**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u> </u>	or the	2022 calendar year, or tax year beginning JU	ль 1, 2022 <b>and</b>	ending J	UN 30, 2023	
<b>В</b> с	heck if oplicable	C Name of organization			D Employer identif	ication number
	Addres	THE TONY ROBBINS FOUNDATION				
	Name change	Doing business as			33-0492446	<u> </u>
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone number	er
	Final return/	5230 CARROLL CANYON ROAD, SUITE 3	06		858-444-308	0
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	15,273,468.
	Amend return	SAN DIEGO, CA 92121			H(a) Is this a group	
	Applica tion pending	F Name and address of principal officer: YOGES	SH BABLA		for subordinate	s? Yes X No
		SAME AS C ABOVE			H(b) Are all subordinates	included? Yes No
<u> </u>	ax-exe	mpt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions
	Vebsite				H(c) Group exemption	
			sociation Other	<b>L</b> Year	of formation: 1989	M State of legal domicile; CA
Ра		Summary	· · · · · · · · · · · · · · · · · · ·	OWED TNDI	WIDHALC AND	
e l		Briefly describe the organization's mission or most			VIDUALS AND	
au	-				than OEO/ of its not as	no ata
Governance		Check this box if the organization discor Number of voting members of the governing body (	ntinued its operations or dispos		1	1
<u>်</u>		Number of independent voting members of the gov				+
≪		otal number of individuals employed in calendar y				_
Ė		otal number of volunteers (estimate if necessary)				
Activities		otal unrelated business revenue from Part VIII, col				
٩		Net unrelated business taxable income from Form 9				0.
					Prior Year	Current Year
۵	8 (	Contributions and grants (Part VIII, line 1h)			3,482,669.	2,924,927.
Ř	9 F	Program service revenue (Part VIII, line 2g)		164,850.	<u> </u>	
Revenue	<b>10</b> I	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		121,132.	<u> </u>
	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		169,196.	
-		otal revenue - add lines 8 through 11 (must equal			3,937,847.	<del>                                     </del>
		Grants and similar amounts paid (Part IX, column (A			1,567,973.	
		Benefits paid to or for members (Part IX, column (A			0.	+
es	15 5	Salaries, other compensation, employee benefits (F		284,027.		
Expenses	16a l	Professional fundraising fees (Part IX, column (A), li			0.	0.
찞	17 (	otal fundraising expenses (Part IX, column (D), line			527,577.	748,138.
_	17	Other expenses (Part IX, column (A), lines 11a-11d, Fotal expenses. Add lines 13-17 (must equal Part IX			2,379,577.	<u> </u>
		Revenue less expenses. Subtract line 18 from line			1,558,270.	
7.8	15 1	tevenue less expenses. Oubtract line 10 from line	12	Be	ginning of Current Year	End of Year
ets (	20	otal assets (Part X, line 16)			15,703,753.	
Ass ABa	21	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			284,158.	<del>                                     </del>
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from			15,419,595.	16,971,865.
	rt II	Signature Block				
Unde	er penal	ties of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the best of m	y knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowledge.	
		O'markers of all'ann			Data	
Sigr		Signature of officer			Date	
Here	e [	OGESH BABLA, CFO				
		Type or print name and title		Тг	Date Check	PTIN
De!!	1	Print/Type preparer's name	Preparer's signature		if if	
Paid Bron		CRISTEN BASS		U	5/06/24 self-emplo	p01247587 34-1884125
Prep Use		Firm's name CBIZ MHM, LLC Firm's address 4722 N 24TH ST, STE 300			Firm's EIN	24-1004173
USE	Unity	Firm's address 4722 N 24TH ST, STE 300 PHOENIX, AZ 85016			Phone no 60°	2-264-6835
Mav	the IR	S discuss this return with the preparer shown above	ve? See instructions		I Filotic flo. 9 0	X Yes No

33-0492446

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	WE'RE DEDICATED TO CREATING POSITIVE CHANGES IN THE LIVES OF YOUTH,	
	SENIORS, THE HUNGRY, HOMELESS AND THE IMPRISONED POPULATION, ALL WHO	
	NEED A BOOST ENVISIONING A HAPPIER AND DEEPLY SATISFYING WAY OF LIFE.	
	OUR PASSIONATE STAFF, GENEROUS DONORS AND CARING GROUP OF	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
Ū	If "Yes," describe these changes on Schedule O.	100110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	hy avnances
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	•
		rexpenses, and
4-	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 1,704,300. including grants of \$ 1,495,475.) (Revenue \$	109,455.)
4a	COMMUNITY CONNECTION:	100,400.
	A COMMITMENT TO MEETING CHALLENGES WITHIN THE GLOBAL COMMUNITY,	
	CREATING SOLUTIONS AND TAKING ACTION, THE TONY ROBBINS FOUNDATION	
	PROVIDES MONETARY DONATIONS TO VARIOUS NON PROFIT ORGANIZATIONS AROUND	
	THE WORLD THAT ALIGN WITH OUR MISSION TO EMPOWER INDIVIDUALS AND	
	ORGANIZATIONS TO MAKE A SIGNIFICANT DIFFERENCE IN THE QUALITY OF LIFE	
	OF THOSE OFTEN FORGOTTEN.	
4b	(Code:) (Expenses \$	)
	PLATINUM PARTNERS FOOTPRINTS:	
	THE TONY ROBBINS FOUNDATION TAKES HONOR IN PROVIDING HOPE AND FUNDING	
	SUPPORT TO UNDERSERVED COMMUNITIES AROUND THE WORLD THROUGH DONOR	
	SERVICE PROJECTS.	
	104 172	140 676
4c		149,676.
	GLOBAL YOUTH LEADERSHIP SUMMIT (GYLS):	
	TONY ROBBINS GLOBAL YOUTH LEADERSHIP SUMMIT(GYLS) IS A FOUR-DAY PROGRAM	
	THAT PROVIDES YOUTH, AGE RANGES 14-16, WITH AN ENVIRONMENT DESIGNED TO	
	BOOST LEADERSHIP SKILLS & TEACH THE IMPORTANCE OF CONTRIBUTION. THIS	
	PROGRAM WAS STARTED IN 2000 BY THE TONY ROBBINS FOUNDATION AND	
	CONTINUES TO HELP SHAPE TODAY'S YOUTH IN BECOMING TOMORROW'S LEADERS.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
46	Total program service expenses 2,107,919.	,
		Form <b>990</b> (2022)
		···· ()

