Form **990**

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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Governance

Activities &

Revenue

Expenses

s or

Assets 20

Net / 22

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Part II

Sign

Here

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning and ending D Employer identification number C Name of organization B Check if applicable ROBERT A. TOIGO FOUNDATION Address Doing business as 13-3565420 chang Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 555 12TH STREET, SUITE 275 (510)763 - 5771Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended OAKLAND, CA 94607 G Gross receipts \$ return Application pending F Name and address of principal officer: H(a) Is this a group return for NANCY SIMS subordinates 12TH STREET, SUITE 275, OAKLAND 555 CA 94607 H(b) Are all subordinates included? If "No," attach a list. See instructions Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or WWW.TOIGOFOUNDATION.ORG Website: H(c) Group exemption number L Year of formation: 2000 M State of legal domicile: Form of organization: X Corporation Trust Association Other 🕨 Summarv Part I TO INSPIRE CHANGE AND ADVANCE MORE 1 Briefly describe the organization's mission or most significant activities: INCLUSIVE LEADERSHIP IN FINANCE AND BEYOND. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year Contributions and grants (Part VIII, line 1h) 4,120,757 Program service revenue (Part VIII, line 2g) 625,145 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,746 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -254,272 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,494,376 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 166,983. Benefits paid to or for members (Part IX, column (A), line 4) NONE Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,177,537 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE **b** Total fundraising expenses (Part IX, column (D), line 25) 151,216. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,730,641 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,075,161 3,243,125. Revenue less expenses. Subtract line 18 from line 12 1,419,215 **Beginning of Current Year** End of Year Total assets (Part X, line 16) 4,833,373 Total liabilities (Part X, line 26) 258,719 Net assets or fund balances. Subtract line 21 from line 20 4,574,654 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/4/22 us Signature of fficer Date NANCY STMS PRESIDENT & CEO

	Type of print name and the								
	Print/Type preparer's name	Preparer's signature	Date	Che	ck	if	PTIN		
Paid Preparer	DEBRA K MCCALL	DEBRA K MCCALL	10/25/2022		-employ	_ ··	P009	98198	
Use Only	Firm's name 🕨 SEILER LLP			Firm's El	N 🕨	9	94-16	24276	
		ET STE 300 SAN FRANCISCO, CA 94104		Phone no	э.	4	115-3	92-21	23
May the	IRS discuss this return with the prepare	shown above? See instructions .						Yes	X No
For Paper	rwork Reduction Act Notice, see the separat	e instructions.						Form 99	(2021)



5,068,582.

Х No

No

CA

28

28

12

150

3,583,546.

984,539.

-190,270.

114,000.

NONE

NONE

4,378,914.

1,387,184.

1,741,941.

1,135,789.

5,902,804.

5,710,443.

192,361.

1,099.

Yes

Yes

For	90 (2021)	Page 2
Pa	III Statement of Program Service Accomplishments	
4	Check if Schedule O contains a response or note to any line in this Part III	X
1	iefly describe the organization's mission:	
2	d the organization undertake any significant program services during the year which were not listed on the	
	ior Form 990 or 990-EZ? Yes," describe these new services on Schedule O.	X No
3	res, describe these new services on Schedule O. d the organization cease conducting, or make significant changes in how it conducts, any program	
5		x No
	"Yes," describe these changes on Schedule O.	_
4	escribe the organization's program service accomplishments for each of its three largest program services, as measur	
	penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c e total expenses, and revenue, if any, for each program service reported.	otners,
4a	ode:) (Expenses \$ 839,650. including grants of \$ 114,000.) (Revenue \$ 115,600.)	
	CE SCHEDULE O	
<u>4</u> h	ode:) (Expenses \$ 692,903. including grants of \$) (Revenue \$ 786,970.)	
40	ode:) (Expenses \$including grants of \$) (Revenue \$) EE SCHEDULE O	
4c	ode:) (Expenses \$1,171,030. including grants of \$) (Revenue \$)	
	CE SCHEDULE O	
_		
4d	ther program services (Describe on Schedule O.)	
_	xpenses \$ including grants of \$) (Revenue \$)	
JSA	tal program service expenses ► 2,703,583.	(2024)
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ROBERT A. TOIGO FOUNDATION

13-3565420

1	90 (2021)		F	Page 3
Part	V Checklist of Required Schedules		Vee	Na
	Is the experimetion described in section $E(1/2)$ or $10.17(2)(1)$ (other than a private foundation)? If "Vac "		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
9	<i>complete Schedule D, Part III</i> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		X
9	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	37	
h	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	Х	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	120		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		v
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Page	4

Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 H "Yes", complete Schedule I. Parts I and II. 22 X 23 Did the organization arrayer "Yes" to Part VIS. Section A. J. Ins. 3, 4, or 5, about compensation of the organization have a tax-exampt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, day tax siscued after December 31, 2002 r H "Yes", complete Schedule I, H "Wo," or other 25a, "Interest the organization maintain an escore account other than a refunding period exception?	-	90 (2021)		F	Page 4
22 Did the organization report more than 55,000 of grants or other assistance to or for domestic individuals on the organizations current and former officers, directors, trustees, key employees, and highest compensation of the organizations current and former officers, directors, trustees, key employees, and highest compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than 5100,000 of the year day we issued after December 31, 2002 If 'Yes', arongetes Schedule / H'we, 'organization maintain an escrewape to the assess there the organization maintain an escrewape to the organization report any proceeds of tax-exempt bonds beyond a temporary poind exception? 244 24 Did the organization maintain an escrewape toronds beyond a temporary poind exception? 244 X 24 Did the organization maintain an escrewa account ofther than a refunding serve at any time during the year? 244 X 25 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Dut the organization organization are not been reported on any of the organization or a pays on the organization or a pays on the index athing the year? 244 Z 25 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Dut the organization or a pays bear any or these persons? 255 X 26 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Dut the organization organization pays that the transaction with an excess benefit transaction with a disqualified person or any of these person? 26 X 27 M''''''''''''''''''''''''''''''''''''	Part	V Checklist of Required Schedules (continued)			
Part IX, column (A), Ind 27 II "Yes," complete Schedule J. Parts J and III. 22 X 23 Did the organization avers 'Yes' to Part IV. Section A. J. Ine 3. 4, or 5, about compensation of the employees' If 'Yes, complete Schedule J. A. J.				Yes	No
23 Did the organization answer 'Ves' to Part VII. Section A, line 3, 4, or 5, about compensation of the organization scurrent and former officer. directors, trusces, kay employees, and highest components of the analytic of the organization invest any proceeds of 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 'Ves' answer lines 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a c Did the organization marks than an escore account other than a refunding sector at any time during the year? 24b c Did the organization and that an escore account other than a refunding sector at any time during the year? 24a z Did the organization and that an escore benefit transaction with a disqualified person full (\$29) organizations. Did the organization in a none benefit transaction any time during the year? 24a z Did the organization area that it engaged in an excess benefit transaction with a disqualified person han prior year, and that the transaction any of the organization's prior forms 900 or 900-622? 25b x z Did the organization prior thay set transaction with a set substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes', complete Schedule L, Part II. 25a x z O Did the organization prior by to babatalial contributor or substantial contributor? Jf 'Yes', complete Schedule L, Part II. 25b x z O current officer, director, trustese, key employee, creator or founder, substanti	22				
arguinzation's current and former officers, directors, trustees, key employees, and highest componented and the source of the version of the source of the version version of the version of the version of the version			22	X	<u> </u>
employees? If 'Yes,' complete Schedule J. 23 X 24 Did the organization have a tax-oxempt bond issue with an outstanding principal amount of more than structure and and complete Schedule J. Marking to the Schedule J. Marking' pot bine 25a 24a X 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 24d 25 Section Stol(c)(3). 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an eacess benefit transaction with a disqualified person during the year? 24d 25a 25 Section Stol(c)(3). 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an eacess benefit transaction with a disqualified person during the year? 25b X 26 Did the organization avea that it engaged in an excess been that a disqualified person in a prior year, and that the transaction bars not been reported on any of the organization proved bar any at the assistance to any current of form or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or semples Schedule L, Part II. 25b X 27 Mid was the organization proved bar agrind or other bars, and exceptions; 34 accorent or founder, substantial contributor or employee thereod) or family member of any of these persons; If "Yes," complete Schedule L, Part IV. 26b X 28 Was the organization reported	23				
244 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 // 1%s," answer/ine 244 ± 244 \pm 244 \pm 244 \pm 244					
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer has 24b 24a x b Did the organization invest any proceeds of tax-sempt bonds beyond a temporary period exception?. 24b 24b c Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 24c d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24c 253 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization on years that it engaged in an excess benefit transaction with a disqualified person in a prior 25a 250 Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 25a 250 Section 501(c)(3), 501(c)(4), and 501(c)(29) organization's prior Forms 990 or 900-E27 25b 11 "Vise,' complete Schedukel, L. Part I. 25a 250 Did the organization aver of any of these persons? If 'Yes,' complete Schedukel L. Part II. 26c 270 Did the organization aver of any of these persons? If 'Yes,' complete Scheduke L. Part II. 26c 271 W Xise, 'complete Scheduke I, Part II. 26c x 270 Did the organization record any corner to reformer officer, director, trustee, key employee, creator or founder, substantial contributor, or ashy's complete Scheduke L. Part II. 27c 280 Was the organization receive any these basholds, conditions, a			23	X	<u> </u>
through 244 and complete Schedule K /f "No," got to line 25a 24a x b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24a c Did the organization axistain an escrow account other than a refunding escrow at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization angage in an excess benefit transaction with a disgualified person during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did Nedula L, Part I. 25a b Is the organization aware that it engaged in an excess benefit transaction with a disgualified person during the year? 25b 25a Did the organization provide a grant or other assistance to any of the organizations prior Forms 990 or 990-E27 27b 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these gensors? 26 x 28 Was the organization applicable thing thresholds, conditions, and exceptions): an current or former officer, director, trustee, key employee, creator or founder, substantial contributor? 27 x 29 Was the organization applicable thing thresholds, conditions, and exceptions): an current or former officer, director, trustee, key employee, creator or founder, substantial contributors? 27 x	24 a				
b Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception?					
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 7 246 d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 244 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization angage in an excess benefit transaction with a disqualified person in an prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 900-E27 25b 25 Bit the organization report any amout on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member d any of these parsions? If "Yas," complete Schedule L, Part II. 26 x 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these parsion? If "Yas," complete Schedule L, Part II. 27 x 28 Was the organization applicable lling thresholds, conditions, and exceptions): a a 27 x 29 U to drogenize the report of any and parties (see then Schedule L, Part IV. 28a x 2 x 29 Was the organization applicable lling thresholds, conditions, and exceptions): a a x x 29 A Xi Was the organization applica					<u> </u>
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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 in a proryage, and that the transaction has not been reported on any of the organization's prior Form 500 or 990-E27 If the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prioryage, and that the transaction non-nat X, line 5 or 22, for receivables from or payables to any current or form of officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 25b X 27 Did the organization aware that it engaged in an excess the net into a substance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereol) or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. 28d X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II "%s", complete Schedule L, Part IV. 28d X 29 Did the organization receive more than \$25,000 in non-cash contributions? II "Yes," complete Schedule M 29d X 29 Did the organization receive more than \$25,000 in non-cash contributions? II "Yes," complete Schedule N, Part I 31					<u> </u>
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pari 1,,,,,			24d		<u> </u>
b b the organization aware that it angaged 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-E27 If "res," complete Schedule I, Part I,	25 a				
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I. 25b x 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity of namily member do any of these persons? If "Yes," complete Schedule L, Part II. 26 x 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27 x 28 Was the organization party to a business transaction with one of the following parties (see the Schedule L, Part IV. 28 28 x 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I, Part IV. 28 28 x 20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II 30 x 29 Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II 30 x 30 Did the organization neelate to any tax-exempt tor tassle more than 25% of its net assets?			25a		X
<i>If Yes,</i> * complete Schedule L, Part I. <i>If Yes,</i> * complete Schedule L, Part IX, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,* complete Schedule L, Part IX, <i>26</i> X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or the substantial contributor or amployee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,* complete Schedule L, Part IV Part IV instructions, for applicable filling thresholds, conditions, and exceptions): <i>27</i> X 28 Was the organization reperive thresholds, conditions, and exceptions? <i>If 'Yes,</i> * complete Schedule L, Part IV Part IV instructions, for one or more individuals and/or organizations described in line 28a or 28b? <i>If Yes,</i> * complete Schedule L, Part IV <i>28</i> X 29 X 30 Did the organization receive contributions of ant. historical treasures, or other similar assets, or quilied conservation contributions? If 'Yes,* complete Schedule N, Part I 31 X Xas the organization releated to any tax-exempt or transfer more than 25% of its net assets? If 'Yes,* Complete Schedule N, Part II 31 Xi was the organization nelite within the meaning of section 512(b)(13)? Yes,*	b				
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ROBERT A. TOIGO FOUNDATION

