efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

200 and its instructions is at www IRS gov/foim99

DLN: 93493315027286 OMB No 1545-0047

Treasu	ment of the ry Il Revenue	► Inform	nation about Form 990 and its instru	ctions is at <u>www 1RS</u>	<u>qov/foi.m990</u>		Open to Public Inspection
A F	r the 201			ding 06-30-2016			
B Che	ck if applic	able C Name of organization Jackie Robinson Foun			D Emp	loyer ider	ntification number
☐ Ac	dress chan				13-2	896345	5
<u> </u>	me change	Doing business as					
	tial return					<u> </u>	
Fireturn/	ial terminated		r P O box if mail is not delivered to street a	ddress) Room/suite	E Telep	hone num	ber
Am	ended retu	75 VARICK STREET 21	ND FLOOR		(212	290-8	600
App	olication pe	nding City or town, state or new york, NY 10013	province, country, and ZIP or foreign postal	code			
		new york, NT 10013	1917		G Gross	receipts \$	11,466,963
		l l	ss of principal officer	H(a)	Is this a grou	p return	for
		DELLA BRITTON E			subordinates	?	┌ Yes 🗸
		new york, NY 100:		11/6	No Are all subor	dinates	
I Tax	c-exempt s	tatus 🔽 501(c)(3) 🗀 5	501(c) () ◀ (insert no)		included?	amates	□Yes □ No
J W	ebsite: >	www.jackierobinson.org	•	H(c)			(see instructions)
K Form	of organia	ation 🔽 Corporation 🗀 Tru	ust Association Other ▶		ear of formation		State of legal domicile N
K T OII	Tor organiz	ation Corporation The	13t Association Other P				-
Pa	rt I S	Summary					
			on's mission or most significant acti	vities			
	see s	chedule o					
)Ce							
na E							
Ver	2 Che	ck this box ▶ ┌ if the org	ganization discontinued its operation	s or disposed of more	than 25% of i	ts net as	sets
9							
*5	3 Num	ber of voting members of	fthe governing body (Part VI, line 1a	1)		3	38
ie.			g members of the governing body (Pa	•		4	37
Activities & Governance			mployed in calendar year 2015 (Par			5	23
Acı			estimate if necessary)			6	200
			enue from Part VIII, column (C), line	12		7a	0
	b Netu	nrelated business taxabl	e income from Form 990-T, line 34	 .		7b	(
	b Netu	nrelated business taxabl	e income from Form 990-T, line 34		Prior Year	7b	Current Year
		nrelated business taxable ontributions and grants (Prior Year 8,538		Current Year 9,052,444
enu-	8 C	ontributions and grants (8,538	0	9,052,444 C
enuevel	8 C 9 P 10 In	ontributions and grants (i rogram service revenue (ivestment income (Part V	Part VIII, line 1h)		8,538 260	0,868	9,052,444 0 223,317
Ravenue	8 C 9 P 10 In 11 O	ontributions and grants (rogram service revenue (nvestment income (Part V ther revenue (Part VIII,	Part VIII, line 1h)		8,538 260	0	9,052,444
Ravenua	8 C 9 P 10 Ir 11 O	ontributions and grants (rogram service revenue (nvestment income (Part V ther revenue (Part VIII, otal revenue—add lines 8	Part VIII, line 1h)		8,538 260	0 0,868	9,052,444 C 223,317
Ravenue	8 C 9 P 10 In 11 O 12 T	ontributions and grants (i rogram service revenue (ivestment income (Part V ther revenue (Part VIII, otal revenue—add lines 8 2)	Part VIII, line 1h)		8,538 260 -275 8,524	3,729 0 9,868 3,266	9,052,444 0 223,317 -486,135 8,789,626
Ravenue	8 C 9 P 10 Ir 11 O 12 T 1	ontributions and grants (i rogram service revenue (nvestment income (Part V ther revenue (Part VIII, otal revenue—add lines 8 2) rants and similar amount	Part VIII, line 1h)	and 11e)	8,538 260 -275	0 0,868 5,266 -,331	9,052,444 0 223,317 -486,135
Ravenua	8 C 9 P 10 In 11 O 12 T 1 13 G 14 B	ontributions and grants (incorrection of the control of the contro	Part VIII, line 1h)	and 11e)	8,538 260 -275 8,524	3,729 0 9,868 3,266	9,052,444 223,317 -486,135 8,789,626 1,384,474
	8 C 9 P 10 Ir 11 O 12 T 1 13 G 14 B 15 S	ontributions and grants (incorrection of the control of the contro	Part VIII, line 1h)	and 11e)	8,538 260 -275 8,524	0 9,868 1,266 1,331 0,402	9,052,444 0 223,317 -486,135 8,789,626
	8 C 9 P 10 In 11 O 12 T 1 13 G 14 B 15 S	ontributions and grants (rogram service revenue (nvestment income (Part V ther revenue (Part VIII, otal revenue—add lines 8 2) rants and similar amount enefits paid to or for mem alaries, other compensati –10)	Part VIII, line 1h)	and 11e) column (A), line 3)	8,538 260 -275 8,524 1,306 2,000	0 9,868 1,266 1,331 0,402	9,052,444
	8 C 9 P 10 In 11 O 12 T 1 13 G 14 B 15 S 5	ontributions and grants (in rogram service revenue (investment income (Part VIII, otal revenue—add lines 82) rants and similar amount enefits paid to or for memalaries, other compensational fundraising fereigns and similar and simila	Part VIII, line 1h)	and 11e) column (A), line 3)	8,538 260 -275 8,524 1,306 2,000	0,868 0,868 0,266 0,331 0,402 0	9,052,444 223,317 -486,135 8,789,626 1,384,474
Expenses Revenue	8 C 9 P 10 Ir 11 O 12 T 1 13 G 14 B 15 S 5	ontributions and grants (income (Part Vill), their revenue (Part VIII), otal revenue—add lines 82) rants and similar amount enefits paid to or for membalaries, other compensation of the	Part VIII, line 1h)	3)	8,538 260 -275 8,524 1,306 2,000	0 9,868 5,266 -,331 0,402 0 9,278	9,052,444 0 223,317 -486,135 8,789,626 1,384,474 0 2,297,859
	8 C 9 P 10 Ir 11 O 12 T 1 13 G 14 B 15 S 5 16a P b Tc 17 O	ontributions and grants (incogram service revenue (nestment income (Part VIII, potal revenue—add lines 82) rants and similar amount enefits paid to or for memalaries, other compensation of the potal fundraising featal fundraising expenses (Part IX, other expenses (Part	Part VIII, line 1h)	3)	8,538 260 -275 8,524 1,306 2,000 242	0 0,868 0,266 0,331 0,402 0 0,278	9,052,444 0 223,317 -486,135 8,789,626 1,384,474 0 2,297,859 92,800
	8 C 9 P 10 In 11 O 12 T 1 13 G 14 B 15 S 5 16a P b To 17 O 18 T	ontributions and grants (in rogram service revenue (investment income (Part VIII, otal revenue—add lines 82) rants and similar amount enefits paid to or for member alaries, other compensation of the first firs	Part VIII, line 1h)	and 11e) column (A), line 3)	8,538 260 -275 8,524 1,306 2,000 242 4,228 7,777	0 0,868 0,266 0,331 0,402 0 0,278	9,052,444 223,317 -486,135 8,789,626 1,384,474 2,297,859 92,800 4,481,931
Expenses	8 C 9 P 10 In 11 O 12 T 1 13 G 14 B 15 S 5 16a P b To 17 O 18 T	ontributions and grants (in rogram service revenue (investment income (Part VIII, otal revenue—add lines 82) rants and similar amount enefits paid to or for member alaries, other compensation of the first firs	Part VIII, line 1h)	and 11e) column (A), line 3)	8,538 260 -275 8,524 1,306 2,000 242 4,228 7,777 746	0 0,868 0,266 0,331 0,402 0 0 0,593 0,593 0,558	9,052,444 0 223,317 -486,135 8,789,626 1,384,474 0 2,297,859 92,800 4,481,931 8,257,064 532,562
Expenses	8 C 9 P 10 In 11 O 12 T 1 13 G 14 B 15 S 5 16a P b To 17 O 18 T	ontributions and grants (in rogram service revenue (investment income (Part VIII, otal revenue—add lines 82) rants and similar amount enefits paid to or for member alaries, other compensation of the first firs	Part VIII, line 1h)	and 11e) column (A), line 3)	8,538 260 -275 8,524 1,306 2,000 242 4,228 7,777	0 0,868 0,266 0,331 0,402 0 0 0,593 0,593 0,558	9,052,444 0 223,317 -486,135 8,789,626 1,384,474 0 2,297,859 92,800 4,481,931 8,257,064 532,562 End of Year
Expenses	8 C 9 P 10 Ir 11 O 12 T 1 S 13 G 14 B 15 S 5 16a P 6 T 17 O 18 T 19 R	ontributions and grants (in rogram service revenue (investment income (Part VIII, otal revenue—add lines 82) rants and similar amount enefits paid to or for membalaries, other compensation 10) rofessional fundraising fewalt fundraising expenses (Part IX, cotal expenses Add lines evenue less expenses Simples evenue less expenses Simples (Part IX, cotal expenses Add lines evenue less expenses Simples (Part IX, cotal expenses Add lines evenue less expenses Simples (Part IX, cotal expenses (Part IX,	Part VIII, line 1h)	and 11e) column (A), line 3)	8,538 260 -275 8,524 1,306 2,000 242 4,228 7,777 746 nning of Curren	0 0,868 5,266 5,331 6,402 0 0 6,593 6,773 6,558 6 t Year	9,052,444 (223,317 -486,135 8,789,626 1,384,474 (2,297,859 92,800 4,481,931 8,257,064 532,562 End of Year 22,565,937