33-0492446

# Form 990 (2022) THE TONY ROBBINS FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	Λ	_
ıza		12a	х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		114		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
2.5	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

232003 12-13-22

Form	990 (2022) THE TONY ROBBINS FOUNDATION 33-0492	446	Р	age 4
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		Х
28	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			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		Х
С	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			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
^4	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 taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25-	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		_ A
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
31	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?	.   01		
50		38	х	1
Pai		.   30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	18		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		

232004 12-13-22

Form **990** (2022)

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions for Fine Property of Foreign Bank and Financial Actions for Fine Property of Foreign Bank and Financial Actions for Fine Property of Foreign Bank and Financial Actions for Fine Property of Foreign Bank and Financial Actions for Fine Property of Foreign Bank and Financial Actions for Fine Property of Foreign Bank and Financial Actions for Fine Property of Foreign Bank and Financial Actions for Fine Property of Foreign Bank and Financial Actions for Fine Property of Fine Pro	ccour	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	Х	
b			d	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?			7.		х
d	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	7c		21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		•	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		t?	7 <del>f</del>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		199 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
<b>L</b>	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Bid the constitution of the fact that the fa		•	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
-	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	5			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
				_	$\Omega\Omega\Omega$	

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	. З		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	. 14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official		Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	Х	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
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)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website     Another's website     V Upon request     Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	ınd finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	YOGESH BABLA - 858-444-3080			
	5230 CARROLL CANYON ROAD, SUITE 306, SAN DIEGO, CA 92121			

# 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)  Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss per	more rson i	than on the state of the state	an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ANTHONY J ROBBINS	2.00									
CHAIRMAN	0.00	Х		Х				0.	0.	0.
(2) JOHN MESSMORE SECRETARY	2.00	х		х				0.	0.	0.
(3) YOGESH BABLA	2.00			Λ				· · ·	· ·	••
CFO-TREASURER	2.00	x		Х				0.	0.	0.
(4) DEANNA GARZA-BROWN	2.00	<del>  _,</del>		<del>                                     </del>				· ·	· · ·	· · ·
BOARD MEMBER		x						0.	0.	0.
(5) AJAY GUPTA	2.00									
BOARD MEMBER		х						0.	0.	0.
		-								
		_								
		-								

	ection A. Officers, Directors, Tru (A)	(B)				) C)	J		(D)	(E)			(F)	
	(A) Name and title	Average hours per week	box	not c , unle: icer ar	Pos heck i	ition more rson i	than dis both	an	Reportable compensation	Reportable compensatio		am	imate ount	of
		(list any hours for related	tee or director						from the organization (W-2/1099-MISC/	from related organizations (W-2/1099-MIS 1099-NEC)	3	comp fro	other bensa om th anizat	ation ne
		organizations below line)	Individual trus	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)			l	l relat nizati	
lb Subtot	al					<u> </u>			0.		0.			0
c Total fr	om continuation sheets to Part \addlines 1b and 1c)	/II, Section A							0.		0.			0
2 Total no	umber of individuals (including but								eceived more than \$100,	000 of reportable				
•	organization list any <b>former</b> office	r director trust	ee k	cev e	empl	ove	e or	hia	hest compensated emp	lovee on			Yes	No
line 1a?	If "Yes," complete Schedule J for	such individual										3		х
and rela	individual listed on line 1a, is the sated organizations greater than \$15	50,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		Х
rendere	person listed on line 1a receive or ed to the organization? If "Yes," co					•			•	dual for services		5		Х
1 Comple	ete this table for your five highest c										ensa	tion fro	 m	
tne org	anization. Report compensation fo (A) Name and busines		ear e		ig w	ith c	or wi	tnin	the organization's tax y (B)  Description of s			(C) Compen		
		<u> </u>	110	1111					2 333., p. 13. 13. 13.				-	
													,	
	umber of independent contractors 00 of compensation from the organ		ot lir	nited	to t		se lis 0	ted	above) who received mo	ore than				
												Form 9	) <b>90</b> (	2022