Form	990 (2021)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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	6 -		37
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ch		
_	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	7a	Х	
h	and services provided to the payor?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.0		
L	required to file Form 8282?	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	TJa		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D D	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
JSA		-	000	(2021)

Form 9	90 (2021) ROBERT A. TOIGO FOUNDATION 13-3565	420	F	Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 28			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
· u	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
5	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	-		
0	the year by the following:			
~		8a	Х	
a k	The governing body?	8b	X	
а 9				
3	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? <i>If "Yes," provide the names and addresses on Schedule O</i> .	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-)	
<u></u>		0000	Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a		X
	-	lou		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	- Tu	11	
b 120	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
12a				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	х	
-	rise to conflicts?			
C		12c	х	
40	describe on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	21	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	130	Δ	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		v
	with a taxable entity during the year?	16a		X
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	4.0%		
Casti	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA, NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1	(sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s 🕨		
	NANCY SIMS 555 12TH STREET, SUITE 275 OAKLAND, CA 94607		000	
JSA	510-763-5771	Form	990	(2021)
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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	an
	Independent Co	ontra	actors								

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box, office	(C) Position (do not check more that box, unless person is bo officer and a director/tr					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) NANCY SIMS	70.00						Det	ailed nforma	tion Availab	le upon Request	
PRESIDENT & CEO	NONE			Х							
(2) KRISTY POSOCCO	50.00						De	tailed nform	ation Availak	le upon Reques	
DIRECTOR OF EDUCATION	NONE					X					
(3) ANGEL STEWART	40.00	-					De	tailed nform	ation Availab	le upon Reques	
DIRECTOR OF TALENT MANAGEMENT	NONE					X					
(4) SUE TOIGO (FOUNDER)	0.50	-									
BOARD MEMBER	NONE	X						NONE	NONE	NONE	
(5) MARK MCCOMBE	0.50	-									
CHAIRMAN	NONE	X		Х				NONE	NONE	NONE	
(6) KELLY WILLIAMS	0.50	-									
CO-CHAIRMAN	NONE	X		Х				NONE	NONE	NONE	
(7) JAY FERGUSON	0.50	-									
TREASURER	NONE	X		Х				NONE	NONE	NONE	
(8) DHVANI SHAH	0.50	-									
SECRETARY	NONE	X		Х				NONE	NONE	NONE	
(9) MARK ANSON	0.50	-									
BOARD MEMBER	NONE	X						NONE	NONE	NONE	
(10) SYLVIA BELL	0.50	-									
BOARD MEMBER	NONE	X						NONE	NONE	NONE	
(11) ALAN BOWSER	0.50	-									
BOARD MEMBER	NONE	X						NONE	NONE	NONE	
(12) MARY CAHILL	0.50	-									
BOARD MEMBER	NONE	X						NONE	NONE	NONE	
(13) TED ELIOPOLOUS	0.50										
BOARD MEMBER	NONE	Х						NONE	NONE	NONE	
(14) JOSE E FELICIANO	0.50										
BOARD MEMBER	NONE	Х						NONE	NONE	NONE Form 990 (2021)	

JSA

ROBERT A. TOIGO FOUNDATION

	RT A. TOIGO	FOU	JNDA	ATI	ON				13-35654	-
Form 990 (2021) Part VII Section A. Officers, Directors	Trustees, Ke	v Em	nplo	vee	es.	and H	lial	hest Compensat	ed Employees (c	Page 8
(A) Name and title	(B) Average hours per week (list any hours for	(do r box,	not ch unles	Pos neck	c) ition more	e than c is both cor/trust	one an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15) JOSE FERNANDEZ	0.50_									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(<u>16)</u> DAVID A HUNT BOARD MEMBER	0.50_ NONE	x						NONE	NONE	NONE
(17) FRANCIS IDEHEN	0.50	- 21							NOME	
BOARD MEMBER	NONE	x						NONE	NONE	NONE
(18) TROY JENKINS	0.50									
BOARD MEMBER	NONE	x						NONE	NONE	NONE
(19) HENRY JONES	0.50									
BOARD MEMBER	NONE	x						NONE	NONE	NONE
(20) BRYAN LEWIS	0.50									
BOARD MEMBER	NONE	x						NONE	NONE	NONE
(21) BARRY MILLER	0.50									
BOARD MEMBER	NONE	x						NONE	NONE	NONE
(22) JOSE MINAYA	0.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(23) ANTHONY J. DE NICOLA	0.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(24) JANICE COOK ROBERTS	0.50									
BOARD MEMBER	NONE	x						NONE	NONE	NONE
(25) MARCOS RODRIGUEZ	0.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
1b Sub-total								688,444.	NONE	46,861.
c Total from continuation sheets to Part V							►	NONE	NONE	NONE
d Total (add lines 1b and 1c)	-		<u> </u>		•••	<u></u>		688,444.	NONE	46,861.
2 Total number of individuals (including but reportable compensation from the organiz		hose	liste	d al	bov	e) who 3	o re	ceived more than	\$100,000 of	

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
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.
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
~	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization ►	e listed above) who received	

JSA 1E1055 2.000 Yes No

3

4

5

(A)	(B)			(0	2)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box, office	unles	Pos neck ss pe	ition more rson	e than or is both a or/truste	an ee)	Reportable compensation from the	Reportable compensation from related organizations	an	stimated nount of other pensati	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anizatio d related anization	on ed
6) ALEX TAYLOR OARD MEMBER	0.50	X						NONE	NONE			NC
7) JAMES WILLIAMS	0.50											
OARD MEMBER	NONE	X						NONE	NONE			N
8) STEVE VOSS OARD MEMBER	0.50_ NONE	x						NONE	NONE			N
9) JAMES ZELTER OARD MEMBER	0.50 NONE	x						NONE	NONE			N
0)_SCOTT_CHAN OARD_MEMBER	0.50 NONE	x						NONE	NONE			N
		-										
		-										
b Sub-total c Total from continuation sheets to Part VII, S] • • • •				•••						
d Total (add lines 1b and 1c)						• • • • • •						
Total number of individuals (including but not reportable compensation from the organization		hose	liste	d al	2006	e) who	re	ceived more than	\$100,000 of			
Did the organization list any former offic											Yes	
employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the organization and related organizations gra individual	sum of rep eater than	ortab \$15	le c 0,00	om 00?	pen <i>If</i>	sation <i>"Ye</i> s,	ar ″	nd other compens complete Schedu	sation from the le J for such	3	x	
Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on f	rom	n any	uni	related organization	on or individual	5		
ection B. Independent Contractors	es, comple		ieuu		101	Such	001	30//	<u> </u>	J		1
Complete this table for your five highest com compensation from the organization. Report o year.												
(A)								(B) Description of se		(C) Compens		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 2 JSA 1E1055 2.000