Expenses	8 C 9 P 10 Ir 11 O 12 T 1 1 13 G 14 B 15 S 5 16a P 6 T 17 O 18 T 19 R 20 T 21 T	ontributions and grants (in rogram service revenue (investment income (Part VIII, inter revenue—add lines 82) rants and similar amount enefits paid to or for membalaries, other compensation 10) rofessional fundraising fewer fundraising expenses (Part IX, contail expenses Add lines evenue less expenses Sevenue less expenses Sevenue lassets (Part X, line 1 otal liabilities (Part X, line 1 otal	Part VIII, line 1h)	and 11e) column (A), line 3)	8,538 260 -275 8,524 1,306 2,000 242 4,228 7,777 746 nning of Curren 21,963 6,728	0 2,868 3,266 3,331 3,402 0 0 2,278 3,593 3,558 t Year 4,655 3,947	9,052,444 0 223,317 -486,135 8,789,626 1,384,474 0 2,297,859 92,800 4,481,931 8,257,064 532,562 End of Year 22,565,937 7,033,333
	8 C 9 P 10 Ir 11 O 12 T 1 1 13 G 14 B 15 S 5 16a P 6 T 17 O 18 T 19 R 20 T 21 T	ontributions and grants (in rogram service revenue (investment income (Part VIII, inter revenue—add lines 82) rants and similar amount enefits paid to or for membalaries, other compensation 10) rofessional fundraising fewer fundraising expenses (Part IX, contail expenses Add lines evenue less expenses Sevenue less expenses Sevenue lassets (Part X, line 1 otal liabilities (Part X, line 1 otal	Part VIII, line 1h)	and 11e) column (A), line 3)	8,538 260 -275 8,524 1,306 2,000 242 4,228 7,777 746 nning of Curren	0 2,868 3,266 3,331 3,402 0 0 2,278 3,593 3,558 t Year 4,655 3,947	9,052,444 (223,317 -486,135 8,789,626 1,384,474 (2,297,859 92,800 4,481,931 8,257,064 532,562 End of Year 22,565,937
Net Assets or Expenses Fund Balances	8 C 9 P 10 Ir 11 O 12 T 1 13 G 14 B 15 S 5 16a P 17 O 18 T 19 R 20 T 21 T 22 N	ontributions and grants (incogram service revenue (nestment income (Part VIII, potal revenue—add lines 82) rants and similar amount enefits paid to or for membralaries, other compensation 10) rofessional fundraising fewers (Part IX, dotal expenses (Part IX, dotal expenses Sevenue less expenses Sevenue les sevenue les sevenue less expenses Sevenue les sevenue les sevenue les sevenue les seven	Part VIII, line 1h)	and 11e) column (A), line 3)	8,538 260 -275 8,524 1,306 2,000 242 4,228 7,777 746 nning of Curren 21,963 6,728	0 2,868 3,266 3,331 3,402 0 0 2,278 3,593 3,558 t Year 4,655 3,947	9,052,444 0 223,317 -486,135 8,789,626 1,384,474 0 2,297,859 92,800 4,481,931 8,257,064 532,562 End of Year 22,565,937 7,033,333
Net Assets or Expenses end Balances	8 C 9 P 10 Ir 11 O 12 T 1 13 G 14 B 15 S 5 16a P b T 17 O 18 T 19 R 20 T 21 T 22 N	ontributions and grants (incogram service revenue (neestment income (Part VIII, potal revenue—add lines 82) rants and similar amount enefits paid to or for membralaries, other compensation 10) rofessional fundraising feestal fundraising expenses (Part IX, cotal expenses Add lines evenue less expenses Sievenue les sievenue less expenses Sievenue les	Part VIII, line 1h)	and 11e) column (A), line 3)	8,538 260 -275 8,524 1,306 2,000 242 4,228 7,777 746 nning of Curren 21,963 6,728	0 2,868 3,266 3,331 3,402 0 0 2,278 3,593 3,558 t Year 4,655 3,947	9,052,444 0 223,317 -486,135 8,789,626 1,384,474 0 2,297,859 92,800 4,481,931 8,257,064 532,562 End of Year 22,565,937 7,033,333
A Net Assets or Expenses Fund Balances	8 C 9 P 10 Ir 11 O 12 T 1 13 G 14 B 15 S 5 16a P b To 17 O 18 T 19 R 20 T 21 T 22 N t II S r penaltice rowledge	ontributions and grants (incogram service revenue (neestment income (Part VIII, potal revenue—add lines 82) rants and similar amount enefits paid to or for membralaries, other compensation 10) rofessional fundraising feestal fundraising expenses (Part IX, cotal expenses Add lines evenue less expenses Sievenue les sievenue less expenses Sievenue les	Part VIII, line 1h)	and 11e) column (A), line 3)	8,538 260 -275 8,524 1,306 2,000 242 4,228 7,777 746 nning of Curren 21,963 6,728	0 2,868 3,266 3,331 3,402 0 0 2,278 3,593 3,558 t Year 4,655 3,947	9,052,444 0 223,317 -486,135 8,789,626 1,384,474 0 2,297,859 92,800 4,481,931 8,257,064 532,562 End of Year 22,565,937 7,033,333
A Net Assets or Expenses Fund Balances	8 C 9 P 10 Ir 11 O 12 T 1 13 G 14 B 15 S 5 16a P b To 17 O 18 T 19 R 20 T 21 T 22 N t II S r penaltice rowledge	ontributions and grants (incogram service revenue (nestment income (Part VIII, potal revenue—add lines 82) rants and similar amount enefits paid to or for membralaries, other compensation (Part IX) rofessional fundraising feotal fundraising expenses (Part IX), cotal expenses Add lines evenue less expenses Service (Part X, line 1 total liabilities (Part X, line 1 total liabili	Part VIII, line 1h)	and 11e) column (A), line 3)	8,538 260 -275 8,524 1,306 2,000 242 4,228 7,777 746 nning of Curren 21,963 6,728	0 2,868 3,266 3,331 3,402 0 0 2,278 3,593 3,558 t Year 4,655 3,947	9,052,444 223,317 -486,135 8,789,626 1,384,474 2,297,859 92,800 4,481,931 8,257,064 532,562 End of Year 22,565,937 7,033,333
A Fund Balances Expenses	8 C 9 P 10 Ir 11 O 12 T 1 13 G 14 B 15 S 5 16a P b To 17 O 18 T 19 R 20 T 21 T 22 N t III S r penaltie nowledge rer has a	ontributions and grants (in rogram service revenue (investment income (Part VIII, otal revenue—add lines 8 2) rants and similar amount enefits paid to or for membalaries, other compensation (10) rofessional fundraising feetal fundraising expenses (Part IX, otal expenses Add lines evenue less expenses Sevenue les sevenu	Part VIII, line 1h)	and 11e) column (A), line 3)	8,538 260 -275 8,524 1,306 2,000 242 4,228 7,777 746 nning of Curren 21,963 6,728	0 2,868 3,266 3,331 3,402 0 0 2,278 3,593 3,558 t Year 4,655 3,947	9,052,444 0 223,317 -486,135 8,789,626 1,384,474 0 2,297,859 92,800 4,481,931 8,257,064 532,562 End of Year 22,565,937 7,033,333
Signature of the state of the s	8 C 9 P 10 Ir 11 O 12 T 1 13 G 14 B 15 S 5 16a P b To 17 O 18 T 19 R 20 T 21 T 22 N 11 S r penalties owledge rer has a	ontributions and grants (in rogram service revenue (neestment income (Part VIII, potal revenue—add lines 8 2) rants and similar amount enefits paid to or for member alaries, other compensation of the stall fundraising feestal fundraising expenses (Part IX, cotal expenses Add lines evenue less expenses Sevenue less expenses Sevenue less or fund balance signature Block sof perjury, I declare the and belief, it is true, corresponding to the signature of officer	Part VIII, line 1h)	and 11e) column (A), line 3)	8,538 260 -275 8,524 1,306 2,000 242 4,228 7,777 746 nning of Curren 21,963 6,728	0 2,868 3,266 3,331 3,402 0 0 2,278 3,593 3,558 t Year 4,655 3,947	9,052,444 223,317 -486,135 8,789,626 1,384,474 2,297,859 92,800 4,481,931 8,257,064 532,562 End of Year 22,565,937 7,033,333
A Fund Balances Expenses	8 C 9 P 10 Ir 11 O 12 T 1 13 G 14 B 15 S 5 16a P b To 17 O 18 T 19 R 20 T 21 T 22 N 11 S r penalties owledge rer has a	ontributions and grants (in rogram service revenue (neestment income (Part VIII, potal revenue—add lines 8 2) rants and similar amount enefits paid to or for members, other compensation of the stall fundraising feestal fundraising expenses (Part IX, dotal expenses Add lines evenue less expenses Servenue les servenu	Part VIII, line 1h)	and 11e) column (A), line 3)	8,538 260 -275 8,524 1,306 2,000 242 4,228 7,777 746 nning of Curren 21,963 6,728	0 2,868 3,266 3,331 3,402 0 0 2,278 3,593 3,558 t Year 4,655 3,947	9,052,444 0 223,317 -486,135 8,789,626 1,384,474 0 2,297,859 92,800 4,481,931 8,257,064 532,562 End of Year 22,565,937 7,033,337
Signature of the state of the s	8 C 9 P 10 Ir 11 O 12 T 1 13 G 14 B 15 S 5 16a P b To 17 O 18 T 19 R 20 T 21 T 22 N 11 S r penalties owledge rer has a	ontributions and grants (in rogram service revenue (neestment income (Part VIII, potal revenue—add lines 8 2) rants and similar amount enefits paid to or for member alaries, other compensation of the stall fundraising feestal fundraising expenses (Part IX, cotal expenses Add lines evenue less expenses Sevenue less expenses Sevenue less or fund balance signature Block sof perjury, I declare the and belief, it is true, corresponding to the signature of officer	Part VIII, line 1h)	and 11e) column (A), line 3)	8,538 260 -275 8,524 1,306 2,000 242 4,228 7,777 746 nning of Curren 21,963 6,728	0 2,868 3,266 3,331 3,402 0 0 2,278 3,593 3,558 t Year 4,655 3,947	9,052,444 223,317 -486,135 8,789,626 1,384,474 2,297,859 92,800 4,481,931 8,257,064 532,562 End of Year 22,565,937 7,033,333