			-0			FO	UNDATION			33-049244	6 Page <b>9</b>
Pa	rt V	Ш	Statement of Reve	enue	!						
			Check if Schedule O co	ntains	a respor	nse (	or note to any line		/D)		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
Siδ	1 :	— а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
Q E			Fundraising events								
iifts ar A			Related organizations								
s, G milk			Government grants (contribu								
igi			All other contributions, gifts, gra								
but			similar amounts not included at	bove .	1f		2,924,927.				
d tri		g	Noncash contributions included in line	es 1a-1f	1g \$		381,157.				
<u>ဒိ မ</u>		h	Total. Add lines 1a-1f					2,924,927.			
							Business Code				
e	2	а	PARTICIPATION FEES			_	611430	128,000.	128,000.		
e vi		b				_					
n Se		С				_					
ran 3ev		d				_					
Program Service Revenue		е				_					
Δ.			All other program service re-					120 000			
		g	Total. Add lines 2a-2f					128,000.			
	3 Investment income (including dividends, interes							356,510.			356,510.
	4		other similar amounts) Income from investment of t				rooodo	330,310.			330,310.
	5		Royalties		· -	-	roceeus				
	3		noyaities	<del></del>	(i) Real		(ii) Personal				
	6	2	Gross rents		(1) 1.154.		(1) 1 01001101				
				6b							
			· · · · · · · · · · · · · · · · · · ·	oc oc							
			Net rental income or (loss)								
			Gross amount from sales of	(i	) Securiti	es	(ii) Other				
			assets other than inventory								
		b Less: cost or other basis									
ne					1,139,1						
evenue		С	Gain or (loss)	7с	-8,7	00.					
œ		d	Net gain or (loss)					-8,700.			-8,700.
Other	8	a	Gross income from fundraising		-						
ō			including \$								
			contributions reported on lin				204 455				
			Part IV, line 18			8a					
			Less: direct expenses			8b		0.			
			Net income or (loss) from full			ts 		0.			
	9	а	Gross income from gaming			00					
		h	Part IV, line 19 Less: direct expenses			9a 9b					
			Net income or (loss) from ga								
			Gross sales of inventory, les			<u>`</u>					
	10	u	and allowances			10a	352,437.				
		b	Less: cost of goods sold			10b					
			Net income or (loss) from sa					131,131.	131,131.		
			, , , , , , , , , , , , , , , , , , , ,				Business Code				
Miscellaneous Revenue	11 :	а									
ane		b				_					
eve		С									
Misc			All other revenue								
		e	Total. Add lines 11a-11d								
	12		Total revenue. See instructions	2				3,531,868.	259,131.	0.	347,810.

33-0492446

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

	Check if Schedule O contains a respons	e or note to any line in t	his Part IX(B)	(C)	(D)
7b, 8b	t include amounts reported on lines 6b, 9, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
a	nd domestic governments. See Part IV, line 21	1,345,475.	1,345,475.		
	Grants and other assistance to domestic andividuals. See Part IV, line 22				
<b>3</b> G	Grants and other assistance to foreign				
0	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16	150,000.	150,000.		
<b>4</b> E	Benefits paid to or for members				
	Compensation of current officers, directors,				
tı	rustees, and key employees				
<b>6</b> 0	Compensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	Other salaries and wages	247,734.	167,563.	36,019.	44,152
	Pension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes	49,005.	32,098.	7,596.	9,311
	Fees for services (nonemployees):				
	Management	2 521			
	egal	9,694.	6,349.	1,503.	1,842
	Accounting	24,386.	15,973.	3,780.	4,633
	obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,	100 264	160 605	12 220	16 240
	olumn (A), amount, list line 11g expenses on Sch 0.)	190,364.	160,695.	13,329.	16,340
	Advertising and promotion	208,552.	7,659.	401.	200,492
	Office expenses	27,435.	24,530.	438.	2,467
	nformation technology	29,317.	19,203.	4,544.	5,570
	Royalties	E4 064	41 412	F 60F	6 067
	Occupancy	54,064.	41,412.	5,685.	6,967
	ravel	51,747.	51,747.		
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	13,273.	13,273.		
	Conferences, conventions, and meetings	15,275.	15,275.		
	nterest				
	Payments to affiliates	13,057.	8,552.	2,024.	2,481
		6,203.	4,063.	961.	1,179
	Other expenses. Itemize expenses not covered	, = = •	-,		_,
a li	bove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
	CREDIT CARD FEES	74,011.	21,778.	5.	52,228
_	HIPPING AND POSTAGE	16,229.	15,908.	57.	264
_	OUES & SUBSCRIPTIONS	9,521.	4,616.	489.	4,416
_	EPAIRS AND MAINTENANCE	7,369.	4,827.	1,142.	1,400
_	All other expenses	12,916.	12,198.	201.	517
	Total functional expenses. Add lines 1 through 24e	2,540,352.	2,107,919.	78,174.	354,259
	oint costs. Complete this line only if the organization		-	·	•
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2022) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,836,152.	1	477,888
	2	Savings and temporary cash investments			8,198,739.	2	7,857,801
	3	Pledges and grants receivable, net			7,155.	3	16,342
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ		6			
ပ္ပ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			96,760.	8	152,576
₹	9	Description of the second seco			53,717.	9	276,341
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	201,043.			
	b	Less: accumulated depreciation	40,131.	10c	27,074		
	11	Investments - publicly traded securities	1,553,765.	11	1,645,385		
	12	Investments - other securities. See Part IV, line		3,917,334.	12	6,827,534	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	59,87		
	16	Total assets. Add lines 1 through 15 (must ed	15,703,753.	16	17,340,81		
	17	Accounts payable and accrued expenses		73,525.	17	97,21	
	18	Grants payable	100,000.	18	50,000		
	19	Deferred revenue			110,633.	19	154,99
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
ဖွ	22	Loans and other payables to any current or for	rmer offic	er, director,			
1116		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese perso	ons		22	
ڏ	23	Secured mortgages and notes payable to unre	elated thin	rd parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			0.	25	66,745
	26				284,158.	26	368,949
		Organizations that follow FASB ASC 958, cl	neck her	e X			
Se		and complete lines 27, 28, 32, and 33.					
au au	27	Net assets without donor restrictions			15,357,798.	27	16,909,139
Ba	28	Net assets with donor restrictions			61,797.	28	62,726
힡		Organizations that do not follow FASB ASC					
로		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	ls			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			15,419,595.	32	16,971,865
-	33	Total liabilities and net assets/fund balances			15,703,753.	33	17,340,814