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Form 990 (2021)

ROBERT A. TOIGO FOUNDATION Part VIII Statement of Revenue

Г

		Check if Scheduk	e O c	ontains a re	espor	nse or note to an	y line in this Part V (A) Total revenue	/III (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
										sections 512-514
nts nts	1a	Federated campaigns		••••	1a					
<u>S</u> ra	b	Membership dues		••••	1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events .			1c	1,451,187.				
	d	Related organizations			1d					
mil.	е	Government grants (c	ontrib	utions)	1e	285,582.				
Sij	f	All other contributions,	gifts,	grants,						
Jer		and similar amounts not i	nclude	ed above 🔒	1f	1,846,777.				
ei j	g	Noncash contributions	s inclu	uded in						
d d		lines 1a-1f			1g	\$				
ອັບັ	h	Total. Add lines 1a-1f					3,583,546.			
						Business Code				
ce	2a	TOIGO INSTITUTE & PR	OF SE	ERVICES		611710	786,970.	786,970.		
Program Service Revenue	b	EDUCATION				561300	115,600.	115,600.		
s nu	c	CAREER & TALENT SERV	ICES			900099	81,969.	81,969.		
am	d									
ъg В	e									
Ę	f	All other program serv	ico ro	Venue						
	g	Total. Add lines 2a-2f					984,539.			
	3	Investment income								
		other similar amounts)	`	0			1,099.			1,099.
	4	Income from investme					NONE			
	5	Royalties		•		•	NONE			
	-			(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
		Less: rental expenses								
	b	•			NONE	e none				
	C d	Rental income or (loss)	·				NONE			
	d	Net rental income or (lo	<u>)</u> 	(i) Securit		(ii) Other	INCINE			
	7a	Gross amount from		(I) Seculi	lies					
		sales of assets								
		other than inventory	7a							
anı	b	Less: cost or other basis								
Revenue		and sales expenses	7b							
Re	С	Gain or (loss)	7c							
er	d	Net gain or (loss)		••••		<u></u> ▶	NONE			
Other	8a	Gross income fro		fundraising						
0		events (not including \$	S	1,451,187.						
		of contributions rep	ortec	d on line						
		1c). See Part IV, line 18	8		8a	498,480.				
	b	Less: direct expenses		l	8b	689,668.				
	c	Net income or (loss) fr	om fu	undraising e	vents	<u></u> ▶	-191,188.			-191,188.
	9a	Gross income	from	gaming						
		activities. See Part IV, I	ine 19	9	9a	NONE				
	b	Less: direct expenses			9b	NONE				
	c	Net income or (loss) f	rom g	gaming activ	/ities		NONE			
	10a	Gross sales of i	nven	tory, less						
		returns and allowances			<u>10</u> a	NONE				
	b	Less: cost of goods sol			10b	NONE				
	c	Net income or (loss) fr	om sa				NONE			
s		· · · ·				Business Code				
Miscellaneous Revenue	11a	OTHER INCOME				900099	918.			918.
nu										
ell: sve	b									
S R S S	c d	All other revenue								
Σ	e	Total. Add lines 11a-1				► ►	918.			
	12	Total revenue. See ins					4,378,914.	984,539.		-189,171.
	•									

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 this Part IX								
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising				
8b,	9b, and 10b of Part VIII.		expenses	general expenses	expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	114,000.	114,000.						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE							
л	Benefits paid to or for members	NONE							
	Compensation of current officers, directors,	INCINE							
	trustees, and key employees	362,771.	282,580.	36,455.	43,736.				
6	Compensation not included above to disqualified persons (as defined under section $4958(f)(1)$) and	NONE							
7	persons described in section 4958(c)(3)(B)	NONE 856,365.	713,906.	106,649.	35,810.				
	Other salaries and wages Pension plan accruals and contributions (include	2,733.	713,900.	2,733.	55,010.				
8	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	81,974.	62,238.	14,907.	4,829.				
10	Payroll taxes	83,341.	65,366.	12,780.	5,195.				
11	Fees for services (nonemployees):								
	Management	NONE		1,625.					
	Legal	1,625.	63,350.	· ·	18,550.				
	Accounting	202,803. NONE	03,350.	120,903.	10,550.				
	Lobbying	NONE							
	Professional fundraising services. See Part IV, line 17 Investment management fees	NONE							
		SEE SCHE O							
5	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	565,244.	543,249.	20,895.	1,100.				
12	Advertising and promotion	420.	420.						
13	Office expenses	102,008.	79,519.	15,567.	6,922.				
14	Information technology	240,046.	188,621.	25,528.	25,897.				
15	Royalties	NONE							
16	Occupancy	156,796.	139,511.	17,285.					
17	Travel	500.	233.	267.					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	NONE							
19	Conferences, conventions, and meetings	55,907.	55,907.						
20	Interest	NONE							
21	Payments to affiliates	NONE		0 511					
22	Depreciation, depletion, and amortization	14,568.	4,480.	9,711.	377.				
23 24	Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If	17,562.	13,746.	2,733.	1,083.				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)								
a	PROGRAM & EVENT SERVICE FEES	384,228.	376,457.	54.	7,717.				
	FILING FEES	234.	•	234.					
- C									
c									
e	All other expenses								
	Total functional expenses. Add lines 1 through 24e	3,243,125.	2,703,583.	388,326.	151,216.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here a if								
	following SOP 98-2 (ASC 958-720)				Form 990 (202				

Page	1	1
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vrm 0	an r	2021)		13	3565420 Page 1 1
Part	_				raye I
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	731,206.	1	2,072,835
	2	Savings and temporary cash investments.	2,374,594.	2	2,470,106
	3	Pledges and grants receivable, net	1,364,614.	3	876,781
	4	Accounts receivable, net	NONE	4	116,580
	5	Loans and other receivables from any current or former officer, director,			
	-	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NO
	6	Loans and other receivables from other disqualified persons (as defined			
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NO
2	7	Notes and loans receivable, net	NONE		NO
ASSetS	8	Inventories for sale or use	NONE	8	NO
Ϋ́	9	Prepaid expenses and deferred charges	311,063.	9	316,689
1	0a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 471,039.			
	b	Less: accumulated depreciation 10b 435,875.	37,247.	10c	35,164
1		Investments - publicly traded securities	NONE		NO
1	2	Investments - other securities. See Part IV, line 11	NONE	12	NO
1	3	Investments - program-related. See Part IV, line 11	NONE	13	NO
1	4	Intangible assets	NONE	14	NO
1	5	Other assets. See Part IV, line 11	14,649.	15	14,64
1	6	Total assets. Add lines 1 through 15 (must equal line 33)	4,833,373.	16	5,902,804
1	7	Accounts payable and accrued expenses	91,786.	17	110,70
1	8	Grants payable	NONE	18	NO
1	9	Deferred revenue SEE SCHEDULE O	NONE	19	41,31
2	0	Tax-exempt bond liabilities	NONE	20	NO
2	1	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NO
ກ 2	2	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	22	NO
2	3	Secured mortgages and notes payable to unrelated third parties	NONE	23	NO
2	4	Unsecured notes and loans payable to unrelated third parties	128,308.	24	NO
2	5	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	38,625.	25	40,34
2	6	Total liabilities. Add lines 17 through 25	258,719.	26	192,363
S		Organizations that follow FASB ASC 958, check here ► X			
		and complete lines 27, 28, 32, and 33.			
		Net assets without donor restrictions	2,784,553.	27	4,679,385
2	8	Net assets with donor restrictions	1,790,101.	28	1,031,058
		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
5	•				
Net Assets of Fund Balances		Capital stock or trust principal, or current funds		29	
D 3		Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		30	
¥ 3		Total net assets or fund balances		31	
2 3			4,574,654.	32	5,710,443
3	<u>ა</u>	Total liabilities and net assets/fund balances	4,833,373.	33	5,902,804 Form 990 (202

Form **990** (2021)

		-35654	£20			
	90 (2021)				Pa	age 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,3	378,	914
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,2	243,	125
3	Revenue less expenses. Subtract line 2 from line 1	3		1,1	L35,	789
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4,5	574,	654
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities					
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O).	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X,	ine				
	<u>32,</u> column (B))	10		5,3	710,	443
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Oth	er," explai	n on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent account	ant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year we	e compile	d or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basi	s				
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basi	S				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility	or oversig	ht of			
	the audit, review, or compilation of its financial statements and selection of an independent ac	-		2c	X	
	If the organization changed either its oversight process or selection process during the tax y					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as	set forth in	n the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did n	ot undergo	the			
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo s			3b		