May the IRS discuss this return with the preparer shown above? (see $\ensuremath{\text{I}}$ For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name ► MITCHELL & TITUS LLP

Firm's address ► ONE BATTERY PARK PLAZA

NEW YORK, NY 10004

Preparer

Use Only

Form	990 (20	15)				Page 2
Par	t IIII 🤌	Statement of Program S	ervice Accomp	lishments		
1		Check if Schedule O contains a describe the organization's mis		o any line in this Part	III	
-	chedule	3	331011			
see :	cnedule	0				
2	Did the	organization undertake any sig	ınıfıcant program se	ervices during the yea	r which were not listed on	
	the prio	r Form 990 or 990-EZ?				⊤Yes √No
	If"Yes,	" describe these new services	on Schedule O			
3	Did the	organization cease conducting	ı, or make sıgnıfıcar	nt changes in how it c	onducts, any program	
		s [,]				⊤Yes √No
	If"Yes,	" describe these changes on S	chedule O			
4	expense		(c)(4) organizations	are required to repo	nree largest program services, a rt the amount of grants and allo	
4a	(Code) (Expenses \$	4,391,429	including grants of \$	1,383,601) (Revenue \$)
		ng and Leadership Development Progi eer guidance for under-served minont		hensive program of direct	grants, intensive mentoring, profession	nal and life skills development
4b	(Code) (Expenses \$	729,627	ıncludıng grants of \$)
	PUBLIC	INFORMATION PROVIDES TO THE PL	BLIC GENERAL INFORM	ATION ABOUT THE ACTIVE	TIES OF THE FOUNDATION AND SERVICE	CES PROVIDED TO STUDENTS
 4с	(Code) (Expenses \$	218,494	including grants of \$	291) (Revenue \$)
		Chronicles Jackie Robinson's life in ducation purposes	baseball, and as a busir	nessman, philanthropist an	d social activist Maintains archives of	documents and artifacts for
	See A	ddıtıonal Data				
4d	Other	program services (Describe in	Schedule O)			
	(Exper	nses \$ 667,882	including grants o	of\$) (Revenue \$	80)
4e	Total	program service expenses >	6,007,432			
		-	· · · · ·			Form 990 (2015)

Part IV Checklist of Required Schedules

If "Yes," complete Schedule D, Part X 🛸

Νo

Νo

Nο

Νo

Nο

Νo

Νo

Νo

Form 990 (2015)

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

Yes

Yes

Yes

Yes

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰	2	Yes	
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		No
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		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-197$ If "Yes," complete Schedule C, Part III	5		No
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 $\begin{center} \begin{center} cen$	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
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	Yes	
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		No
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	11 c		No
_		ı I		

	If "Yes," complete Schedule C, Part III	5	No
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 \mathcal{A}	6	No
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	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	No
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	No

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .

If "Yes," complete Schedule D, Parts XI and XII 🥞

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥞

Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 🔧

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Page 4

Νo

Pali	Checklist of Required Schedules (continuea)			
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		ı
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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	Yes	
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		ı
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?	24 c		
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		١
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, Pait I	25b		١
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		ľ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		ľ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>			
		28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

Note. All Form 990 filers are required to complete Schedule O . . .

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Nο Νo

Part IV .

29

30

37

Νo

Νo

Νo

Νo

Nο

Nο

Nο

Nο

Nο

Νo

Νo

Nο

28h

28c

29

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31

32

33

34

35a

35b

36

37

38

Yes

Form 990 (2015)

Yes

Νo

orm	990 (2015)			Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 13			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
h	by this return	2b	Yes	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Form 1098-C?	7h		
•	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
92	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities	J I		l I
L1 _	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O	13a		
D	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.			

in which the organization is licensed to issue qualified health plans ${f c}$ Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year? . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Νo

14a

14b

year by the following a The governing body? . .

Section C. Disclosure

90 (2	2015)	Page 6
VΙ	Governance, Management, and Disclosure	
VΙ	Governance, Management, and Disclosure	

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

			Yes	Ň
Enter the number of voting members of the governing body at the end of the tax year	1a	38		
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 in Schedule O				

Did the organization make any significant changes to its governing documents since the prior Form 990 was

Did the organization become aware during the year of a significant diversion of the organization's assets? ...

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

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 in Schedule O

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Did the organization contemporaneously document the meetings held or written actions undertaken during the

b Each committee with authority to act on behalf of the governing body?

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

State the name, address, and telephone number of the person who possesses the organization's books and records ►LATONYA JOHNSON 75 VARICK STREET 2ND FLOOR new york, NY 100131917 (212) 290-8600

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

a The organization's CEO, Executive Director, or top management official . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

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

14 Did the organization have a written document retention and destruction policy?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

Did the organization have members or stockholders?

2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person?