Form **990** (2022)

33-0492446

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			868.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2		352.
3	Revenue less expenses. Subtract line 2 from line 1	3			516.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15		595.
5	Net unrealized gains (losses) on investments	5		560,	754.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	16	971,	865.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	·	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

THE TONY ROBBINS FOUNDATION 33-0492446 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,104,531.	3,181,622.	3,191,901.	3,482,669.	2,924,927.	15,885,650.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,104,531.	3,181,622.	3,191,901.	3,482,669.	2,924,927.	15,885,650.
5	The portion of total contributions						· · ·
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						363,244.
6	Public support. Subtract line 5 from line 4.						15,522,406.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	3,104,531.	3,181,622.	3,191,901.	3,482,669.	2,924,927.	15,885,650.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	236,728.	177,862.	307,048.	125,775.	356,510.	1,203,923.
9	Net income from unrelated business			,			
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
10	or loss from the sale of capital						
	·						
11	assets (Explain in Part VI.)						17,089,573.
	Gross receipts from related activities,	oto (soo instructio	nc)			12	5,421,430.
	First 5 years. If the Form 990 is for th	•	,	ourth or fifth tax v	ear as a section 5		-,,
13	organization, check this box and stor	•		•		. , . ,	
Se	ction C. Computation of Publi						
	Public support percentage for 2022 (li			olumn (f))		14	90.83 %
	Public support percentage from 2021					15	92.78 %
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies	-					
Ŀ	33 1/3% support test - 2021. If the o		~				
	and <b>stop here.</b> The organization qual						
172	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances te					vinew and organiz	
ŀ	10% -facts-and-circumstances test	· ·	•				
•	more, and if the organization meets the	_					. 5, 5 0,
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				
	and organization	and a second a s		, ,	,		(Form 990) 2022

232022 12-09-22

### 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	( //		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 3					18   3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation</b> If the organization						

232023 12-09-22

Schedule A (Form 990) 2022

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
_		
1		
2		
_		
За		
3b		
0-		
3c		
4a		
4b		
4.		
4c		
5a		
5b		
5c		
6		
7		
C		
8		
9a		
9b		
9с		
10a		
150		
10b		

Par	rt IV   Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			l
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	rs,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ed		l
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations	2		
	Alon of Typo ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			l
	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			
800	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
a	Somplete Selem			
b		( :tt	-1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.	see instruction	Yes	No
a			163	140
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			l
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		ı

THE TONY ROBBINS FOUNDATION

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
_7_	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2022

Par	rt V Type III Non-Functionally Integrat	ed 509	(a)(3) Supporting Orga	anizations <sub>(contin</sub>	ued)	
Secti	ion D - Distributions					Current Year
1	Amounts paid to supported organizations to accom	plish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly further	ers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exemp	t purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval requ	uired - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instruc	•			6	
7	Total annual distributions. Add lines 1 through 6.				7	
8	Distributions to attentive supported organizations to	o which th	he organization is responsive	9		
	(provide details in <b>Part VI</b> ). See instructions.		3		8	
9	Distributable amount for 2022 from Section C, line	 6			9	
10	Line 8 amount divided by line 9 amount				10	
			(i)	(ii)	1	(iii)
Secti	tion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6	6				
2	Underdistributions, if any, for years prior to 2022 (re	eason-				
	able cause required - explain in Part VI). See instruc	ctions.				
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
ī	Carryover from 2017 not applied (see instructions)					
ī	Remainder. Subtract lines 3g, 3h, and 3i from line 3	f.				
4	Distributions for 2022 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
5	Remaining underdistributions for years prior to 2022	2. if			$\neg$	
-	any. Subtract lines 3g and 4a from line 2. For result					
	than zero, explain in <b>Part VI.</b> See instructions.	J				
6	Remaining underdistributions for 2022. Subtract line	es 3h				
•	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.	лан н				
7	Excess distributions carryover to 2023. Add lines					
•	and 4c.	, o <sub>j</sub>				
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021  Excess from 2022					
е	EAUGOO HUHI ZUZZ					