Form **990** (2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Nam	e of the organization					Employer identif	ication number
ROI	BERT A. TOIGO FOUNDATI	ION					565420
	rt I Reason for Public Ch		organizations must	complet	te this p		
The 1	organization is not a private fo			-		,	
2	A school described in sec	•					
3	A hospital or a cooperativ			-		(1)(A)(iii).	
4	A medical research organ	-	-)(iii). Enter the
	hospital's name, city, and	-	,				
5	An organization operated section 170(b)(1)(A)(iv).		a college or universit	ty owned	d or ope	rated by a governme	ental unit described in
6	A federal, state, or local g		rnmental unit describe	d in sect	ion 170($h(1)(\Delta)(y)$	
7	\mathbf{x} An organization that norm	•					om the general public
-	described in section 170(I	-	-		en a ge		eni ine general paone
8	A community trust describ			e Part II.)			
9	An agricultural research o					l in conjunction with a	land-grant college
	or university or a non-land	I-grant college of a	griculture (see instruct	tions). E	nter the	name, city, and state o	f the college or
	university:						
10 11	An organization that norm receipts from activities rel support from gross invest acquired by the organization An organization organized	lated to its exempt ment income and u ion after June 30, 1	functions, subject to c inrelated business tax 1975. See section 509	ertain ex able inco (a)(2). (0	ceptions me (les: Complete	s; and (2) no more that s section 511 tax) from Part III.)	n 331/3 % of its
12	An organization organized		•	•			rrv out the purposes of
	one or more publicly supp	-	-	-			
	the box on lines 12a throu	igh 12d that descril	bes the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а	Type I. A supporting or	ganization operated	d, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the supported organizat	- ·		-		- · ·	
	supporting organization.	You must comple	te Part IV, Sections A	and B.			
b	Type II. A supporting or	ganization supervis	sed or controlled in co	nnectior	n with its	supported organizati	on(s), by having
	control or management	of the supporting of	organization vested in	the sam	e persor	is that control or mar	hage the supported
	organization(s). You mus	-					
С	Type III functionally into						lly integrated with,
	its supported organization						
d	,			•			• • • • •
	that is not functionally in requirement (see instruct			-			d an attentiveness
е	Check this box if the org	,	•				
C	functionally integrated, of	•				••••••	n, rype m
f	Enter the number of supporte			porting t	ngamza		
g							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Tota	ai						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 1E1210 1.000 Schedule A (Form 990) 2021

Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,924,901.	3,837,188.	3,950,530.	4,120,757.	3,583,546.	18,416,922.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	2,924,901.	3,837,188.	3,950,530.	4,120,757.	3,583,546.	18,416,922.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						2,565,951.
6	Public support. Subtract line 5 from line 4						15,850,971.
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,924,901. 877.	3,837,188. 6,203.	3,950,530. 11,087.	4,120,757. 2,746.	3,583,546.	18,416,922.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE	2,770.	1,181.	431.	737.	918.	6,037.
11	Total support. Add lines 7 through 10						18,444,971.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	2,363,340.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>	<u></u>				
Sec	tion C. Computation of Public Sup	•				1	
14	Public support percentage for 2021 (lin	ne 6, column (f)), divided by line	: 11, column (f))		14	85.94 %
15	Public support percentage from 2020					15	84.65 %
16a	331/3% support test - 2021. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, c	
	box and stop here. The organization qu		• • • •	•			
b	331/3% support test - 2020. If the org						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			•	•	• •	
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets			•	•	•	
4.0	organization						
18	Private foundation. If the organizatio						
	instructions						<u> 🟲 📖</u>

Schedule A (Form 990) 2021

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Pad	e	J

Sche	ROBERT dule A (Form 990) 2021	A. TOIGO	FOUNDATION			13-35654	120 Page
	t III Support Schedule for Organ (Complete only if you checked If the organization fails to qua	d the box or	h line 10 of Par	t I or if the org			
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
<i>i</i> a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
Ň	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						ļ
	Add lines 7a and 7b						[
8	Public support. (Subtract line 7c from						
800	line 6.)						<u> </u>
	• •	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	ndar year (or fiscal year beginning in) ►	(u) 2017	(6) 2010	(0) 2010	(0) 2020	(0) 2021	
9 10 a	Amounts from line 6						ļ
iva	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included 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 5 years. If the Form 990 is for	-			•		
	organization, check this box and stop here .						<u></u> ▶∟
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,					15	%
16	Public support percentage from 2020 Sched				• • • • • • • • •	16	%
Sec	tion D. Computation of Investment						
	Investment income percentage for 2021 (line	e 10c, column (17	%
17						1 1	
18	Investment income percentage from 2020 S 331/3% support tests - 2021. If the org					18	%

b 331/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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 20

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

onedate it			~9
Part IV	Supporting Organizations (continued)		
		Yes	N

- Has the organization accepted a gift or contribution from any of the following persons?a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and
 - 11c below, the governing body of a supported organization?
 - ${\bf b}~~$ A family member of a person described on line 11a above?
 - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

Section 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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr	ructions	s).
•		Yes	Ν
2	Activities Test. Answer lines 2a and 2b below.		
			i i

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Yes No

11a 11b

11c

1

2

13-3565420

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2b

3a

3b

Schedule A (Form 990) 2021 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1				
2	Amounts paid to perform activity that directly furthers exer	ed						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organized	zations	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021							
	(reasonable cause required - <i>explain in Part VI</i>). See							
	instructions.							
3	Excess distributions carryover, if any, to 2021							
a	From 2016							
b	From 2017							
	From 2018							
d	From 2019							
e	From 2020							
f	Total of lines 3a through 3e							
 	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2021 distributable amount							
	Carryover from 2016 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
	Distributions for 2021 from							
4	Section D, line 7: \$							
а	Applied to underdistributions of prior years							
 b	Applied to 2021 distributable amount							
 C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
•	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
-	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2017							
b	Excess from 2018							
С	Excess from 2019							
d	Excess from 2020							
е	Excess from 2021							

Schedule A (Form 990) 2021

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.)

SCHEDULE	71		тт		OTTED	TNOOME
SCHEDULE	А,	PARI	1 I	-	OINER	TINCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
MISCELLANEOUS INCOME	2,770.	1,181.	431.	737.	918.	6,037.
TOTALS	2,770.	1,181.	431.	737.	918.	6,037.

SCHEE	DULE 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.

2 Z **Open to Public** Incraction

OMB No. 1545-0047

Depa	artment of the Treasury		Attach to Form 990.			Open to Public
	nal Revenue Service	Go to www.irs.gov	<i>Form990</i> for instructions and the la			Inspection
	e of the organization				Employer identifica	
	BERT A. TOIGO				13-35654	120
Pa		tions Maintaining Donor Adv			ccounts.	
	Complete	if the organization answered	(a) Donor advised funds		(b) Euroda and	other accounts
			(a) Donor advised funds		(b) Funds and	other accounts
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	•	on inform all donors and donor	•			Yes No
c		nization's property, subject to the				
6		on inform all grantees, donors, a purposes and not for the bene				
	•	issible private benefit?		•		Yes No
Da		tion Easements.				
16		if the organization answered	"Yes" on Form 990 Part IV li	ine 7		
1		servation easements held by the				
		n of land for public use (for example			a historicallv im	portant land area
		of natural habitat			a certified histo	-
		n of open space				
2		through 2d if the organization he	eld a qualified conservation cont	ribution in th	e form of a con	servation
		ast day of the tax year.				End of the Tax Year
а		onservation easements		2	a	
b		ricted by conservation easements			b	
с		vation easements on a certified			c	
d		vation easements included in (c				
	historic structure li	sted in the National Register		2	d	
3	Number of conser	rvation easements modified, tra	nsferred, released, extinguished	, or termina	ted by the org	anization during the
	tax year 🕨					
4	Number of states	where property subject to conse	rvation easement is located \blacktriangleright			
5	Does the organiz	ation have a written policy reg	arding the periodic monitoring	, inspection	, handling of	
	violations, and enfo	orcement of the conservation ea	sements it holds?			Yes No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, and	enforcing co	nservation easem	ents during the year
	▶					
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations, and er	nforcing cons	servation easem	ents during the year
	▶\$					
8		vation easement reported on line 2				
-)(4)(B)(ii)?				
9		be how the organization reports			•	
		d include, if applicable, the text o ounting for conservation easeme	6	n s inanciai	statements that	describes the
Pa		tions Maintaining Collections		or Other S	imilar Assets	
10		if the organization answered				
10					statement and k	alance cheet works
1a	of art, historical t	elected, as permitted under FA reasures, or other similar asse Part XIII the text of the footnote	is held for public exhibition, ea	ducation, or	research in fu	irtherance of public
b		elected, as permitted under FA				
	provide the followi	sures, or other similar assets he ing amounts relating to these iter	id for public exhibition, educations:	on, or resear	ch in furtheran	ce of public service,
		ded on Form 990, Part VIII, line 1			▶ \$	
		d in Form 990, Part X				
2		n received or held works of a				
-	-	required to be reported under F				
а		on Form 990, Part VIII, line 1.			►\$	
b		Form 990, Part X				
		Act Notice, see the Instructions for				edule D (Form 990) 2021
JSA 1E12	68 1.000					