Yes

4

5

6

7a

7b

10a

10h

11a

12a

12b

12c

13

15a

15b

16a

AL, CA, CT, DE, ID, IN, IA, ME, MA, MN, MO, MT, NE , NV , NH , NJ , NY , OR , RI , SD , TX , UT , VT , VA , WV ,

WI,IL,OH,PA,MD,WA

Nο Νo Νo Νo

Νo Νo

Yes

Nο

Form 990 (2015)

Nο

No

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 instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ullet List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (F) (A) (C) (D) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations from the 2/1099-MISC) (W-2/1099for related organization and Highest compensati employee Officer Individual trustee or director MISC) organizations Institutional related helow organizations employee dotted line) Trustee £ See Additional Data Table

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	:han o on is	one I both	box, an	heck unless officer stee)	6	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	С	(F) Estima mount of ompens from t	ted f other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganızatı relate organıza	ed
See	Addıtıonal Data Table												
1b c	Sub-Total				•								
d	Total (add lines 1b and 1c)	•		` .	<u>.</u>	٠.	>		785,179	0		1	.43,111
2	Total number of individuals (in \$100,000 of reportable compo						d abov	e) w	ho received more th	an			
												Yes	No
3	Did the organization list any f oon line 1a? <i>If "Yes," complete S</i>					•	emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on lin organization and related organ										4	Yes	
5	Did any person listed on line 1	a receive or acc	rue cor	nnen	satio	an fr	om ans	, unr	elated organization	or individual for	-	103	

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
4	Complete this table for your five highest companyated independent contractors that received more than \$1.00.00) of		·

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	Yes	
	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	163	No
S	ection B. Independent Contractors			
	ection B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organizat		tax year	
	Complete this table for your five highest compensated independent contractors that received more than \$100,000		tax year (C Compe	;)
	Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organization. (A) (B)		(0	;)
ie Æ	Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organization. (A) (B) Name and business address Description of services.		(0) nsation
ne A	Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organization. (A) (B) Name and business address Independent contractors that received more than \$100,000 compensation for the calendar year ending with or within the organization of services. (B) Description of services fundraising counsel.		(0) nsation
r Vi	Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organization. (A) (B) (B) Description of services suggested from the group of the calendar year ending with or within the organization. (B) Description of services fundraising counsel.		(0	nsation 144,000
r Vi	Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organization. (A) Name and business address Report compensation for the calendar year ending with or within the organization. (B) Description of services. Fundraising counsel. Associates Videographer & editing services. Wideographer & editing services.		(0	nsation 144,000

Form 99								Page 9
Part V	/++-	Statement o						_
		Check If Schedu	ule O contains a respo	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
~ ×	1 a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b					
Gifts, Grants ilar Amounts	С	Fundraising eve	ents 1 c	1,035,693				
ifts. ar A	d	Related organiz	zations 1d					
ons, Gifts, Grants Similar Amounts	e	Government grants	s (contributions) 1e					
ion I Si	f	All other contribution	ons, gifts, grants, and 1f	8,016,751	İ			
Contributions, and Other Sim	g	similar amounts no Noncash contribution 1a-1f \$	ons included above	59,988				
Contand	h	Total. Add lines	s 1a-1f		9,052,444			
				Business Code				
, Luc	2a							
₹ Š	ь							
Program Service Revenue	C							
Se Se	d							
an	e	A II a tha a u u u u u u u u						
rogr	f		am service revenue					
<u> </u>	g		s 2a-2f					
	3		ome (including dividen ar amounts)		306,188			306,18
	4		stment of tax-exempt bond	proceeds >				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(I) Keal	(II) Fersonal				
	h	Less rental						
	<u></u>	expenses Rental income						
		or (loss)						
	d	Net rental incol	me or (loss) (i) Securities	▶ (II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,979,051	(ii) I sile.				
	b	Less cost or other basis and	2,061,922					
	_c	sales expenses Gain or (loss)	-82,871					
	d	Net gain or (los		· · · ·	-82,871			-82,87
Other Revenue	8a	Gross income f events (not inc \$ 1,035 of contributions See Part IV, lin	luding ,693 s reported on line 1c)					
her			a	129,200				
ŏ	c		penses b (loss) from fundraising	615,415 events >	-486,215			-486,21
			rom gaming activities	,				
	1		penses b (loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b	Less cost of g	oods sold b					
	1	Net income or ((loss) from sales of inv	entory >				
		Miscellaneous		Business Code	20	60		
	11a	MISCELLANEC	OUS REVENUE	900099	80	80		
	b c							
	d	All other reven	ue					
	e	Total. Add lines		•	80			
	12	Total revenue.	See Instructions .			2.5		262.00
					8,789,626	80	0	-262,89

98,906

482,121

16.011

135,082

1,782

13.330

92,800

46,624

156,228

25,128

128,208

189,749

11,240

27,124

44,700

47,204

7,025

52,425

6,858

1,528

2,034

2,546

1,588,653

Form 990 (2015)

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in tr	is Part IX			
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				

- individuals See Part IV, line 22 . .

- Grants and other assistance to foreign organizations, foreign

- governments, and foreign individuals See Part IV, lines 15

- Benefits paid to or for members

key employees . . .

Other salaries and wages .

Payroll taxes

10

b

d

12

13

14

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18

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24

25

26

Compensation of current officers, directors, trustees, and

Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . .

and 403(b) employer contributions)

Other employee benefits

Lobbying

Investment management fees

Professional fundraising services See Part IV, line 17

Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

Payments of travel or entertainment expenses for any federal,

Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

state, or local public officials

Conferences, conventions, and meetings . .

Depreciation, depletion, and amortization .

. Fees for services (non-employees) Management

Advertising and promotion . .

Office expenses

Occupancy

Travel

Information technology .

Interest

DUES AND SUBSCRIPTION

Payments to affiliates

Royalties . .

Schedule O) **BAD DEBTS**

STORAGE

TEMPORARY HELP

All other expenses

Legal Accounting

Pension plan accruals and contributions (include section 401(k)

- 1.384.474

662,738

1,161,389

80.062

387,811

5,859

66,652

92.800

46,624

706,016

174,385

517,044

1,591,586

170,376

652,777

58,594

290,512

36,884

95,125

25,864

15,091

12,297

22,104

8,257,064

- - 1,384,474

481,690

236,028

3,605

36.658

501,429

146,339

305,790

1,175,926

150,346

618,258

184,302

21,078

42,700

17,108

11,653

7,721

17,083

6,007,432

9,613

- - 82,142
 - - 67,671

472

16,664

48,359

2,918

83,046

225,911

8,790

7,395

4,281

59,006

8,781

1,898

1,910

2,542

2,475

660,979

- 611,597 44.034
 - 20.017 16,701

1

2

3

4

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6

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8

9

10a

b

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12

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19

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Net Assets or Fund Balances

Cash-non-interest-bearing

Savings and temporary cash investments .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Pledges and grants receivable, net

Notes and loans receivable, net

Prepaid expenses and deferred charges .

Investments—publicly traded securities .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . .

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Total liabilities.Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Permanently restricted net assets

Total net assets or fund balances

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Inventories for sale or use .

Complete Part VI of Schedule D

Intangible assets . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets . .

complete lines 30 through 34.

Grants payable

Deferred revenue

Less accumulated depreciation .

Accounts receivable, net . .

II of Schedule L

(B)

End of year

420 467

109.352

60.337

42.842

82.952

2,735,849

8.824.010

5.050

25.096

22,565,937

514 509

25,000

4.947.747

1.546.081

7,033,337

-11,543,730

27.076.330

15.532.600

22,565,937

Form 990 (2015)

10.259.982

(A) Beginning of year

207 103

121.047

133,601

46,151

45.996

2.890,232

9 537 930

6.733

74,185

215 356

15,000

4.932.226

1 566 365

6,728,947

-9,073,676

24.308.384

15.234.708

21,963,655

21,963,655

4 915 901

2,180,052

8.900.677

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20 21

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30

31

32

33

10a

10b

Reconcilliation of Net Assets

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

Total revenue (must equal Part VIII, column (A), line 12) 1

Total expenses (must equal Part IX, column (A), line 25)

Revenue less expenses Subtract line 2 from line 1 . . . Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments . Donated services and use of facilities .

Investment expenses

Prior period adjustments .

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

Part XII Financial Statements and Reporting

Cash ✓ Accrual Cother

5

6 7 8

9

10

2

3

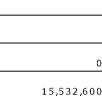
4

2a

2c

3a

3b



Yes

Yes

Yes

No

Νo

Νo

Form 990 (2015)

Page **12**

8,789,626

8,257,064

532,562

15,234,708

-234,670

Separate basis Consolidated basis Both consolidated and separate basis 2b **b** Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Additional Data

MUSEUM DEVELOPMENT COSTS

Software ID: Software Version:

EIN: 13-2896345

Name: Jackie Robinson Foundation Inc.