Schedule A (Form 990) 2022

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

THE TONY ROBBINS FOUNDATION

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THE TONY ROBBINS FOUNDATION

**Employer identification number** 33 - 0492446

Par	t I Organizations Maintaining Donor Advised F	unds or Other Simila	ar Funds or Ac	counts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, line 6					
		(a) Donor advised fun	ds (	b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in	donor advised fund	ls		
	are the organization's property, subject to the organization's exc	clusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor advi	sors in writing that grant fu	nds can be used or	nly		
	for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any oth	er purpose conferri	ng		
	impermissible private benefit?					
Par	t II Conservation Easements. Complete if the organ	ization answered "Yes" on	Form 990, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization	(check all that apply).				
	Preservation of land for public use (for example, recreation	n or education)	servation of a histo	rically important land area		
	Protection of natural habitat	Pre	servation of a certi	fied historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution	in the form of a cor			
	day of the tax year.			Held at the End of the Tax Year		
а				2a		
b				2b		
С	Number of conservation easements on a certified historic struct			2c		
d	Number of conservation easements included in (c) acquired afte					
_						
3	Number of conservation easements modified, transferred, release	sea, extinguishea, or termin	ated by the organiz	zation during the tax		
	year					
4	Number of states where property subject to conservation easem					
5	Does the organization have a written policy regarding the period		-	Yes No		
6	violations, and enforcement of the conservation easements it has Staff and volunteer hours devoted to monitoring, inspecting, har					
U	Stall and volunteer flours devoted to monitoring, inspecting, hai	iding of violations, and em	ording conservation	n easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handling	n of violations, and enforcin	a conservation eas	sements during the year		
•	7 thount of expenses mounted in monitoring, inspecting, harding	g or violations, and emoron	ig conservation cae	ornanta danng tria yadi		
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of s	ection 170(h)(4)(B)(	i)		
_	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footnote		•			
	organization's accounting for conservation easements.	3				
Par		rt, Historical Treasur	es, or Other S	imilar Assets.		
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958, r	not to report in its revenue :	statement and bala	ince sheet works		
	of art, historical treasures, or other similar assets held for public	exhibition, education, or re	search in furtheran	ce of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 958, t	o report in its revenue state	ement and balance	sheet works of		
	art, historical treasures, or other similar assets held for public ex	hibition, education, or rese	arch in furtherance	of public service,		
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
2	If the organization received or held works of art, historical treasures					
	the following amounts required to be reported under FASB ASC	958 relating to these items	s:			
а	Revenue included on Form 990, Part VIII, line 1			\$		
b	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions fo			Schedule D (Form 990) 2022		

_		ollections of Art		asures. or	Other	Similar As	sets	(contin	ruod)	age 🚣
	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)  3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
3	collection items (check all that apply):									
	Public exhibition									
a										
b	Scholarly research	е	Other							
C										
4										
5										
Dai								Yes		No
Pai	reported an amount on Form 990, Par		ete if the organizatio	n answered "	Yes" on	Form 990, Pa	rt IV, I	ine 9, or		
						I I I				
па	Is the organization an agent, trustee, custodia		•					7		٦
	on Form 990, Part X?						. L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:					Amoun	+	
								Amoun		
	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance					1f		_		_
	Did the organization include an amount on Fo	· ·	•			:y?	L	Yes	<u> </u>	∐ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	rt V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years		` '		
1a	Beginning of year balance	10,553,919.	9,076,832.			5,171,	834.	4	976,	012.
b	<b>b</b> Contributions 3,000,000. 1,014,666. 3,000,000.									
С	c Net investment earnings, gains, and losses 776,802. 462,421. 655,770. 249,228. 195,82							822.		
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	14,330,721.	10,553,919.	9,076	,832.	5,421,	062.	5,171,834.		834.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment	100	_%							
b	Permanent endowment	%	_							
С	Term endowment	<del></del> %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	•	tion that are held ar	nd administer	ed for the	9				
	organization by:	3							Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Pai	rt VI Land, Buildings, and Equipm		William Tarias.							
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or o	<u> </u>	or other		cumulated		(d) Boo	k valu	
	becompain or property	basis (investm		(other)		reciation		( <b>u</b> ) 500	it valut	5
	Land	<del>- '</del>	,	7,000.					7.	000.
b	Buildings									
C	Leasehold improvements						+			
d				194,043.		173,969	_		20	074.
	Equipment Other					,	+		,	
	Other		V == h.m. : (D) !! : 1	0-)			+		27	074.
rota	I. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part )	x, coiumn (B), line 1	UC.)					۷,	J, T.

Schedule D (Form 990) 2022

Part VIII III Vestillellits - Other Securities.		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) CAZ DISRUPTIVE TECHNOLOGY FUND, LP	389,284.	END-OF-YEAR MARKET VALUE
(B) CAZ PRIVATE INCOME FUND, LP	997,268.	END-OF-YEAR MARKET VALUE
(C) CAZ GP OWNERSHIP CLASS B FUND - TE,		
(D) LP	3,969,978.	END-OF-YEAR MARKET VALUE
(E) GREENLAKE REAL ESTATE FUND LLC	1,074,839.	COST
(F) CCA LONGEVITY FUND IV (US III), LLC	396,165.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	6,827,534.	

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

	1	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (b) must equal Form 990 Part Y col (R) line 13.)		

# Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	

### Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LEASE LIABILITY	66,745.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	66,745.

