EXTENDED TO NOVEMBER 15, 2021

Form **990-PF** Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047 **2020** Open to Public Inspection

For calendar year 2020 or tax year beginning , and ending

Name of foundation: ROBINS FOUNDATION

A Employer identification number: 54-0784484

Number and street (or P.O. box number if mail is not delivered to street address): 10 SOUTH 3RD STREET | Room/suite:

B Telephone number: (804) 523-1141

City or town, state or province, country, and ZIP or foreign postal code: RICHMOND, VA 23219

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶$ 164,513,980.

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) (Part I, column (d), must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	0.		N/A	
	2 Check ▶ ☒ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	758,736.	799,691.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	18,548,918.			STATEMENT 1
	b Gross sales price for all assets on line 6a 18,548,918.				
	7 Capital gain net income (from Part IV, line 2)		18,151,691.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less: Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income				
	12 **Total.** Add lines 1 through 11	19,307,654.	18,951,382.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	326,371.	32,637.		293,734.
	14 Other employee salaries and wages	762,970.	76,297.		694,395.
	15 Pension plans, employee benefits	205,845.	20,585.		179,514.
	16a Legal fees STMT 3	11,098.	1,110.		8,520.
	b Accounting fees STMT 4	141,275.	73,138.		56,900.
	c Other professional fees STMT 5	2,238,488.	1,983,960.		247,466.
	17 Interest				
	18 Taxes STMT 6	429,211.	101,236.		59,924.
	19 Depreciation and depletion	22,343.	0.		
	20 Occupancy	102,817.	10,282.		87,720.
	21 Travel, conferences, and meetings	84,187.	4,333.		81,553.
	22 Printing and publications	45.	5.		41.
	23 Other expenses STMT 7	64,330.	3,841.		77,078.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	4,388,980.	2,307,424.		1,786,845.
	25 Contributions, gifts, grants paid	6,515,983.			8,193,897.
	26 **Total expenses and disbursements.** Add lines 24 and 25	10,904,963.	2,307,424.		9,980,742.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	8,402,691.			
	b **Net investment income** (if negative, enter -0-)		16,643,958.		
	c **Adjusted net income** (if negative, enter -0-)			N/A	

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only.

			Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	7,305,752.	17,510,711.	17,510,711.
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶	67,587.		
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons			
	7	Other notes and loans receivable ▶			
		Less: allowance for doubtful accounts ▶	1,500,000.	0.	0.
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	30,078.	28,747.	28,747.
	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 9	89,606,793.	118,539,481.	118,539,481.
	c	Investments - corporate bonds	26,695,176.	0.	0.
	11	Investments - land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation ▶			
	12	Investments - mortgage loans			
	13	Investments - other STMT 10	32,953,437.	27,772,012.	27,772,012.
	14	Land, buildings, and equipment: basis ▶ 224,373.			
		Less: accumulated depreciation STMT 11 ▶ 188,635.	53,307.	35,738.	35,738.
	15	Other assets (describe ▶)	471,725.	627,291.	627,291.
	16	**Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	158,683,855.	164,513,980.	164,513,980.
Liabilities	17	Accounts payable and accrued expenses	160,298.	137,894.	
	18	Grants payable	2,731,046.	1,178,232.	
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable			
	22	Other liabilities (describe ▶)	262,007.	315,048.	
	23	**Total liabilities** (add lines 17 through 22)	3,153,351.	1,631,174.	
Net Assets or Fund Balances		**Foundations that follow FASB ASC 958, check here ▶ [X] and complete lines 24, 25, 29, and 30.**			
	24	Net assets without donor restrictions	155,530,504.	162,882,806.	
	25	Net assets with donor restrictions			
		Foundations that do not follow FASB ASC 958, check here ▶ [ ] and complete lines 26 through 30.			
	26	Capital stock, trust principal, or current funds			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
	28	Retained earnings, accumulated income, endowment, or other funds			
	29	**Total net assets or fund balances**	155,530,504.	162,882,806.	
	30	**Total liabilities and net assets/fund balances**	158,683,855.	164,513,980.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	155,530,504.
2	Enter amount from Part I, line 27a	2	8,402,691.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	163,933,195.
5	Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 8	5	1,050,389.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	162,882,806.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	INVESTMENT PORTFOLIO	P		
b	PASS-THRU K-1 REALIZED GAIN(LOSS)	P		
c	PASS-THRU K-1 UBI REALIZED GAIN(LOSS)	P		
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a	10,161,913.			10,161,913.
b	7,989,778.			7,989,778.
c	397,227.			0.
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				10,161,913.
b				7,989,778.
c				0.
d				
e				

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 } .... 2 | 18,151,691.

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 .... 3 | N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.