(Code) (Expenses \$ 667,882

) (Revenue \$

80)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

director

director

Compensated Employees, and Inde	pendent Co	ntrac	ctor	s			,			
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Blank Richard	1 00	×						0	0	
Director	0 00	_ ^						0	U	'
Blondel John	1 00									
director	0 00	X						0	0	1
Brown Jr Roscoe C director	1 00	×						0	0	
Brumbaugh Charles H director	1 00	×						0	0	
Christmas June Jackson director	1 00	×						0	0	
Coleman Jr Leonard S director	1 00	×						0	0	
Clementi Michael director	1 00	×						0	0	
Doescher William F director	1 00	×						0	0	
Finley Terrence P	1 00									

Χ

Χ

0 00

0

0

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent Co	ntrac	tor	5				ı	ı	ı
(A) Name and Tıtle	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Gadsden-Williams Michelle	1 00									
		X						0	0	
director	0 00									
Greenberg Steve	1 00									
dırector		X						0	0	1
	0 00									
Johnson Earvin	1 00	,								
director	0 00	×						0	0	1
Johnson Sheila C	1 00									
director	0 00	X						0	0	1
Koch Christopher H	1 00									
		X						0	0	
director	0 00									
Kruythoff Kees	1 00									
		X						0	0	
director until 1/31/16	0 00									
Meyer Michael E	1 00									
dırector		X						0	0	1
	0 00									
Morgan Joe L	1 00	l								
dırector		×						0	0	
	0 00									
O'Malley Peter	1 00	l _x l						0	0	
director	0 00							0		
Ojaklı Zıad	1 00									
		I v I			1	1		l n	l n	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

director

director

director

director

Smeallie Shawn

Spurell Byron

Sussman Jeffrey I

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Plumerı Joseph J	1 00									
		X						0	0	
director	0 00									
Robinson David	1 00									
Nobinison buvid		×						0	0	
director	0 00									
Robinson Rachel	20 00									
Kobilison Racilei		X						6,402	0	11,80
director	0 00									·
Roesler Mark	1 00									
Roesiei Mark		l x l						0	0	
director	0 00									
Ross Stephen M	1 00									
Ross stephen in		l x l						0	0	
director	0 00									
Siegel Norman	1 00									
Sieger Norman		l x l						0	0	
director	0 00									
Skipper John N	1 00									

0.00 1 00

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Co	ntrac	ctor	S				1		
(A) Name and Title	(B) A verage hours per week (list any hours for related	unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Tull Alba	1 00	l x						0	0	
director	0 00									
Warner Sobanı M director	0 00	×						0	0	
Weiner Mark S director	1 00	×						0	0	
Gonsalves Gregg A chairman	2 00	x		х				0	0	
Robinson Sharon vice chairperson	2 00	×		×				281	0	930
Edelman Martin L secretary	2 00	×		x				0	0	
Rivera Jose M treasurer	2 00	×		х				0	0	
	t		\vdash	-	+	 	_	1		

70 00

0 00 1 00

0 00 60 00

0 00

Х

Х

Х

Baeza Della Britton

president and ceo

Johnson La'Tonya

Vice President, COO

Fisher Kenneth

director

36,47

19,53

0

0

255,328

185,772

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B)

Lynch Stephen

Director, Sponsor Relations

Name and Title	A verage	Pos	ition	(do	not	t chec	:k	Reportable	Reportable	Estimated
	hours per	m	ore t	han	one	box,		compensation	compensation	amount of
	week (list unless person is both an from the from related	other								
	any hours	ny hours officer and a organization		organizations	compensation					
	for related	0	direc	tor/1	trus	tee)		(W-2/1099-	(W- 2/1099-	from the
	organizations			\Box	T-x-	(a) -r	_	MISC)	MISC)	organization
	below	e ja	5	Officer	3	Highest employe	Former	· ·	·	and related
	dotted line)	[남동	≆		10	동종	3			organizations
		individual or directo	Institutio	1	employ	₹ \$	Ψ.			_
			Cha		[품	က် g				
		ੋਂ ਵੱ	-) ee	l Ž				
		Stee	=		1D	compens				
		4.	<u>ā</u>							
			4			B .				
						2				
Matthews Westina	60 00									
Tractions tresuma						×		116,367	0	27,59
Vice President, CPO	0 00							, , , , , , , , , , , , , , , , , , , ,		
Travier Damian	50 00									
Havier Daillian						X		114,473	l n	31,57
Director of Programs	0.00					^`		111,173	Ĭ	31,37
	0 00	1	i	i	1	I	I	l		l

50 00

0 00

(C)

(F)

15,18

106,556

efi	le GF	RAPHIC pr	int - DO I	NOT PROCES	SS As Filed Da	ta -		DLN: 93	3493315027286
(Fo			•	Complete if the	Charity Statue organization is a sec 4947(a)(1) nonexe Attach to Form bout Schedule A (Forr	tion 501(c)(3) empt charitable 1990 or Form 9	organization o e trust. 90-EZ.	Ort r a section	2015 Open to Public Inspection
Treas	ury		<u>wı</u>	ww.irs.gov/fo	<u>rm990</u> .				Inspection
		enue Service he organizat	ion					Employer identific	ation number
		son Foundation						Employer identifica	acion number
								13-2896345	
Pa	rt I	Reason	for Publi	ic Charity S	tatus (All organiza	itions must c	omplete this	part.) See instruction	ons.
The	organı	ızatıon ıs not	a private f	oundation beca	ause it is (For lines 1	through 11, cl	heck only one b	oox)	
1				•	r association of churc				
2				=)(1)(A)(ii).(Attach So				
3	Г	· ·	•	· ·	service organization (
4				-	erated in conjunction v	with a hospital	described in se	ction 170(b)(1)(A)(ii	i). Enter the
5	Г	A n organi: 170(b)(1)	(A)(iv).(C	ated for the bei omplete Part I	I)			a governmental unit o	described in section
6				-	or governmental unit				
7	✓						rom a governm	ental unit or from the q	general public
8	_				vi). (Complete Part II ion 170(b)(1)(A)(vi)		rt II)		
9	<u> </u>		•				•	rıbutıons, membership	fees, and gross
10	' 	receipts fi from gross organizati	om activition investmer on after Jun	es related to it nt income and i ne 30, 1975 S	s exempt functions—s	subject to certa xable income ((Complete Par	ain exceptions, less section 51 t III)	and (2) no more than l 1 tax) from businesse	331/3% of its support
11	<u> </u>	_	_	·	•	·	•	ictions of, or to carry o	out the purposes of
	ı	one or mor	e publicly s	upported orga	nızatıons described in	section 509(a	a)(1) or section	509(a)(2) See sectio	on 509(a)(3). Check
_								complete lines 11e,	
а	ı			-				organization(s), typica tors or trustees of the	
			-	, ,	rt IV, Sections A and		,		o upporting
b								orted organization(s),	
		_		ipporting orgar V, Sections A a		same persons	that control or	manage the supported	l organization(s) You
С	_	=				n operated in o	connection with	, and functionally inte	arated with, its
	ı				uctions) You must co				,
d								with its supported org	
				_	nization generally mu te Part IV, Sections A	·	' - '	rement and an attentiv	reness requirement
e		•		•	·			ıs a Type I, Type II, T	ype III functionally
	ļ	ıntegrated	or⊤ype II	I non-function	ally integrated suppor	tıng organızatı	on		
f	Ente			=	ns			· · · · · · · · <u> </u>	
g		Provide th	e following i	nformation abo	out the supported orga	anization(s)			
		(1)		/::XETN	/:::\	/:-	`	()	(vi)
Nar	me of s	(i) supported or	ganızatıon	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv Is the orga listed in your docum	anızatıon governing	A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
						Yes	No	1	
							""		
Tota	ıI								
For F	Paperv	work Reduct	on Act Not	ice, see the In	structions for Form 99	90 or 990EZ.	Cat No 112		n 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear (a)2011 (b)2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 5,983,586 6,793,953 6,466,035 8,538,729 9,052,444 36,834,747 membership fees received (Do not include any unusual grants) Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 36,834,747 5,983,586 6,793,953 6,466,035 8,538,729 9,052,444 Total. Add lines 1 through 3

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

Public support. Subtract line 5

(a)2011

5,983,586

312,878

109,963

(b)2012

6,793,953

274,972

1,252

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

(c)2013

6,466,035

335,317

2,034

(d)2014 8,538,729

282,233

40,000

14,597

(e)2015

14

15

9,052,444

306,188

80

8,658,205 28.176.542

(f)Total

36,834,747

1,511,588

40,000

127,926

38,514,261

73 160 %

76 120 %

▶▽

▶┌

Schedule A (Form 990 or 990-EZ) 2015

Section B. Total Support Calendar vear (or fiscal year beginning in) ▶

from line 4

carried on

through 10

instructions

VI)

Amounts from line 4 Gross income from interest, dividends, payments received on

not the business is regularly

Other income Do not include gain or loss from the sale of

capital assets (Explain in Part

securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or

11 Total support. Add lines 7

12

Section C. Computation of Public Support Percentage 14

15

17a	10%-facts-and-circumstances test—2015 . If the organization did not check a box on line 13, 16a, or 16b, and line 14
	is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly sup
b	organization 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a pub.
	supported organization

Public support percentage for 2014 Schedule A, Part II, line 14 16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

Gross receipts from related activities, etc. (see instructions)