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 THE TONY ROBBINS FOUNDATION			33-0492446	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,092,622.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	560,754.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	1 - 1			
е	Add lines 2a through 2d			2e	560,754.
3	Subtract line 2e from line 1			3	3,531,868.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				3,531,868.
Pai	t XII Reconciliation of Expenses per Audited Financial Stater	ments With E	xpenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	2,540,352.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	_			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,540,352.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,540,352.
Pai	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			; Part X, line 2; F	art XI,
PART	X, LINE 2:				
THE	FOUNDATION IS A QUALIFIED NONPROFIT ORGANIZATION THAT IS EXE	MPT FROM			
INCC	ME TAXES UNDER SECTION 501(C)(3) ORGANIZATION UNDER THE FEDE	RAL			
INTE	RNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVEN	IUE AND			
TAXA	TION CODE. THE FOUNDATION, HOWEVER, MAY OCCASIONALLY BE SUB	SJECT TO			
TAXE	S ON UNRELATED BUSINESS INCOME. THE FOUNDATION IS NOT A PRI	VATE			
FOUN	DATION.				
THE	FOUNDATION FOLLOWS ACCOUNTING STANDARDS GENERALLY ACCEPTED I	N THE			
UNIT	ED STATES OF AMERICA RELATED TO THE RECOGNITION OF UNCERTAIN	I TAX			
POSI	TIONS. THE FOUNDATION RECOGNIZES ACCRUED INTEREST AND PENAL	TIES			
ASSC	CIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE STATEMENT	· OF			
ACTI	VITIES WHEN APPLICABLE. MANAGEMENT HAS DETERMINED THAT THE	FOUNDATION			
				Cabadula D /Ca	000\ 0000

# SCHEDULE F (Form 990)

## Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization						Employer identification number		
THE TONY ROBBINS FOUND	ATION				33-0492446			
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on		
Form 990, Part IV			de de en la chembiede de e en en en et de ide en e		:			
			ds to substantiate the amount of its gra the selection criteria used to award the		_	Yes No		
the grantees engishing to	or the grante of c	ioolotarioo, aria t	the colocitor officina acca to award the	grante or decid				
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance out	side the		
			an be duplicated if additional space is n					
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region		
CENTRAL AMERICA AND								
THE CARIBBIAN	0	0	GRANT-MAKING	GRANT-MAKIN	1G	75,000.		
NORTH AMERICA	0	0	GRANT-MAKING	GRANT-MAKIN	1G	75,000.		
3 a Subtotal	0	0				150,000.		
<b>b</b> Total from continuation	_							
sheets to Part I c Totals (add lines 3a	0	0				0.		
and 3b)	0	0				150,000.		
LHA For Paperwork Reduct	ion Act Notice,	see the Instruc	tions for Form 990.		Schedule F	(Form 990) 2022		

232071 10-17-22

Schedule F (Form 990) 2022

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA -	FOR SCHOOL REPAIRS,					
			COMPUTER EQUIPMENT,					
		MEXICO, BUT NOT	AND CLASSROOM					
		THE UNITED STATES	SUPPLIES.	75,000.	WIRE TRANSFER	0.		
			FOR RESCUE TRAINING & EQUIPMENT	75,000.	WIRE TRANSFER	0.		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the t	oreian country.	recognized as a tax	•		•

3 Enter total number of other organizations or entities

0.1	_	/F	000	0000
Schedule		(Form	9901	2022

Schedule F (Form 990) 2022	THE TONY ROBBINS FO	DUNDATION			33-0492446		Page 3
Part III Grants and Other Assistan	ce to Individuals Outsid	le the United Sta	ates. Complete	if the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	additional space is neede	ed.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

# Schedule F (Form 990) 2022 Part IV Foreign Forms

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

Schedule F (Form 990) 2022

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	OBBINS FOUNDATION					Employer ide 33-049244	ntification number ೯
	Complete if the organization answer	ered "Y	es" or	n Form 990. Part IV. I	ine 1		
required to complete this par	t.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00 01	11 01111 000, 1 411 11, 1		7.1 0111 000 22	There are the
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid indictions</li> </ul>	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includ	non-g gover aising ding of onal fo	overnment grants rnment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		1					
Total		•	•				
List all states in which the organization or licensing.			utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form	990 or	990-E	<b>Z</b> .		Schedule	G (Form 990) 2022

Pa	art I	<b>Fundraising Events.</b> Complete if the of fundraising event contributions and gr				
		or randraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events  NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Jue			(5.5	(======================================	(	
Revenue	1	Gross receipts	381,157.			381,157.
Œ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	381,157.			381,157.
	4	Cash prizes				
		Oddin prized				
	5	Noncash prizes				
ses						
Suec	6	Rent/facility costs				
Direct Expenses						
rect	7	Food and beverages				
⊡	Ι.	Entertainment				
	8	Entertainment Other direct expenses				381,157.
	10				1	381,157.
	11	Net income summary. Subtract line 10 from I				0.
Pa	art I					
		\$15,000 on Form 990-EZ, line 6a.				
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c)
Вè	١.	0				
	<del>  '</del>	Gross revenue				<del> </del>
"	2	Cash prizes				
JSes						
be x	3	Noncash prizes				
Direct Expenses						
jre	4	Rent/facility costs				
_	_	Other direct expenses				
_	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	_					
		ter the state(s) in which the organization condu				Yes No
		the organization licensed to conduct gaming a No," explain:				res No
	, ,,	No, explain.				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	year?	Yes No
b	If "	Yes," explain:				
	_					
	_					
2320	82 10	)-27-22			Sche	edule G (Form 990) 2022