84730R	M993	10/25/2022	15:26:45	V21-7.4F	57586

Schee	dule D (Form 990) 2021 ROB	ERT A.	TOIGO	FOUNDATI	ION					13-3	3565420	Page 2
Ра	rt III Organizations Maintaini					easure	s, or	Other	Similar A			
3	Using the organization's acquisition											,
	collection items (check all that app								•	•		
а	Public exhibition	.,		d	Loan	or exch	ange	progra	m			
b	Scholarly research			e	Other		•					
c	Preservation for future gene	rations										
4	Provide a description of the organ		collection	s and expl	ain how	thev fu	rther	the or	ganization's	s exemp	t purpose	in Part
•	XIII.	Lation o	0011000101			iney ru			gamzation	o oxomp	, puipeee	in r arc
5	During the year, did the organization	n solicit (or receive	donations o	of art hist	orical tr	reasu	res or	other simil:	ar		
Ū	assets to be sold to raise funds rath										Yes	No
Pa	rt IV Escrow and Custodial A					organiz	ation	0 00110				
1 0	Complete if the organiza	-		es" on For	m 990 F	Part IV	line	9 or r	eported a	n amoui	nt on For	m
	990, Part X, line 21.		moroa i			untry,		0, 01 1	oportou u	in annou		
12	Is the organization an agent, trus	too cust	odian or d	other intern	odiary f	or cont	ributi	one or	other ass	ate not		
īα	included on Form 990, Part X?				-						Yes	No
b	If "Yes," explain the arrangement i	n Part XII	ll and com	nlete the fo	llowing tal	hla:	• • •			L	103	
D	in res, explain the analygement i			ipiete trie io	liowing tai	DIE.				Amount		
~	Beginning balance						10			Amount		
с с	Beginning balance Additions during the year						1c					
d	Distributions during the year						1d					
e f	Ending balance						1e 1f					
20	Did the organization include an am							ctodial	account lia	hility/2	Yes	No
2a ⊾	If "Yes," explain the arrangement i											
	rt V Endowment Funds.	ΠΓάπλη	II. CHECK I		xpiariatioi	Thas be	enpi	Uvided				
Га	Complete if the organiza	ation and	wered "V	'es" on For	m 990 I	Part IV	lina	10				
			rrent year	(b) Pric			, mic /o year:		(d) Three ye	aare back	(e) Four ye	are back
		(a) Cu	itent year		n year	(0) 11	lo your	o buok		Sais Dack		als back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage		rrent year		e (line 1g	, columr	n (a))	held as	:			
a	Board designated or quasi-endown			%								
b	Permanent endowment											
С	Term endowment	%										
	The percentages on lines 2a, 2b, a											
3a	Are there endowment funds not in	the poss	ession of	the organiza	ation that	are hel	ld and	d admir	histered for	the	V	
	organization by:											es No
	(i) Unrelated organizations										3a(i)	
	(ii) Related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	•						• • • •			3b	
4	Describe in Part XIII the intended u			ation's endo	wment fu	nds.						
Pa	rt VI Land, Buildings, and Equ Complete if the organization	ation and	swered "\	Yes" on Fo	rm 990	Part IV	' line	11a 3	See Form	990 Pa	art X line	10
	Description of property		1	or other basis	(b) Cost				cumulated		I) Book value	
				estment)		other)			eciation	•		
1a	Land											
b	Buildings											
С	Leasehold improvements											
d	Equipment.					76,00			68,576.			,429.
e	Other					<u>395,0</u>			67,299.			,735.
Tota	I. Add lines 1a through 1e. (Column	i (d) musi	t equal For	rm 990, Part	X, colum	n (B), lii	ne 10	c.)			35	,164.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

	Complete il the organization answered	103 011 0111 330	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financia	al derivatives		
2) Closely	held equity interests		
B) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	· · · · · · · · · · · · · · · · · · ·	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
5)			
(6)			
(7)			
(8)			
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨		
Part IX	Other Assets.		
		"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	Complete il the organization answered	103 011 0111 000	
	(a) Dec	acrintion	(b) Book value
(1)	(a) De:	scription	(b) Book value
	(a) De:	scription	(b) Book value
(2)	(a) De:	scription	(b) Book value
(2) (3)	(a) De:	scription	(b) Book value
(2) (3) (4)	(a) De:	scription	(b) Book value
(2) (3) (4) (5)	(a) De:	scription	(b) Book value
(2) (3) (4) (5) (6)	(a) De:	scription	(b) Book value
(2) (3) (4) (5) (6) (7)	(a) De:	scription	(b) Book value (b) Book value
2) 3) (4) 5) (6) (7) (8)	(a) De:	scription	(b) Book value (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	ımn (b) must equal Form 990, Part X, col. (B) lı		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X	umn (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answered	ine 15.)	
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X	<i>umn (b) must equal Form 990, Part X, col. (B) li</i> Other Liabilities. Complete if the organization answered line 25.	<i>ne 15.)</i> "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X	<i>umn (b) must equal Form 990, Part X, col. (B) li</i> Other Liabilities. Complete if the organization answered line 25. (a) Descrip	ine 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Colu Part X	umn (b) must equal Form 990, Part X, col. (B) la Other Liabilities. Complete if the organization answered line 25. (a) Descrip al income taxes	<i>ne 15.)</i> "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) fotal. (Colu Part X (1) Federa (2)RENT/I	<i>umn (b) must equal Form 990, Part X, col. (B) li</i> Other Liabilities. Complete if the organization answered line 25. (a) Descrip	<i>ne 15.)</i> "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X (1) Feders (2)RENT / I (3)	umn (b) must equal Form 990, Part X, col. (B) la Other Liabilities. Complete if the organization answered line 25. (a) Descrip al income taxes	<i>ne 15.)</i> "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X (1) Federa (2)RENT / I (3) (4)	umn (b) must equal Form 990, Part X, col. (B) la Other Liabilities. Complete if the organization answered line 25. (a) Descrip al income taxes	<i>ne 15.)</i> "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X 9) otal. (Colu Part X (1) Federa (2)RENT / L (3) (4) (5)	umn (b) must equal Form 990, Part X, col. (B) la Other Liabilities. Complete if the organization answered line 25. (a) Descrip al income taxes	<i>ne 15.)</i> "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Colu Part X (3) (4) (5) (6)	umn (b) must equal Form 990, Part X, col. (B) la Other Liabilities. Complete if the organization answered line 25. (a) Descrip al income taxes	<i>ne 15.)</i> "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (7) (7) (6) (7)	umn (b) must equal Form 990, Part X, col. (B) la Other Liabilities. Complete if the organization answered line 25. (a) Descrip al income taxes	<i>ne 15.)</i> "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (0) (0) (0) (1) Federa (2)RENT/I (3) (4) (5) (6) (7) (8)	umn (b) must equal Form 990, Part X, col. (B) la Other Liabilities. Complete if the organization answered line 25. (a) Descrip al income taxes	<i>ne 15.)</i> "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X (2) Part X (2) RENT / I (3) (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col. (B) la Other Liabilities. Complete if the organization answered line 25. (a) Descrip al income taxes	ine 15.). "Yes" on Form 990 tion of liability	, Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 40, 346

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

	le D (Form 990) 2021 ROBERT A. TOIGO FOUNDATION	13-	3565420 Page
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	4,378,914.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,378,914.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,378,914.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,243,125.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,243,125.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,243,125.
	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

PART X, LINE 2

THE FOUNDATION HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2021 AND 2020, RESPECTIVELY, THE FOUNDATION DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

SCHEDULE G (Form 990)	Complete if t	Information Re he organization answer organization entered n	red "Yes" on	Form 990, F	Part IV, line 17, 18, or 1		OMB No. 1545-0047	
Department of the Treasury) or Form 990			Open to Public	
Internal Revenue Service	► G	o to www.irs.gov/Form	990 for instr	uctions and	the latest information.		Inspection	
Name of the organization						Employer identificati	on number	
ROBERT A. TOIGO						13-35654		
	g Activities. Comp EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	7.	
	the organization rais	· · · · · · · · · · · · · · · · · · ·			activities. Check a	all that apply.		
a Mail solicita								
b Internet and								
c Phone solic d In-person so		g	Spe	cial fundra	ising events			
b If "Yes," list the	tion have a written o es listed in Form 990 10 highest paid indiv least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be	
(i) Name and add or entity (fu		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total				<u> </u>				
	which the organizat	tion is registered o	or licensed	d to solicit	contributions or	has been notified	l it is exempt from	
	Ŭ							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 1E1281 1.000 8473OR M993 10/25/2022 15:26:45 V21-7.4F 57586 ROBERT A. TOIGO FOUNDATION

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.

		gross receipts greater than \$5,000	J.			
			(a) Event #1 VIRTUAL GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne						
Revenue	1	Gross receipts	1,949,667.			1,949,667.
œ		Less: Contributions	1,451,187.			1,451,187.
	3	Gross income (line 1 minus line 2)	498,480.			498,480.
		,				
	4	Cash prizes				
~	5	Noncash prizes				
səsue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment	200,000.			200,000.
	9	Other direct expenses	489,668.			489,668.
	40	Direct evenes even and Add line	aa 1 through 0 in aalu	mn (d)		
	10	Direct expense summary. Add line Net income summary. Subtract line	es 4 through 9 in colu	inn (u) imn (d)		689,668.
Ра			anization answered "	V_{00} on Form 0.0.0	Part IV line 19 or	-191,188.
1 6		\$15,000 on Form 990-EZ, lin	e 6a.			reported more than
e				(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes%	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	Ibtract line 7 from line	1, column (d)		
				, , , , , , , , , , , , , , , , , , , ,		
9 a k	I	Enter the state(s) in which the organization licensed to con- If "No," explain:		in each of these state		YesNo
10a k		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp			. Yes No

Schedule G (Form 990) 2021

11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶	_	No
formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶		
13 Indicate the percentage of gaming activity conducted in: 13a a The organization's facility	Vaa	
a The organization's facility 13a b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶	res	No
 b An outside facility		
 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶		%
records: Name ►Address ►Address ►and the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ and the amount of gaming revenue retained by the third party ► \$ and the amount of gaming revenue retained by the third party ► \$ and the amount of gaming revenue retained by the third party. k If "Yes," enter name and address of the third party. Name ►		%
Address ▶		
 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶		
revenue?		
revenue?		
 b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ 		No
amount of gaming revenue retained by the third party ► \$ c If "Yes," enter name and address of the third party: Name ►	,	
 c If "Yes," enter name and address of the third party: Name ▶		
Address ▶		
16 Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ►		
Name ► Gaming manager compensation ► \$ Description of services provided ►		
Gaming manager compensation ► \$ Description of services provided ►		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a is the organization required under state law to make charitable distributions from the gaming proceeds	to	
retain the state gaming license?		No
b Enter the amount of distributions required under state law to be distributed to other exempt organization		
or spent in the organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) an Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inf (see instructions).		