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))

is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

ınder Part

(Com	iplete	only	if you	checked	the box	on line	9 of	Part I	or if the	e organization	i failed to qualif	ty u
									1 1				

	II. II the organization	i ialis to qualii	y under the tes	its listed below,	, piease compie	ete Part II.)	
Se	ction A. Public Support		1	1	1	1	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)						
1	Gifts, grants, contributions, and membership fees received (Do						
	not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
_	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
,	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,				İ		
	and 3 received from disqualified				1		
	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						
-	Public support. (Subtract line 7c						
8	from line 6)						
Se	ction B. Total Support		l	ı		1	1
	Calendar year						
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
104	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						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	hith tax year as a	section 501(c)(· · · ·
	check this box and stop here						▶ □
Se	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	13, column (f))		15	
16	Public support percentage from 201	.4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae		1 1	
17	Investment income percentage for				nn (f))	17	
	Investment income percentage from				(17)		
18	- coves coem income percentage trop	. ZULIM SCHEOUIE	e can in HDP			18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Se	I, complete Sections A and D, and complete Part V) ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
3а	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?			
b	If "Yes," answer (b) and (c) below 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	3a 3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
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)	10 b		
1	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 in (b) and (c) below, the governing body of a supported organization?	11 a		
b	A family member of a person described in (a) above?	11b		·
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Nο

Yes

Yes

No

No

			•	
Section I	B. Type	I Supporting	Organization	ns

Section D. All Type III Supporting Organizations

supported organization(s)

1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of		
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		

3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at		
	all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	з	

Section F. Type III Functionally-Integrated Supporting Organizations

	Section 1. Type 111 I directionally-integrated Supporting Organizations							
1	. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)							

The organization satisfied the Activities Test Complete line 2 below

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. (1) a written notice describing the type and amount of support provided during the prior

If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the

organization(s) or (ii) serving on the governing body of a supported organization?

- The organization is the parent of each of its supported organizations. Complete line 3 below

- ernment entity (see

C		The organization supported a governmental entity. Describe in Part VI how you supported a go	ove
	•	instructions)	

Activities lest Answer (a) and (b) below.	Yes
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the	
supported erganization(s) to which the erganization was responsive?	

supported organization(s) to which the organization was responsive?	
If "Yes," then in Part VI identify those supported organizations and explain how these activities directly	
furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the	
organization determined that these activities constituted substantially all of its activities	2a

- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of
- the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have
- engaged in these activities but for the organization's involvement 2b 3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of
- 3а each of the supported organizations? Provide details in Part VI **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each 3b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Type III non-functionally integrated supporting organizations must complete Sections A through E

Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other

	Section 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

5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property 6 held for production of income (see instructions) 7 Other expenses (see instructions) **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4) 8

(B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see 1 instructions for short tax year or assets held for part of year)

Average monthly value of securities **1**a 1b Average monthly cash balances **1**c Fair market value of other non-exempt-use assets

1d Total (add lines 1a, 1b, and 1c) **Discount** claimed for blockage or other factors е (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater 4 amount, see instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 7 Recoveries of prior-year distributions

8 Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1

2 2 Enter 85% of line 1

Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 4 Enter greater of line 2 or line 3 4

5 Income tax imposed in prior year **Distributable Amount.** Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

instructions) Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year
A mounts paid to supported organizations to accom	nlish exempt nurnoses		
Amounts paid to perform activity that directly furth excess of income from activity		ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
	aurad)		
5 Qualified set-aside amounts (prior IRS approval rec			
6 Other distributions (describe in Part VI) See instru	ıctions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		I	ı
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to		1	
2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
а			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schedule A	(Form 990 or 990-EZ) (2015

Schedule A	Chedule A (Form 990 or 990-EZ) 2015 Page 8						
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).							
		Facts And Circumstances Test					
R	eturn Reference	Explanation					
		Schedule A (Form 990 or 990-i	EZ) 2015				

SCHEDULE D

(Form 990)

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.

OMB No 1545-0047

DLN: 93493315027286

reas	sury nal Revenue Service	Information about Schedule D ((Form 990) and its instructions is at <u>www.</u> .	irs.gov/f		Inspect	
	me of the organi kıe Robınson Founda				oyer identificat	ion numbe	er
Pa	rt I Organ Comple	izations Maintaining Donor	Advised Funds or Other Similar ed "Yes" on Form 990, Part IV, line 6.		896345 Or Accounts.		
		<u></u>	(a) Donor advised funds	(b)	Funds and othe	raccounts	i
1	Total numbe	r at end of year					
2	Aggregate v year)	alue of contributions to (during					
3	Aggregate v	alue of grants from (during year)					
4	Aggregate v	alue at end of year					
5	_		dvisors in writing that the assets held in d he organization's exclusive legal control?	onor advis	sed	Yes	┌ No
6	used only for c		and donor advisors in writing that grant fund benefit of the donor or donor advisor, or for		purpose	Yes	┌ No
Pa	rt III Conse	rvation Easements. Comple	te if the organization answered "Yes"	on Form	n 990, Part IV	, lıne 7.	
1	Purpose(s) of o	conservation easements held by th	e organızatıon (check all that apply)				
	Preservati education)	on of land for public use (e g , recre	eation or Preservation of	an histori	ıcally ımportant	land area	
	•	of natural habitat	Preservation of	a certifie	d historic struct	ture	
	Preservati	on of open space					
2		2a through 2d if the organization l ne last day of the tax year	neld a qualified conservation contribution ii	n the form			
_	Total number o	f conservation easements		2-	Held at the	End of the	Year
a b		restricted by conservation easeme	nts	2a 2b			
c	_	servation easements on a certified		2c			
d	Number of cons) acquired after 8/17/06, and not on a	2d			
3	Number of cons	servation easements modified, trar	nsferred, released, extinguished, or termina	ated by the	e organization d	uring the	
	tax year ▶						
4	Number of stat	es where property subject to conse	ervation easement is located >				
5	Does the organ		ding the periodic monitoring, inspection, ha	andling of	☐ Y e	s ∏N	o
6	Staff and volun year	teer hours devoted to monitoring, i	nspecting, handling of violations, and enfo	rcing cons	ervation easem	nents durır	ng the
	<u> </u>		about the state of the late of the state of			4	
7	► \$	enses incurred in monitoring, inspe	ecting, handling of violations, and enforcing	conserva	tion easements	during th	e year
8		servation easement reported on lir ion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of s	ection 17	0(h)(4) Ye	s N	0
9	balance sheet,		s conservation easements in its revenue a of the footnote to the organization's financ sements	•	· ·		
Par	t IIII Örgan	izations Maintaining Collec	tions of Art, Historical Treasures	, or Oth	er Similar A	ssets.	
1a	If the organizat	tion elected, as permitted under SF	ed "Yes" on Form 990, Part IV, line 8. AS 116 (ASC 958), not to report in its rev assets held for public exhibition, education				
b	service, provid If the organizat	e, in Part XIII, the text of the footr tion elected, as permitted under SF	note to its financial statements that describ AS 116 (ASC 958), to report in its revenu	bes these le stateme	items ent and balance	sheet	
	service, provid	e the following amounts relating to				·	ıc
		ided on Form 990, Part VIII, line 1					
(i	ii) Assets include	ed in Form 990, Part X		▶ \$			