THE TONY ROBBINS FOUNDATION

Sch	nedule G (Form 990) 2022 THE TONY ROBBINS FOUNDATION 33-	33-0492446		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			<u></u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	, ,
	· · · · · · · · · · · · · · · · · · ·			
_				
_				
_				

Schedule G (Form 990) Part IV Supplemental In	THE TONY ROBBINS FOUNDATION	33-0492446 Page <b>4</b>
Part IV   Supplemental In	formation (continued)	

#### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022
Open to Public

Inspection

Name of the organization THE TONY ROBBINS FOUNDATION						Employer identification number 33-0492446	
Part I General Information on Grants ar	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's pro	tance?cedures for monit	oring the use of grant	funds in the United	l States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$	_				anization answered "	Yes" on Form 990, Parl	IV, line 21, for any
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACADEMY PREP FOUNDATION, INC 1021 LAKELAND HILLS BLVD LAKELAND, FL 33805	59-3377240	501(C)(3)	100,000.	0.			SCHOOL PROGRAMS FOR UNDERSERVED CHILDREN
ALLIANCE OF CONCERNED MEN 3227 DUBOIS PL SE WASHINGTON, DC 20019	52-1911379	501(C)(3)	40,000.	0.			UNDERSERVED CHILDREN
CAMBODIAN CHILDRENS FUND 2309 SANTA MONICA BLVD, PMB #833 SANTA MONICA, CA 90404	20-0764162	501(C)(3)	15,000.	0.			YOUTH PROGRAMS FOR UNDERSERVED CHILDREN
FRATERNITE OF NOTRE DAME 502 NORTH CENTRAL AVE CHICAGO, IL 60644	13-3600714	501(C)(3)	124,343.	0.			HOMELESS
HEALING CALIFORNIA 919 S FREMONT AVE STE#338 ALHAMBRA, CA 91803	82-2805752	501(C)(3)	50,000.	0.			VISION CARE FOR UNDERSERVED COMMUNITIES
HOPECAM INC 12100 SUNSET HILLS ROAD, SUITE C10 RESTON, VA 20190	56-2416801		10,000.	0.			CHILDREN FIGHTING CANCER
<ul><li>2 Enter total number of section 501(c)(3) ar</li><li>3 Enter total number of other organizations</li></ul>							

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rage
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LADIES EMPOWERMENT & ACTION							
PROGRAM, INC - 3141 SW 8TH STREET,							UNDERSERVED WOMEN
SUITE A MIAMI, FL 33135	27-0193483	501(C)(3)	50,000.	0.			PROGRAMS
MARICI							
100 PINE STREET, SUITE 1250							
SAN FRANCISCO, CA 94111	82-1536804	501(C)(3)	500,000.	0.			END TO SEX TRAFFICKING
MIGHTY WRITERS							
1901 S 9TH ST UNIT 622							SCHOOL PROGRAMS FOR
PHILADELPHIA, PA 19148	01-0920922	501(C)(3)	25,000.	0.			UNDERSERVED CHILDREN
NO LIMITS THEATER GROUP							
9801 WASHINGTON BLVD, 2ND FLOOR							TO TEACH UNDERSERVED DEAF
CULVER CITY, CA 90232	95-4603048	501(C)(3)	50,000.	0.			CHILDREN
ODEDATION WARM							
OPERATION WARM PO BOX 822431							
PHILADELPHIA, PA 19182-2431	38-3663310	501(C)(3)	24,800.	0.			UNDERSERVED CHILDREN
				- •			
PINKY SWEAR FOUNDATION							
5555 W 78TH ST SUITE E							
EDINA, MN 55439	56-2384527	501(C)(3)	25,000.	0.			CHILDREN FIGHTING CANCER
SAN DIEGO THERAPY CENTER							
2271 ALPINE BLVD.							UNDERSERVED CHILDREN
ALPINE, CA 91901	45-2060520	501(C)(3)	20,000.	0.			THERAPY
STEM INSPIRES							
192 BERTRAND DR							YOUTH PROGRAMS FOR
PRINCETON, NJ 08540-2904	92-0345640	501(C)(3)	60,000.	0.			UNDERSERVED CHILDREN
STREET DREAMZ FOUNDATION, INC							
215 14TH ST NW							
ATLANTA, GA 30318	47-5077583	501(C)(3)	30,000.	0.			UNDERSERVED YOUTH

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS DIAPER BANK							
1803 GRANDSTAND DR #150							
SAN ANTONIO, TX 78238	74-2886380	501(C)(3)	50,000.	0.			UNDERSERVED CHILDREN
,							
THE EMPOWERMENT PLAN							
7640 KERCHEVAL AVE							SUPPORT FOR PEOPLE
DETROIT, MI 48214	45-3265365	501(C)(3)	75,000.	0.			EXPERIENCING HOMELESSNESS
THE HOMELESS COALITION							
129 FULTON STREET	65-0125852	E01/G\/3\	35,000.	0.			SUPPORT FOR PEOPLE
NEW YORK, NY 10038	65-0125652	501(C)(3)	35,000.	0.			EXPERIENCING HOMELESSNES
ZAMBESIA CONSERVATION ALLIANCE							
INC 14869 HALL RD CAT							SCHOOL REPAIRS FOR
SPRING, TX 78933	85-1713453	501(C)(3)	59,446.	0.			UNDERSERVED CHILDREN
,			,				
							0-1

THE TONY ROBBINS FOUNDATION 33-0492446 Schedule I (Form 990) 2022 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: WE REQUIRE A GRANT CLOSE OUT REPORT FROM ALL GRANT RECIPIENTS.

