIBE ANY RELATIONSHIPS, TRANSACTIONS OR CIRCUMSTANCES THAT COULD RESULT IN A CONFLICT BETWEEN JRF'S INTERESTS AND HIS OR HER PERSONAL OR FINANCIAL INTERESTS. TO AID IN THIS DISCOVERY, RESPONDENTS ARE PROVIDED A MASTER LISTING OF ALL JRF SPONSORS, VENDORS AND STAFF TO CROSS REFERENCE THEIR ACTIVITIES. ANY CITED CONFLICTS ARE DISCLOSED AT THE BOARD OF DIRECTORS' ANNUAL MEETING. CONFLICTS ARE ALSO MADE KNOWN TO JRF'S AUDITORS AND WHERE APPROPRIATE, DISCLOSED IN THE NOTES OF JRF'S ANNUAL AUDIT.

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO'S SALARY WAS SET VIA CONTRACT BY THE EXECUTIVE COMMITTEE OF THE JRF

BOARD OF DIRECTORS IN 2004 UPON HIRING. THE COO PROVIDES THE CHAIRMAN OF

Schedule O (Form 990) 2021

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

Contrac	sted below with the exception of Form 8870, information Hotels, for which an extension request must be sent to the IRS	in paper	format (see instructions). For more	details on th	ie electronic	
-	this form, visit www.irs.gov/e-file-providers/e-file-for-charit natic 6-Month Extension of Time. Only subm					
	orations required to file an income tax return other than Fo			os. REMICs,	and trusts	
	se Form 7004 to request an extension of time to file income					
Type or	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer	identification (
	JACKIE ROBINSON FOUNDATION,	INC.		<u> </u>	13-289	6345
ile by the due date f iling your eturn_Se	75 VARICK STREET, 2ND FLOOR					
nstruction	City, town or post office, state, and ZIP code. For a following YORK, NY 10013-1917					10111
Enter th	ne Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applica	ation	Return				Return
sFor		Code	Is For			08
	90 or Form 990 EZ	01	Form 1041-A	15		09
	720 (individual)	03	Form 4720 (other than individual) Form 5227			10
om 9		05	Form 6069			11
	90-T (sec. 401(a) or 408(a) trust)	06	Form 8870			12
	90-T (trust other than above) 90-T (corporation)	07	T GIIIT GOYG			
Tele	phone No. (212) 290-8600 e organization does not have an office or place of business is for a Group Return, enter the organization's four digit (If it is for part of the group, check this box	s in the Un Group Exe	Fax No. (212) 290- ited States, check this box mption Number (GEN)	- 8 0 81 . If this is for	the whole gro	pup, check this
1 ti	request an automatic 6-month extension of time until	MA anization's	Y 15, 2023 , tof seretum for:	ile the exem	pt organizatio	
	the tax year entered in line 1 is for less than 12 months, c] Final retur		
	this application is for Forms 990-PF, 990-T, 4720, or 6069), enter the	tentative tax, less	3.	s	0 •
<u>a</u>	any nonrefundable credits. See instructions.		u set undeble a malita ca d	3a	3	<u> </u>
	f this application is for Forms 990-PF, 990-T, 4720, or 6069			3ь	s	0.
e	estimated tax payments made. Include any prior year overp	wmont wit	to this form if required by	30	- T	
C E	Balance due. Subtract line 3b from line 3a. Include your pausing EFTPS (Electronic Federal Tax Payment System). Se	ayını⊖nı. Wil e instructi	ons	3c	s	0.
Q	nsing EFTPS (Electronic Federal Tax Payment System). Set ns If you are going to make an electronic funds withdrawal	(direct de	hit) with this Form 8868, see Form		Form 8879-T	E for payment
Cautio instruc		12130140				

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

Form 8868 (Rev. 1-2022)