SCHEDULE I				Assistance t			F	OMB No. 1545-0047		
(Form 990)			•	ndividuals i				2021		
	Comp	liete if the of	-	wered "Yes" on F ttach to Form 990		, line 21 of 22.		Open to Public		
Department of the Treasury Internal Revenue Service		► Go t		/Form990 for the I		1.		Inspection		
Name of the organization							Employer identif	cation number		
ROBERT A. TOIGO FOUNDATION 13-356542										
	ormation on Grants and									
the selection criteri 2 Describe in Part IV	ion maintain records to su a used to award the grants the organization's proced	s or assistanc ures for mor	e? hitoring the use	of grant funds in the	e United States.			X Yes No		
	Other Assistance to De		-					"Yes" on Form 990,		
Part IV, line	21, for any recipient th	at received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.			
1 (a) Name and a or gov	ddress of organization /ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description o noncash assistanc	e (h) Purpose of grant or assistance		
_(1)		-								
(2)		-								
(3)		-								
(4)		-								
(5)		-								
(6)		-								
(7)		-								
(8)		-								
(9)		-								
(10)		-								
(11)		-								
(12)		-								
	of section 501(c)(3) and g of other organizations list	-	•							

Schedule I (Form 990) 2021

ROBERT A. TOIGO FOUNDATION

13-3565420

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLABORATIVE PARTNER AWARDS	24	114,000.			
2					
3					
4					
<u>.</u>					
0					
7 Part IV Supplemental Information. Provide the information.	information re	equired in Part I,	line 2, Part III, o	column (b); and any c	other additional

PART I, LINE 2

THE FOUNDATION MONITORS THE USE OF GRANT FUNDS BY PAYING INSTITUTIONS

DIRECTLY. THE FOUNDATION MAINTAINS ACCOUNTING AND ADMINISTRATIVE RECORDS

FOR ALL STUDENTS RECEIVING AWARDS. BILLING INFORMATION PROVIDED BY THE

ACADEMIC INSTITUTIONS, COPIES OF DISBURSEMENTS AND ACCOMPANYING

CORRESPONDENCE ARE RECORDED IN APPROPRIATE SYSTEMS AND ELECTRONIC FILES.

Page 2

SCHEDULE J		Comper	ารล	tion Information	1	OMB No.	1545-0	047
(Forr	n 990)	For certain Officers, Dire	ectors	s, Trustees, Key Employees, and Highest		എന	91	
				nsated Employees nswered "Yes" on Form 990, Part IV, line	23.	ZU		
	nent of the Treasury	· · · · · · · · · · · · · · · · · · ·	Atta	ch to Form 990.		Open t		
	Revenue Service of the organization	Go to www.irs.gov/Form	99010	or instructions and the latest information	Employer identifica		ectio	on
	Ū	GO FOUNDATION			13-3565			
Part		is Regarding Compensation			13 3303	120		
							Yes	No
1a	Check the app	propriate box(es) if the organization pro	ovide	ed any of the following to or for a per-	son listed on Fo	rm 📃		
	990, Part VII,	Section A, line 1a. Complete Part III to	prov	ide any relevant information regardin	g these items.			
	First-cla	ss or charter travel		Housing allowance or residence for	personal use			
	Travel fo	or companions		Payments for business use of perso	nal residence			
	Tax inde	emnification and gross-up payments		Health or social club dues or initiati	on fees			
	Discretio	onary spending account		Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	boxes on line 1a are checked, did the extension of all of the extension of the extension of the extension of the extension of	xpens	ses described above? If "No," con	egarding payme nplete Part III	to		
						. 1b		
2	•	anization require substantiation prio		.				
	•	stees, and officers, including the CEC						
_						. 2		
3		n, if any, of the following the organizati CEO/Executive Director. Check all th						
		ization to establish compensation of the						
		isation committee		Written employment contract				
	· · ·	dent compensation consultant	X	Compensation survey or study				
		00 of other organizations	X	Approval by the board or compensation	ation committee			
4	During the ye	ar, did any person listed on Form 990, or a related organization:	, Par					
а	•	verance payment or change-of-control p	baym	ent?		. 4a		х
b		or receive payment from a supplement	-					Х
С	Participate in	or receive payment from an equity-bas	sed c	compensation arrangement?		. 4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovid	le the applicable amounts for each i	tem in Part III.			
	•	501(c)(3), 501(c)(4), and 501(c)(29) o	-	-				
5	•	listed on Form 990, Part VII, Sect	ion /	A, line 1a, did the organization pa	ay or accrue a	ny		
	-	n contingent on the revenues of:				-		
-	-							X
b		rganization? e 5a or 5b, describe in Part III.	• • •			. 5b		X
6		listed on Form 990, Part VII, Sect	ion	A line 1a did the organization of	av or accrue a	nv		
5		contingent on the net earnings of:				,		
а		ion?				. 6a		х
b	-	rganization?						Х
	-	e 6a or 6b, describe in Part III.						
7						ed		
	payments not	described on lines 5 and 6? If "Yes," c	descri	ibe in Part III				Х
8		ounts reported on Form 990, Part VII,						
		l contract exception described in	-					
-								X
9		ine 8, did the organization also fol						
	Regulations s	ection 53.4958-6(c)?		<u></u>	<u></u>	. 9		

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

Page **2**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns (F) Compens		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
NANCY SIMS	(i)				NONE			NONE	
1 PRESIDENT & CEO	(ii)	NONE	NONE		NONE	NONE	NONE	NONE	
ANGEL STEWART	(i)			NONE	NONE			NONE	
2 DIRECTOR OF TALENT MA	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
KRISTY POSOCCO	(i)			NONE	NONE			NONE	
3 DIRECTOR OF EDUCATION	(ii)	NONE	NONE	NONE	NONE		NONE	NONE	
	(i)								
4	(ii)		Detaile	d information	available upor	n request			
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
_16	(ii)								

Schedule J (Form 990) 2021

13-3565420

Supplemental Information to Form 990 or 990-EZ

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

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



Department of the Treasury Internal Revenue Service

ROBERT A. TOIGO FOUNDATION

FORM 990, PART VI, SECTION B, LINE 11B:

THE GOVERNING BOARD OF DIRECTORS HAS DELEGATED THE REVIEW AND APPROVAL OF THE ANNUAL TAX FILING (FORM 990) TO THE AUDIT COMMITTEE OF THE BOARD PRIOR TO PRESENTATION TO THE FULL BOARD. THE FOLLOWING ARE THE SPECIFIC PROCESSES THE ORGANIZATION USES TO REVIEW FORM 990. THE DOCUMENT IS PREPARED BY AN INDEPENDENT CPA FIRM.

1. THE INITIAL REVIEW OF FORM 990 IS PERFORMED BY THE FOUNDATION'S

ACCOUNTANT FOR ACCURACY.

2. THE SECOND REVIEW IF PERFORMED BY THE PRESIDENT.

3. THE THIRD REVIEW IS COMPLETED BY THE AUDIT COMMITTEE.

4. ONCE THE DRAFT IS APPROVED BY THE AUDIT COMMITTEE AND PRESENTED TO THE GOVERNING BOARD WITH THEIR RECOMMENDATIONS, THE CPA IS INSTRUCTED TO PREPARE A FINAL COPY OF THE FINAL RETURN, INCLUDING ALL SCHEDULES.
5. THE FORM 990 IS PRESENTED TO THE GOVERNING BOARD PRIOR TO FILING.

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

THE FOUNDATION HAS A CONFLICT OF INTEREST POLICY, WHICH OUTLINES THE PROCESS TO COMMUNICATE, EVALUATE, AND ADDRESS ANY KNOWN OR PERCEIVED CONFLICT OF INTEREST IN THE SPIRIT OF FULL DISCLOSURE ON ANY MATTERS THAT MAY APPEAR IN QUESTION. THE EXECUTION OF THIS POLICY IS THE RESPONSIBILITY OF THE NOMINATING AND BOARD GOVERNANCE COMMITTEE AND EXECUTIVE COMMITTEE. THE INDIVIDUAL WHO EVALUATES AND COMMUNICATES THIS INFORMATION TO THE FULL GOVERNING BOARD IS THE CHAIR OF THE NOMINATING AND BOARD GOVERNANCE COMMITTEE.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

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

Employer identification number

BOARD MEMBERS AND OFFICERS ARE EXPECTED TO USE GOOD JUDGEMENT, TO ADHERE TO HIGH ETHICAL STANDARDS AND TO CONDUCT THEMSELVES IN SUCH A MANNER AS TO AVOID ANY POTENTIAL OR ACTUAL CONFLICT BETWEEN THE BOARD MEMBER'S OR OFFICER'S PERSONAL INTERESTS AND THE INTERESTS OF THE ROBERT A. TOIGO FOUNDATION. A CONFLICT OF INTEREST EXISTS WHEN THE BOARD MEMBER'S OR OFFICER'S LOYALTIES OR ACTIONS ARE DIVIDED BETWEEN THE FOUNDATION'S INTERESTS AND THE BOARD MEMBER'S OR OFFICER'S FINANCIAL INTEREST. BOTH THE FACT AND THE APPEARANCE OF A CONFLICT OF INTEREST SHOULD BE AVOIDED. A BOARD MEMBER OR OFFICER WHO IS UNSURE AS TO WHETHER A CERTAIN TRANSACTION, ACTIVITY OR RELATIONSHIP CONSTITUTES A CONFLICT OF INTEREST SHOULD DISCUSS IT WITH THE CHAIR OF THE BOARD OR THE PRESIDENT FOR CLARIFICATION.

IN KEEPING WITH TOIGO'S BEST PRACTICES IN COMPLIANCE WITH SARBANES-OXLEY REQUIREMENTS, ALL GOVERNING BOARD MEMBERS ARE REQUIRED TO REVISIT THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND SIGN AN ACKNOWLEDGEMENT FORM THAT ATTESTS OR REPRESENT THAT MEMBERS WILL REMAIN IN FULL COMPLIANCE WITH THE POLICY.