38

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

THE TONY ROBBINS FOUNDATION

Employer identification number 33-0492446

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of dete noncash contributi	•	to.
		applicable		Form 990, Part VIII, line 10	J Horicasii commbuti	on amoun	เธ
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts		100	204 455			
25	Other ( AUCTION ITEMS )	Х	100	381,157	• It.W A		
26	Other ()						
27	Other ()						
28	Other ( )						
29	Number of Forms 8283 received by the organization of Forms 8283 rece	•	•			0	١
	for which the organization completed Form 828	3, Part V, L	onee Acknowledg	ement <b>29</b>			Т
00-	Design the constant of the constant of the constant of	4. 11 41		and a distributed by the second allowers		Yes	No
30a	During the year, did the organization receive by						
	must hold for at least 3 years from the date of the		Ť	·		00-	х
	exempt purposes for the entire holding period?					30a	+^
	If "Yes," describe the arrangement in Part II.	aliau that :	auiroo the review :	of any nanotandard assistant	utions?	04	х
31	Does the organization have a gift acceptance po				······	31	+^-
32a	Does the organization hire or use third parties o		_	· ·		220	x
<b>L</b>	contributions?  If "Yes," describe in Part II.					32a	+**
	•	dumn (a) fa:	a type of property	for which column (a) is she	nekod		
33	If the organization didn't report an amount in codescribe in Part II.	numm (C) fOI	a type of property	ioi wilich column (a) is che	JUNGU,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232142 09-09-22 Schedule M (Form 990) 2022

### **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 

THE TONY ROBBINS FOUNDATION	33-0492446
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
LIFE OF PEOPLE OFTEN FORGOTTEN	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
INTERNATIONAL VOLUNTEERS PROVIDE THE VISION, INSPIRATION, AND RESOURCES	
NEEDED TO EMPOWER THESE IMPORTANT MEMBERS OF OUR SOCIETY.	
FORM 990, PART VI, SECTION A, LINE 2:	
ANTHONY ROBBINS AND YOGESH BABLA HAVE A BUSINESS RELATIONSHIP.	
FORM 990, PART VI, SECTION A, LINE 6:	
THERE IS ONE CLASS OF VOTING MEMBERS OF THE CORPORATION. THERE IS ONE SOLE	
MEMBER.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE MEMBERS OF THE BOARD OF DIRECTORS SHALL BE ELECTED ANNUALLY BY THE SOLE	
MEMBER.	
FORM 990, PART VI, SECTION A, LINE 7B:	
NO AMENDMENT TO THE BYLAWS SHALL BECOME EFFECTIVE UNLESS AND UNTIL SUCH	
AMENDMENT HAS BEEN EXPRESSLY APPROVED BY THE SOLE MEMBER.	
FORM 990, PART VI, SECTION B, LINE 11B:	
BEFORE FILING, THE FOUNDATION WILL EMAIL DRAFTS OF THE 990 AND AUDITED	
FINANCIAL STATEMENTS TO THE BOARD FOR REVIEW. ONCE ALL QUESTIONS ARE	
ANSWERED, THE 990 IS APPROVED AND FILED WITH THE IRS.  I HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page **2** 

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

Schedule O (Form 990) 2022 Page 2

Name of the organization  THE TONY ROBBINS FOUNDATION	Employer identification number 33-0492446
	00 0102110
IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY	
ATTAINABLE, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF	
THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN	
THE CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT, AND WHETHER THE	
TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION, AND SHALL MAKE ITS	
DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN	
CONFORMITY WITH SUCH DETERMINATION.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE TONY ROBBINS FOUNDATION ("TTRF") HUMAN RESOURCES SERVICES ARE DONATED	
IN KIND BY ROBBINS RESEARCH INTERNATIONAL ("RRI"). AS SUCH, TTRF FOLLOWS	
ALL GUIDELINES FOR PERSONNEL RAISES AND COMPENSATION. CONSEQUENTLY TTRF IS	
INCLUDED IN ANY BONUSES GIVEN BY RRI MANAGEMENT, ADHERES TO FORMAL REVIEW	
PRACTICES AS DIRECTED BY RII, AND RECEIVES THE SAME INSURANCE BENEFITS AS	
ADMINISTRATED BY RRI. ADDITIONALLY, THE BOARD OF DIRECTORS AT THEIR	
DISCRETION MAY GIVE PERIODIC RAISES IN SALARY AND/OR BONUSES TO STAFF THEY	
FEEL WARRANTED.	_
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS ARE KEPT AT THE FOUNDATION'S ADDRESS. THE FOUNDATION'S	
OPERATIONS MANAGER WILL ARRANGE FOR ANY PUBLIC DISCLOSURE REQUEST AFTER THE	
BOARD'S PRESIDENT AND CFO GIVES APPROVAL OF A DATE AND TIME FOR REVIEW.	