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

	edule D (Form 990) 2015	Callactions of	Art Hic	torio	al Tra	22511205	0 = 4	Othor Similar	Accets	Page 2
26 III.	Organizations Maintaining (continued)	Collections of A	AFT, HIS	toric	ai ire	easures,	OF	otner Similar i	assets	
3	Using the organization's acquisition, acce collection items (check all that apply)	ssion, and other re	cords, ch	eck an	y of th	e following	that	are a significant u	se of its	
а	Public exhibition		d	Г	Loan	orexchang	e pro	grams		
b	Scholarly research		e	Γ	Other					
c	· <u> </u>									
	Preservation for future generations	collections and ov	nlain hou	, +hay 1	furthar	the organ	170±10	n's avamnt nurnes	0.10	
4	Provide a description of the organization's Part XIII	conections and ex	кріані пом	, they i	iuitiiei	the organ	izatio	irs exempt purpos	e III	
5	During the year, did the organization solic								_	
Dar	assets to be sold to raise funds rather that IV Escrow and Custodial Arrai		as part o	f the o	rganız	ation's col	lectio	n? Y	es	No
	Complete if the organization a Part X, line 21.		n Form 9	990, P	art I\	/, line 9,	or re	ported an amou	nt on Fo	rm 990,
1 a	Is the organization an agent, trustee, cust included on Form 990, Part X?	todian or other inte	rmediary	for cor	ntrıbut	ions or oth	eras	sets not	as	No
	,							, .		
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	te the foll	owing	table			Aı	mount	
C	Beginning balance						10			
d	Additions during the year						10			
е	Distributions during the year						1e			
f	Ending balance Did the organization include an amount on						1f			
b Pa	If "Yes," explain the arrangement in Part X rt V Endowment Funds. Complete									
		(a)Current year	(b) Pnoi		-	c)Two years		(d)Three years back	+	years back
1a	Beginning of year balance	11,392,650	1	1,783,2	_	10,77		10,219,859	 	10,308,417
b	Contributions			1,7	10	2	1,120	2,710	1	1,070
c	Net investment earnings, gains, and	-51,516		-194,2	59	1.21	6,661	702,901		89,57
d	losses Grants or scholarships	215,000		198,0	_		0,000	150,000	1	180,000
-	· · · · ·							,		
e	Other expenditures for facilities and programs									
	· · · · · · ·									
f	Administrative expenses									
g	End of year balance	11,126,134	1	1,392,6	50	11,78	3,251	10,775,470		10,219,859
2	Provide the estimated percentage of the c	urrent year end ba	lance (lin	e 1g, c	olumn	(a)) held a	as		•	
а	Board designated or quasi-endowment >	63 100 %								
b	Permanent endowment ▶									
c	Temporarily restricted endowment ► 3 The percentages on lines 2a, 2b, and 2c s	6 900 % should equal 100%								
За	Are there endowment funds not in the pos	·		hat are	e held	and admın	ıstere	d for the		
	organization by (i) unrelated organizations							Га	Ye Ba(i)	No No
	(ii) related organizations								a(ii)	No

Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Forn	n 990, Part IV, II	ne 11a.See Fo	rm 990, Part
Description of property	(a)	(b)	Accumulate
, , ,	Cost or other basis	Cost or other basis	(c)depreciation
	(investment)	(other)	

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.											
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d)Book value							
1a Land											
b Buildings											
c Leasehold improvements		3,732,854	1,338,578	2,394,276							
d Equipment		170,545	150,253	20,292							
e Other		1,012,502	691,221	321,281							
otal. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))											

	(Form 990) 2015					Page
Part VII	Investments—Other Securities. C	omplete if the or	ganızatıon an	swered 'Y	es' on For	m 990, Part IV, line 11b
	See Form 990, Part X, line 12. (a) Description of security or categor	v	(b) Book	value	(c	:)Method of valuation
	(including name of security)	,	(-/			r end-of-year market value
	I derivatives					
	held equity interests					
(3) 0 ther						
-						
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•				
	Investments—Program Related.	,				
	Complete if the organization answere	ed 'Yes' on Form	990, Part IV,	line 11c. _S		
	(a) Description of investment		(b) Book	value) Method of valuation
					Cost of	r end-of-year market value
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	•				
	Other Assets. Complete if the organizat	ion answered 'Yes'	on Form 990, F	art IV , line	」 11d See F	orm 990, Part X, line 15
		cription				(b) Book value
T-1-1 (C-1:	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	- 45 \				
Part X	mn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or		rod 'Vas' on l			lino 110 or 11f
PaitA	See Form 990, Part X, line 25.	gamzation answe	red res on	01111 550,	raiciv, i	illie Tie Or Tir.
1.	(a) Description of liability	(b) Book va	lue			
Federal Inco	ome taxes					
Deferred re	nt obligation	1,54	6,081			
		·	,			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

1,546,081

Add lines 4a and 4b . .

1

b

1

2

а

b

c d

3

а b

c

Part XIII

information

Part V, Line 4

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12							
а	Net unrealized gains (losses) on investments	2a	-234,670					
b	Donated services and use of facilities	2b	80,000					
c	Recoveries of prior year grants	2 c						
				İ				

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

c	Recoveries of prior year grants							2 c		
d	Other (Describe in Part XIII)							2d		
e	Add lines 2a through 2d	-	•			-				
3	Subtract line 2e from line 1 .							•		

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) . . .

Total revenue, gains, and other support per audited financial statements.

Other (Describe in Part XIII)

Donated services and use of facilities .

Other (Describe in Part XIII) . . .

Prior year adjustments . . .

Add lines 2a through 2d . .

Subtract line 2e from line 1 .

Add lines 4a and 4b . .

Return Reference

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

PERMANENT ENDOWMENT FUND

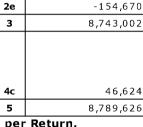
Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

Other (Describe in Part XIII)

Supplemental Information

Other (Describe in Part XIII)	•	•	•	•	•	•	•	•	•	•	•	·_	
Add lines 2a through 2d													
Subtract line 2e from line 1 .					•								
Amounts included on Form 990), Pa	art \	/III	, lir	ne 1	2,b	ut r	ot o	on li	ne 1	L		
Investment expenses not inclu	ided	lon	For	m 9	90,	Par	t V I	ΠI,	line	7 b			4



Page 4

8,290,440

000,08

46.624

8.257.064

Schedule D (Form 990) 2015

8,210,440

ract line 2e from line 1	3	8,743,002
ints included on Form 990, Part VIII, line 12, but not on line 1		
stment expenses not included on Form 990, Part VIII, line 7b . 4a 46,62	4	
r (Describe in Part XIII)		
nes 4a and 4b	4c	46,624
revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,789,626
Reconciliation of Expenses per Audited Financial Statements With Expens	es pei	r Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		

2e

3

4c

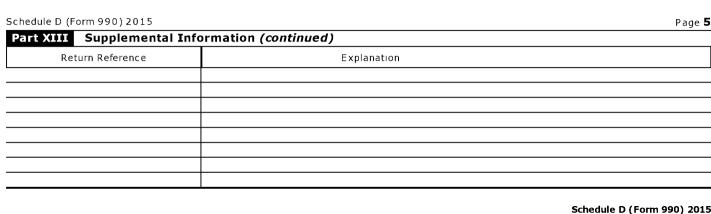
80,000

2a 2b

2d

THE BOARD OF DIRECTORS ESTABLISHED A PERMANENT ENDOWMENT IN 1986, SPECIFYING

THAT THE CAPITAL OF THE ENDOWMENT WOULD BE RETAINED AND INVESTED, THAT THERE WOULD BE NO WITHDRAWAL OF CAPITAL EXCEPT UPON APPROVAL OF THE BOARD, AND THAT THE EARNINGS FROM THE ENDOWMENT'S INVESTMENTS MAY BE USED UPON THE BOARD'S APPROVAL FOR THE FOUNDATION'S OPERATIONS IN 1992, THE BOARD ESTABLISHED THE ENDOWED SCHOLARSHIP FUNDS, SPECIFYING THAT THE CAPITAL OF THE ENDOWMENT WOULD BE RETAINED AND INVESTED AND THAT THE EARNINGS FROM THE ENDOWMENT'S INVESTMENTS WOULD BE USED TO PROVIDE SCHOLARSHIPS THROUGH THE FOUNDATION'S PROGRAMS IN 1996, THE BOARD OF DIRECTORS ESTABLISHED THE SPIKE LEE YOUTH MOTIVATION ACHIEVEMENT AWARD FUND AND RESOLVED THAT THE FUND WILL BE USED TO SUPPORT AN ANNUAL CASH AWARD TO A FOUNDATION SCHOLAR WITH THE MOST OUTSTANDING COMMUNITY SERVICE INVOLVEMENT IN 2001, THE BOARD AGREED TO SEGREGATE THE COMMEMORATIVE COIN SURCHARGE INCOME WITHIN THE



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Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No 1545-0047

DLN: 93493315027286

Open to Public Inspection

(vi) A mount paid to

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Name of the organization Employer identification number Jackie Robinson Foundation Inc 13-2896345

- Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.
- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations ▼ Solicitation of non-government grants
- ▼ Internet and email solicitations Solicitation of government grants
- Phone solicitations ▼ Special fundraising events

(ii) Activity

(i) Name and address of

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising ✓Yes No services?

(iii) Did

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(iv) Gross receipts

(v) A mount paid to

individual or entity (fundraiser)		custo cont contrib	ser have ody or rol of outions?	from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
		Yes	No			
	maıl					
The Angeletti Group LLC			NI -		14400	1.4.400
17 Village Road Box 188			No	0	14,400	-14,400
New Vernon, NJ 07976						
2						
3						
4						
5						
6						
_						
7						
·						
8						
9						
10						
Total			•		14,400	-14,400

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events.