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

THE RESPONSIBILITY FOR DETERMINING THE COMPENSATION OR ADJUSTMENTS TO CEO COMPENSATION IS THE WORK OF THE EXECUTIVE COMMITTEE WHICH STARTS WITH THE BOARD CHAIR AND FOUNDER. THE COMMITTEE'S MEMBERSHIP CONSIST OF THE FOUNDER, BOARD CHAIR, AND REPRESENTATIVES WHO BRING MANAGEMENT, FINANCE, HUMAN RESOURCES AND NON-PROFIT BACKGROUND INTO THE DISCUSSION AROUND

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

ANNUAL JOB PERFORMANCE AGAINST ORGANIZATIONAL GOALS AND TO ASSESS WORK PERFORMED AGAINST SIMILAR ROLES AND SALARY RANGES BASED ON SCOPE OF RESPONSIBILITIES. SHOULD THERE BE A REQUIREMENT FOR COMPENSATION DATA OR BENEFITS ANALYSIS, INDEPENDENT COMPENSATION CONSULTANTS ARE BROUGHT IN TO ADVISE THE EXECUTIVE COMMITTEE IN MAKING THEIR DECISIONS. THIS COMMITTEE ROTATES ON A PERIODIC BASIS AS PART OF THE NORMAL BOARD SERVICE ROTATION, WHICH ALLOWS FOR CONTINUED OBJECTIVITY AND RELEVANT PERSPECTIVE TO THIS IMPORTANT GOVERNANCE DUTY. THERE IS ALSO ACTIVE ENGAGEMENT WITH THE CEO ON PERFORMANCE OF THE NON-PROFIT AND STRATEGIES, MORE FREQUENT THAN ANNUAL REVIEWS.

OTHER KEY EMPLOYEES

THE BOARD OF DIRECTORS HAS DELEGATED THE RESPONSIBILITY FOR THE EVALUATION AND DETERMINATION OF SALARY FOR THESE POSITIONS TO THE PRESIDENT/CEO. THE PRESIDENT WILL, HOWEVER, REVIEW STAFF PERFORMANCE WITH THE DESIGNATED MEMBER OF THE EXECUTIVE COMMITTEE AND WILL DISCUSS PLANS FOR ANY ADJUSTMENTS, IF WARRANTED, IN ADVANCE. SALARY ADJUSTMENTS AND RECOGNITION AWARDS ARE NOT GUARANTEED ON AN ANNUAL BASIS AND, THEREFORE, PERFORMANCE OF THE NONPROFIT AND THE INDIVIDUAL'S PERFORMANCE ARE ASSESSED TO DETERMINE IF ANY MERIT ADJUSTMENT IS WARRANTED. SALARIES FOR THESE POSITIONS ARE EVALUATED AGAINST MARKETPLACE INFORMATION, FEEDBACK FROM INTERNAL AND EXTERNAL CLIENTS AND REVENUE GENERATED FROM THEIR AREA OF RESPONSIBILITY, IN ADDITION TO THE INTERNAL COMPENSATION STRUCTURE OF THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ANNUAL FINANCIAL INFORMATION IS POSTED FOR PUBLIC VIEW ON THE FOUNDATION'S WEBSITE, ALONG WITH THE ANNUAL REPORT AND OTHER SELECT COMPLIANCE POLICIES. THE FOUNDATION UPHOLDS THE HIGHEST DEGREE OF ACCOUNTABILITY AND TRANSPARENCY AND WILL PROVIDE ANY ADDITIONAL PUBLIC INFORMATION, UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2021		Page
Name of the organization	Employer identification number	
ROBERT A. TOIGO FOUNDATION	13-3565420	

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TOIGO DEVELOPS LEADERS AND FOSTERS THE CAREER ADVANCEMENT OF HIGHLY TALENTED WOMEN AND MEN THROUGHOUT THEIR MBA EXPERIENCE. OUR 1,700 TOIGO ALUMNI ARE THE FOUNDATION ON WHICH WE HAVE BUILT PROGRAMMING TO SUPPORT THE CAREER ASCENSION AND RETENTION OF MINORITY LEADERS. THE GATEWAY TO THIS EXPERIENCE IS THE FOUNDATION'S HIGHLY-REGARDED MBA FELLOWSHIP PROGRAM, WHICH IDENTIFIES YOUNG PROFESSIONALS AT THIS STAGE OF ACADEMIC CAREER WHO DEMONSTRATE THE GREATEST LEADERSHIP POTENTIAL, WHO SEEK TO CONTRIBUTE AND MAKE POSITIVE IMPACT IN THEIR FINANCE CAREERS AND THEIR COMMUNITIES. THE FOUNDATION'S PROGRAMMING OFFERS LEADERSHIP ASSESSMENT AND DEVELOPMENT TRAINING, INDUSTRY EDUCATION, AND CAREER SUPPORT THROUGHOUT THE DURATION OF FELLOWS' MBA PROGRAMS AND, ONGOING AS TOIGO ALUMNI ASCEND IN THEIR POST-GRADUATION CAREERS. FURTHER, OUR WORK PROMOTES THE MERITS OF DIVERSITY AND INCLUSION TO ONE OF THE NATION'S MOST VITAL INDUSTRIES - FINANCE AND TO ASSOCIATED FIELDS WHERE OUR TALENT IS LEVERAGING FINANCIAL SKILLSET TO SHARE OUR VISION OF A MORE INCLUSIVE AND REPRESENTATIVE WORKPLACE.

43

Schedule O (Form 990 or 990-EZ) 2021		Page
Name of the organization	Employer identification number	
ROBERT A. TOIGO FOUNDATION	13-3565420	

LINE 4A, PROGRAM SERVICE

EDUCATION: DESPITE AN UNDERCURRENT OF UNCERTAINTY AROUND THE QUALITY AND VALUE OF REMOTE LEARNING, APPLICANTS TO BUSINESS SCHOOL, IN PARTICULAR, APPLICATION FOR THE MBA FELLOWSHIP REMAINED ROBUST FOR 2021 THE FOUNDATION WELCOMED NEARLY 400 NEXT GENERATION LEADERS TO PRESENT THEIR QUALIFICATIONS FOR SELECTION AS A TOIGO FELLOW. THE FOUNDATION'S FINANCIAL INVESTMENT IN ONLINE APPLICATION TOOLS, WEBINARS AND RECORDED INTERVIEWS ALLOWED FOR THE CLOSEST EXPERIENCE TO THE IN-PERSON INTERVIEW PROCESS AND LED TO THE SELECTION OF 100 STUDENTS FOR THE PROGRAM. THE GROWING INTERESTS AND NEEDS OF TODAY'S MBAS PARTICULARLY GIVEN THE CONVERSION OF IN-PERSON SESSIONS TO VIRTUAL PLATFORMS ALLOWED THE FOUNDATION TO REACH AN INCREASING NUMBER OF STUDENTS BY WAY OF OUR INDUSTRY EDUCATION ONLINE SESSIONS, TECHNICAL SKILL TRAINING AND WORKSHOPS. ONLINE PLATFORMS WERE CUSTOMIZED AND EASILY ADMINISTERED PROVIDING A SETTING FOR SEAMLESS PROGRAMMING AND AN EFFECTIVE WAY TO ENGAGE CORPORATE DONORS IN LEADING SESSIONS, MEETING STUDENTS TOWARD RECRUITMENT GOALS AND PROVIDING CAREER MANAGEMENT SUPPORT. UNANTICIPATED WERE THE MORE THAN 100 STUDENTS WHO WERE FINALISTS FOR THE PROGRAM SEEKING ACCESS TO TOIGO'S ADDITIONAL SKILL-BUILDING SUPPORT. THE FOUNDATION OPENED ITS PLATFORMS FOR ACCESS BY THESE STUDENTS INCREASING THE TOTAL NUMBER SERVED TO NEARLY 300 STUDENTS ACROSS MORE THAN 22 ACADEMIC INSTITUTIONS.

NEW TRENDS IN CAREERS PRESENTED OPPORTUNITIES FOR THE FOUNDATION TO ENGAGE WITH ADDITIONAL RESOURCE PROVIDERS AND SUBJECT MATTER EXPERTS TO EXPAND OUR TECHNICAL SKILLS PLATFORM - QUANT CAMP. ASYNCHRONOUS LEARNING MODULES AND SELECT CERTIFICATION PROGRAMS WERE INTRODUCED; BALANCING ELEVATED CAREER MANAGEMENT SERVICES WITH EXPERIENCED CAREER COACHING AND LEADERSHIP PROFESSIONALS. COMBINING THESE TOOLS AND RESOURCES ADVANCED STUDENT PROFILES IN THE INTERVIEW PROCESS LEADING TO A VERY SUCCESS EMPLOYMENT TREND FOR SUMMER AND FULL-TIME POSITIONS - SUCCESSFULLY COMPLETED BY 12/31/21.