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

	receipts greater than \$5,000				
		(a) Event #1	(b) Event #2	(c)O ther events	(d) Total events
		AWARD DINNER	JR BIRTHDAY	1	(add col (a) through
		(event type)	(event type)	(total number)	col (c))
e					
Revenue	-				
Rev	1 Gross receipts	1,105,393	59,500		1,164,893
_	2 Less Contributions	976,193	59,500		1,035,693
	3 Gross income (line 1 minus line 2)	129,200			129,200
		123,200			123,200
	4 Cash prizes	5.005	1.000		7.005
	5 Noncash prizes	5,905	1,998		7,903
Ses	6 Rent/facility costs	61,048			61,048
Expenses	7 Food and beverages	164,763	12,573		177,336
ă	8 Entertainment	30,000			30,000
Direct	9 Other direct expenses	299,349	22,383	17,396	339,128
ā	10 Direct expense summary Add lines 4	through 9 in column (d)		615,415
	11 Net income summary Subtract line 1	0 from line 3, column (d)		-486,215
Par	t III Gaming.			10	
	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	orm 990, Part IV, line	19, or reported mor	e than \$15,000 on
			(h)Dull tabe/Instant		(d)
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	Total gaming (add col
eve	-				(a) through col (c))
ă_	1 Gross revenue				
Ñ	2 Cash prizes				
esu:	2 cd3ii pii2c3				
Expenses	3 Noncash prizes				
ರ	4 Rent/facility costs				
Dire					
	5 Other direct expenses				
		Yes%	│	☐ Yes %	
	6 Volunteer labor	No	│	☐ No	
	7 Direct expense summary Add lines 2	through 5 in column (d)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)	.	
9	Enter the state(s) in which the organizat	tion conducts gaming ac	ctivities		
а	Is the organization licensed to conduct				Yes No
b	If "No," explain				
-					
10a	Were any of the organization's gaming li	censes revoked, suspe	nded or terminated during	the tax year?	Yes No
b	If "Yes," explain				

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493315027286 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Jackie Robinson Foundation Inc. 13-2896345 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Page 2

Schedule I (Form 990) 2015

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

Part IV

Return Reference Explanation

Part I, Line 2 Grant recipients are required to submit their FAFSA, award letter and bursur's bill for review Schedule I (Form 990) 2015

DLN: 93493315027286 **Compensation Information** OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** Jackie Robinson Foundation Inc 13-2896345 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ✓ Compensation committee ✓ Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee

During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

or a related organization

The organization?

The organization?

ın Part III

Any related organization?

Any related organization?

section 53 4958-6(c)?

Receive a severance payment or change-of-control payment?

compensation contingent on the revenues of

If "Yes," on line 5a or 5b, describe in Part III

compensation contingent on the net earnings of

If "Yes," on line 6a or 6b, describe in Part III

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

Participate in, or receive payment from, an equity-based compensation arrangement?

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

payments not described in lines 5 and 6? If "Yes," describe in Part III

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

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

4a

4b

4c

5a

5b

6a 6b

7

8

Schedule J (Form 990) 2015

Cat No 50053T

Schedule J (Form 990) 2015

2 Johnson La'Tonva

Vice President, COO

(ii)

(ii)

185,772

Page 2

Schedule J (Form 990) 2015

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	` '	(E) Total of columns	(F) Compensation in
	Base (II) (III) other deferred be (II) compensation compensation compensation		benefits	benefits (B)(ı)-(D)	column(B) reported as deferred on prior Form 990			
Baeza Della Britton president and ceo	(i)	255,328	0	0	15,900	20,579	291,807	0

11,550

7,988

205,310

Schedule J (Form 990) 2015		
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information		
Return Reference	Explanation	

Schedule J (Form 990) 2015

SCHEDULE M (Form 990)

Noncash Contributions

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

Open to Public Inspection

DLN: 93493315027286

OMB No 1545-0047

2015

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Department of the

Treasury Internal Revenue Service **Employer identification number** Name of the organization Jackie Robinson Foundation Inc 13-2896345 Part I Types of Property (a) (b) (c) (d) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1g 1 Art—Works of art . . . 2 Art—Historical treasures . 3 Art-Fractional interests . . Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes 8 Intellectual property . . . Securities—Publicly traded . 10 Securities-Closely held stock . 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 . Real estate—Other . . . **18** Collectibles **19** Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts Scientific specimens . . 24 Archeological artifacts . . . **25** Other ▶ (Х 1.200 59.988 FMV NIKE GYM BAGS) **26** Other ▶ (_____ **27** Other ▶ (___ 28 Other ▶ (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 1 for which the organization completed Form 8283, Part IV, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a Νo **b** If "Yes," describe the arrangement in Part II

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990.

b If "Yes," describe in Part II

Cat No 51227J Schedule M (Form 990) (2015)

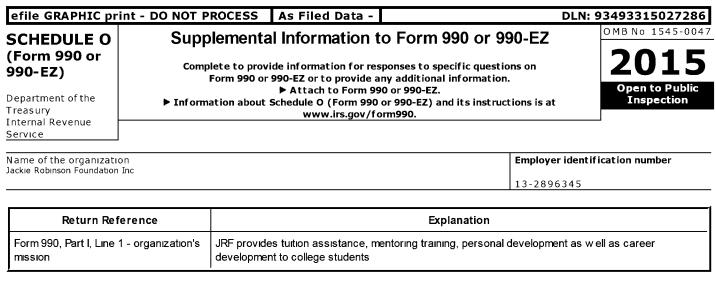
31

32a

Yes

Νo

Schedule M (Form 990) (2015)



Return Reference	Explanation
Form 990, Part VI,	Rachel Robinson, founder of the Jackie Robinson Foundation and a member of the JRF Board of Directors is the
Section A, line 2	mother of JRF Board Members Sharon Robinson (Vice Chairperson) and David Robinson

Reference	Explanation
Form 990, Part VI, Section B, line 11	Management w orks with the auditors to prepare a draft of the audited financial statements and the 990. The prepared drafts are submitted to the Audit Committee, who work with the independent auditors and tax preparers reviews the document. Any additions and corrections are made, and a revised draft is distributed in whole, via mail or digital (as requested) to each board member as part of their board book materials for the Fall meeting. During the fall board meeting, during the Audit Committee's presentation, members may ask questions or offer corrections. A vote is then taken in which members acknowledge that they have reviewed and approved the document.

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Reference	
Form 990, Part VI, Section B, line 12c	Each member of the JRF Board of Directors and staff receives a copy of the Conflict of Interest policy and a Disclosure and Certification form. The form asks each person to certify that (1) they have received and read the policy, (2) have agreed to comply with the policy, and (3) understand that as a charitable organization and in order to maintain its federal exemption, JRF must engage primarily in activities which accomplish one or more of its exempt purposes and will not engage in activities or transactions that provide impermissible benefits to individuals or entities. Further, the form requires each person to (1) certify that he or she has no actual or possible conflict and (2) describe any relationships, transactions or circumstances that could result in a conflict between JRF's interests and his or her personal or financial interests. To aid in this discovery, respondents are provided a master listing of all JRF sponsors, vendors and staff to cross reference their activities. Any cited conflicts are

Explanation

disclosed at the Board of Directors' Annual Meeting Conflicts are also made known to JRF's auditors and where appropriate,

Return

disclosed in the notes of JRF's annual audit

Reference	Explanation
Form 990, Part VI, Section B,	The CEO's salary was set via contract by the Executive Committee of the JRF Board of Directors in 2004 upon hiring. The COO provides the Chairman of the Board a report annually which shows the salaries of comparable executives based on
line 15	990 filings and the non-profit executive report which is issued each year. Increases in the CEO's salary are conveyed to the staff by the Chairman of the Board of Directors following a performance review by the Executive Committee. The CEO's last

Board of Directors The Founder's last wage increase was in 2010

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Return Reference	Explanation
' '	The organization's governing documents articles of incorporation, by-laws and conflict of interest policy are available at
,	the Foundation's headquarters upon request JRF's Forms 990 and audited financial statements are available on its website www jackierobinson org and at Guidestar org

	Reference	Explanation
Ī	Form 990, Part	Volunteers are essential to the success of the Jackie Robinson Foundation. More than 200 individuals from across the
ı	l, Line 6	country assist JRF in its mission to assist deserving minority students. In addition to serving on JRF's Board of Directors,
ı		volunteers are mentors, members of JRF's Conference faculty, staff JRF's event and regional activities and as work as office

Evalanation

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assistants

Return Reference	Explanation
Form 990, Part III,	The Jackie Robinson Foundation provides college and graduate school scholarships as well as leadership development
Line 1 -	opportunities for students of color with strong capabilities but limited financial resources. The Foundation is distinctive
organization's	for the depth of its mentoring program, which results in a nearly 100% graduation rate among its student constituents
mission	The Foundation also strives to ensure that Jackie Robinson's commitment to social justice will be carried forth in the lives

of these young people as they assume leadership roles throughout society