LINE 4B, PROGRAM SERVICE

JSA 1E1228 2.000

PROFESSIONAL SERVICES: THE NATIONAL DIALOGUE AND ACTIONS AROUND RACE AND EQUITY; WORKPLACE OPPORTUNITY AND FAIRNESS FUELED THE

Schedule O (Form 990 or 990-EZ) 2021	Page
Name of the organization	Employer identification number
ROBERT A. TOIGO FOUNDATION	13-3565420

ATTENTION THAT STARTED IN 2020 TO CONTINUE AT AN ACCELERATED MOMENTUM IN 2021 WITH RESPECT TO FIRMS SEEKING TO IMPROVE INCLUSION WITHIN THEIR ORGANIZATIONS BY TAPPING INTO MORE DIVERSE APPLICANT TALENT POOLS AN EXPONENTIAL INCREASE IN RECRUITING STRATEGIES FOCUSED ON UNDERREPRESENTED TALENT AT THE MBA LEVEL TO MORE ELEVATED SERVICES, SUPPORT AND COUNSEL TO ADVANCE INDUSTRY'S ATTENTION ON WORKPLACE D&I, LED TO CONSIDERABLE ENGAGEMENT WITH PRACTITIONERS AND ORGANIZATIONS AND AN INCREASED DEMAND FOR THE FOUNDATION'S PROFESSIONAL SERVICES. SUPPORT TO BRIDGE THE CONNECTIONS BETWEEN FIRM EMPLOYMENT OPPORTUNITIES AND ENTRY LEVEL TALENT SEEKING SUMMER INTERNSHIPS AND/OR FULLTIME ROLES UPON GRADUATION WAS UNPRECEDENTED. ORGANIZATIONS LATE IN THE RECRUITING PROCESS LEARNED QUICKLY THAT TALENT HAD ALREADY BEEN SWEPT UP BY MORE PROACTIVE RECRUITING STRATEGIES BY EMPLOYERS. THE FOUNDATION PROVIDED COUNSEL AND ALTERNATIVE APPROACHES THROUGHOUT THE YEAR ON WAYS TO CULTIVATE PROSPECTIVE EMPLOYEES; PROVIDE INDUSTRY EDUCATION AND TO MAINTAIN RELATIONSHIPS THROUGH THE DYNAMICS OF RECRUITING SEASON TO ACHIEVE DESIRED RESULTS. INVESTMENT IN ONLINE PLATFORMS FOR JOB POSTINGS AND RESUME REVIEW WAS INTRODUCED FOR THE MBA LEVEL.

EVEN MORE ROBUST WAS THE KEEN EYE ON EXPERIENCED TALENT. THE FOUNDATION BENEFITED FROM ITS LONG-STANDING PRACTICE OF DIRECT, HIGH TOUCH ENGAGEMENT WITH FIRMS AND PROSPECTIVE CANDIDATES TO ENSURE THAT MID TO SENIOR LEVEL PARTICIPANTS IN THE PROGRAM WOULD BE SERVED ACTIVELY AND PROFESSIONALLY.

COMPANIES THAT EXPERIENCED THE EFFECTS OF THE "GREAT MIGRATION", DEMAND FOR MORE REMOTE WORK SETTINGS OR, MORE POSITIVELY, THE POTENTIAL FOR HEADCOUNT EXPANSION INTENTIONALLY IMPLEMENTED STEPS TO PARTNER WITH ORGANIZATIONS TO REACH THE HIGHLY SELECTIVE TALENT POOL OF PROFESSIONALS WITH 10+ YEARS EXPERIENCE AS A WAY TO DEMONSTRATE THEIR COMMITMENT TO D&I ACROSS THE RANKS OF THEIR ORGANIZATIONS. THE FOUNDATION ACTIVELY SUPPORTED THIS PROCESS PRESENTING CANDIDATES AND FACILITATING CLOSURE ON JOB SEARCH PLACEMENT WITHIN KEY ROLES WITHIN THE FINANCE INDUSTRY. REVENUE WAS ROBUST FOR THESE SERVICES BASED ON THE FOUNDATION'S SUCCESS AT CANDIDATE SOURCING, PRESENTATION AND SUCCESSFUL PLACEMENT. EXPENSES WERE ALIGNED TO THIS SERVICE REFLECTING THE TIME INVOLVED ACROSS MORE THAN 300 POSTINGS IN 2021.

UNDERSTANDING THE CRITICAL WORK TO ASSIST INDUSTRY IN ADVANCING THEIR EDUCATION AND AWARENESS AROUND THE MERIT OF BUILDING MORE

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INCLUSIVE WORK ENVIRONMENTS, THE FOUNDATION'S INCLUSION STRATEGY SERVICES LAUNCHED IN 2020 REMAINED ACTIVE THROUGHOUT 2021. FROM PROJECT-BASED SERVICES TO SPEAKING ENGAGEMENTS TO THOUGHT LEADERSHIP, THE FOUNDATION PRESENTED A FULL-SCALE PLATFORM FOR FOSTERING ONGOING DIALOGUE, IMPROVEMENTS TO POLICIES AND PRACTICES, AMPLIFYING THE VOICE OF DIVERSE PROFESSIONALS THROUGH SURVEYS AND REPORTS AND FEATURE ARTICLES DRIVING TOPICS ACROSS EMPLOYMENT, ENTREPRENEURSHIP, GOVERNANCE AND LEADERSHIP. THESE ACTIVITIES RESULTED IN THE VALUE PLACED ON THE FOUNDATION AS A LEADER IN THE DIALOGUE AROUND DIVERSITY AND INCLUSION.

LINE 4C, PROGRAM SERVICE

JSA

TOIGO INSTITUTE PROGRAMMING: TOIGO INSTITUTE PROGRAMMING FOCUSED ON POST GRADUATE CONTINUOUS LEARNING REMAINED A DYNAMIC PART OF THE FOUNDATION'S OFFERINGS IN 2021. INVESTMENTS IN SPECIALIZED PROGRAMS AND SERVICES REPRESENT OUR ONGOING COMMITMENT TO THE LEADERSHIP GOALS OF THE POST-GRADUATE POPULATION WE SERVE AND MEANINGFUL WAYS TO INCREASE AWARENESS AROUND WORKPLACE DIVERSITY, ACCESS TO TALENT AND MECHANISMS FOR RETENTION.

THE FOUNDATION CONTINUED DEVELOPMENT OF ITS LEARNING PLATFORM FEATURING PODCASTS, INVESTMENT SECTOR WEBINARS AND MORE. ADDITIONALLY, THE CRM "TOIGO MARKETPLACE" GREW IN PARTICIPATION ACROSS THE NETWORK OF FELLOWSHIP PARTICIPANTS, SHARING INDUSTRY EVENTS AND A SPIRIT OF COMMUNITY BUILDING. THOUGHT LEADERSHIP IN 2021 ADVANCED WITH THE RELEASE OF INDUSTRY RECOGNIZED REPORTS AND ARTICLES BRINGING INTO FOCUS D&I WITHIN THE ACADEMIC ENVIRONMENT TO THE PERSPECTIVES OF MID-CAREER DIVERSE PROFESSIONALS ON THE PERCEIVED CHANGE IN WORKPLACE DIVERSITY OVER THE PAST TWO YEARS IN LIGHT OF NATIONAL EVENTS OF TRAGEDY AND DISCOURSE AROUND RACE AND EQUITY. AN ARTICLE AMPLIFYING THE VOICES OF PROGRAM PARTICIPANTS ON CAREERS AND THE OPPORTUNITIES FOR CONTINUOUS CHANGE WAS PUBLISHED WITHIN A GLOBAL PUBLICATION; FURTHERING THE BRAND OF THE ORGANIZATION AND FUELING NEW CONNECTIONS. THE HALLMARK OF THESE PIECES IS THE FOUNDATION'S RESPONSIBILITY TO CONTRIBUTE TO CONVERSATIONS BY BRINGING "REAL TRUTH" FROM THE PERSPECTIVE OF INDIVIDUALS FOR WHOM THESE PROGRAMS ARE DESIGNED.

TOIGO'S WOMEN IN LEADERSHIP SUMMIT, GROUNDBREAKERS WAS HELD VIRTUALLY IN 2021 HOSTING MORE THAN 350 REGISTRANTS. MORE THAN 25 FIRMS SUPPORTED THE EVENT AS SPONSORS AND SPEAKERS. WITH CORPORATE

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SPONSORSHIP, FIRMS WERE ABLE TO REGISTER LARGE NUMBERS OF EMPLOYEES TO ENJOY THE PROGRAM VIRTUALLY THEREBY EXPANDING THE AUDIENCE TO TAKE ADVANTAGE OF THE RICH CONTENT OF THE PROGRAM BUT ALSO MINIMIZING THE NUMBER OF INDIVIDUAL REGISTRATIONS PREVIOUSLY EXPERIENCED AT THIS EVENT. THIS CHANGE IS VIEWED AS A POSITIVE WITH RESPECT TO THE FOUNDATION'S REACH AND IMPACT ON THE PROFESSIONAL DEVELOPMENT OF WOMEN. THE HIGH-PROFILE LINEUP OF SPEAKERS FROM ACADEMIA, PHILANTHROPY, BUSINESS AND GOVERNMENT CONTINUES TO CREATE A "MUST ATTEND" EVENT ON AN ANNUAL BASIS.

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Name of the organization		Employer identification number
ROBERT A. TOIGO FOUNDATION		13-3565420
FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVIC	ES COMPENSATION
SEGESTA COMMUNICATIONS 6575 WEST LEANING BEAR TRAIL PRESCOTT, AZ 86305	PROGRAM CONSULTANT	299,700.
PRESCUIT, AZ 80305	PROGRAM CONSULTANT	299,700.
PATRISHA GILL 4712 E. 2ND ST		
LONG BEACH, CA 90803	ACCOUNTANT	170,000.

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FORM 990, PART IX - OTHER FE	ES			
	== (A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONSULTING SERVICE FEE	440,020.	438,920.		1,100.
GUEST SPEAKER FEES	104,000.	104,000.		_,
ADMIN & OPERATINGS FEES	8,960.		8,960.	
RECRUITING FEES	12,264.	329.	11,935.	
TOTALS				
	565,244.	543,249.	20,895.	1,100.

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FORM 990, PART X - DEFERRED REVENUE	
	ENDING
DESCRIPTION	BOOK VALUE
DEFERRED REVENUE	41,310.

TOTALS

41,310. _____

Schedule O (Form 990 or 990-EZ) 2021