1 Reserved

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved			
Reserved			
Reserved			
Reserved			
Reserved			

2	Reserved	2	
3	Reserved	3	
4	Reserved	4	
5	Reserved	5	
6	Reserved	6	
7	Reserved	7	
8	Reserved	8	

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023521 12-02-20

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: ________ (attach copy of letter if necessary-see instructions)		
b	Reserved	1	231,351.
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3	Add lines 1 and 2	3	231,351.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	231,351.
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020 — 6a: 242,727.		
b	Exempt foreign organizations - tax withheld at source — 6b: 0.		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0.		
d	Backup withholding erroneously withheld — 6d: 0.		
7	Total credits and payments. Add lines 6a through 6d	7	242,727.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	0.
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	11,376.
11	Enter the amount of line 10 to be: **Credited to 2021 estimated tax** ▶ 11,376. **Refunded** ▶	11	0.

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0. **(2)** On foundation managers. ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T.*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ VA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G?* If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part VII-A Statements Regarding Activities *(continued)*

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ WWW.ROBINSFDN.ORG

14 The books are in care of ▶ KELLY CHOPUS, PRESIDENT/CHIEF EXECU Telephone no. ▶ (804) 523-1141

Located at ▶ 10 SOUTH 3RD STREET, RICHMOND, VA ZIP+4 ▶ 23219

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

			Yes	No
16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? ☐ Yes ☒ No			
	If "Yes," list the years ▶ ______, ______, ______, ______			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ ______, ______, ______, ______			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

		Yes	No
5a During the year, did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No			
(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☒ No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No			
b If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check here ▶ ☐			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A ☐ Yes ☐ No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		X
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No			
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A	7b		
8 Is the foundation 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? ☐ Yes ☒ No			

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 14		319,424.	41,875.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ROBERT DORTCH - 10 SOUTH 3RD STREET, RICHMOND, VA 23219	VP, PROGRAM & COMMUNITY INNOVATION 40.00	178,406.	27,572.	0.
CHRISTOPHER CHIN - 10 SOUTH 3RD STREET, RICHMOND, VA 23219	VP, OPERATIONS AND ORGANIZATIONAL D 40.00	161,000.	29,202.	0.
COURTNEY RICE - 10 SOUTH 3RD STREET, RICHMOND, VA 23219	DIRECTOR, INCLUSION AND COMMUNITY I 40.00	110,950.	17,428.	0.
TYONKA RIMAWI - 10 SOUTH 3RD STREET, RICHMOND, VA 23219	PROGRAM OFFICER, COMMUNITY PARTNERS 40.00	87,560.	20,657.	0.
ELLIOTT HASPEL - 10 SOUTH 3RD STREET, RICHMOND, VA 23219	PROGRAM OFFICER, EDUCATION POLICY A 40.00	80,802.	22,739.	0.
Total number of other employees paid over $50,000 ▶				1

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
ADAGE CAPITAL PARTNERS, LP - 2000 WESTCHESTER AVE., 1ST FLOOR, PURCHASE, NY 10577	INVESTMENT MANAGMENT	608,308.
TIFF 170 NORTH RADNOR CHESTER RD, RADNOR, PA 19087	INVESTMENT MANAGMENT	341,503.
SAMLYN OFFSHORE, LTD. - C/O MORGAN STANLEY FUND SVCS., 7-11 SIR JOHN ROGER, DUBLIN,	INVESTMENT MANAGMENT	289,954.
GLOBAL ENDOWMENT MANAGEMENT 224 W. TREMONT AVE., CHARLOTTE, NC 28203	INVESTMENT MANAGMENT	194,914.
SILCHESTER INTERNATIONAL INVESTORS 780 3RD. AVE., 42ND FLOOR, NEW YORK, NY 10017	INVESTMENT MANAGMENT	146,337.
Total number of others receiving over $50,000 for professional services ▶		5

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3 ▶	0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	138,287,486.
b	Average of monthly cash balances	1b	6,305,629.
c	Fair market value of all other assets	1c	0.
d	**Total** (add lines 1a, b, and c)	1d	144,593,115.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	144,593,115.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,168,897.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	142,424,218.
6	**Minimum investment return.** Enter 5% of line 5	6	7,121,211.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	7,121,211.
2a	Tax on investment income for 2020 from Part VI, line 5 — 2a: 231,351.		
b	Income tax for 2020. (This does not include the tax from Part VI.) — 2b: 73,262.		
c	Add lines 2a and 2b	2c	304,613.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,816,598.
4	Recoveries of amounts treated as qualifying distributions	4	1,625,000.
5	Add lines 3 and 4	5	8,441,598.
6	Deduction from distributable amount (see instructions)	6	0.
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	8,441,598.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	9,980,742.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	7,673.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	9,988,415.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	9,988,415.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				8,441,598.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			1,591,840.	
b Total for prior years: ___ , ___ , ___		0.		
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f **Total** of lines 3a through e	0.			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ $ 9,988,415.				
a Applied to 2019, but not more than line 2a			1,591,840.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2020 distributable amount				8,396,575.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				45,023.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7	0.			
9 **Excess distributions carryover to 2021.** Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

KELLY CHOPUS, (804) 523-1141
10 SOUTH 3RD STREET, RICHMOND, VA 23219

b The form in which applications should be submitted and information and materials they should include:

ALL GRANT APPLICATIONS MUST BE SUBMITTED ON-LINE AT WWW.ROBINSFDN.ORG

c Any submission deadlines:

WWW.ROBINSFDN.ORG

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

WWW.ROBINSFDN.ORG

Part XV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL WAR MUSEUM C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	20,000.
ASPEN EDUCATION FOUNDATION PO BOX 2200 ASPEN, CO 81612	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	15,000.
ASPEN HOPE CENTER 1460 E VALLEY RD STE 208 BASALT, CO 81621-8414	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	10,000.
BLUE SKY FUND PO BOX 8108 RICHMOND, VA 23223-0208	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	15,000.
BOYS & GIRLS CLUB OF METRO RICHMOND 5511 STAPLES MILL RD STE 301 RICHMOND, VA 23228-5445	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	292,000.
Total SEE CONTINUATION SHEET(S)			▶ **3a**	8,193,897.
b *Approved for future payment*				
FORE CHILDREN 600 FOUNDERS BRIDGE BOULEVARD MIDLOTHIAN, VA 23113-6357	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	40,000.
HEALTHY HEART PLUS II 705 TWIN RIDE LANE, SUITE #6 RICHMOND, VA 23235-5200	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	1,800.
HELP ME HELP YOU FOUNDATION PO BOX 75511 RICHMOND, VA 23236	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	92,000.
Total SEE CONTINUATION SHEET(S)			▶ **3b**	463,800.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	758,736.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory	900099	397,227.	18	18,151,691.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		397,227.		18,910,427.	0.

13 **Total.** Add line 12, columns (b), (d), and (e) .... 13 19,307,654.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee | Date | Title: PRESIDENT/CHIEF EXECUTIVE OFFIC

May the IRS discuss this return with the preparer shown below? See instr. ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN
GREGORY W. HAYES	GREGORY W. HAYES	11/18/21		P00054246

Firm's name ▶ MSTILLER LLC | Firm's EIN ▶ 58-0673524

Firm's address ▶ 1960 SATELLITE BLVD., SUITE 3600
DULUTH, GA 30097 | Phone no. (770) 995-8800

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BUCKNELL UNIVERSITY FINANCE OFFICE 1 DENT DRIVE LEWISBURG, PA 17837-2005	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	25,000.
CAPITAL CENTERS OF VIRGINIA C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	6,500.
CAPITAL TREES C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	25,000.
CARITAS 1125 COMMERCE ROAD RICHMOND, VA 23224	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	30,000.
CHAMBER RVA P.O. BOX 26486 RICHMOND, VA 23261-6486	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	10,000.
CHESTERFIELD PUBLIC EDUCATION FOUNDATION 13900 HULL STREET ROAD MIDLOTHIAN, VA 23112	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	265,000.
CHICAGO COMMUNITY FOUNDATION C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	78,000.
CHILDREN'S HOME SOCIETY OF VIRGINIA 4200 FITZHUGH AVE RICHMOND, VA 23230-3829	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	40,000.
CHILDSAVERS 200 NORTH 22ND STREET, SUITE 140 RICHMOND, VA 23223-7020	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	310,000.
CODEVA 5910 W. ROIS ROAD RICHMOND, VA 23227	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	10,000.
Total from continuation sheets				7,841,897.

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COLLEGIATE SCHOOL 103 NORTH MOORELAND ROAD RICHMOND, VA 23229-7709	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	100,000.
COLONIAL WILLIAMSBURG FOUNDATION C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	10,000.
COMMONWEALTH CATHOLIC CHARITIES C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	247,615.
COMMONWEALTH INSTITUTE 1329 E CARY STREET RICHMOND, VA 23219-4142	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	30,000.
COMMUNITIES IN SCHOOLS OF CHESTERFIELD PO BOX 10 CHESTERFIELD, VA 23832-0901	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	35,000.
COMMUNITIES IN SCHOOLS OF PETERSBURG C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	68,000.
COMMUNITIES IN SCHOOLS OF RICHMOND 2922 W. MARSHALL STREET, SUITE 2 RICHMOND, VA 23230-4811	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	130,000.
COMMUNITIES IN SCHOOLS OF SUSSEX VIRGINIA C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	10,000.
COMMUNITY COALITION OF SUSSEX VIRGINIA PO BOX 502 STONY CREEK, VA 23882.0502	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	10,000.
COMMUNITY FOUNDATION FOR GREATER RICHMOND C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	500,000.
Total from continuation sheets				

023631
04-01-20

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CONEXUS 11618 BUSY ST NORTH CHESTERFLD, VA 23236-4060	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	50,000.
CROSS-OVER MINISTRY C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	40,000.
CURRY SCHOOL OF EDUCATION - UVA C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	50,000.
EMORY UNIVERSITY C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	61,000.
ENRICHMOND FOUNDATION C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	35,000.
FAMILIES FORWARD VA 8100 THREE CHOPT ROAD, SUITE 212 RICHMOND, VA 23229-4833	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	30,000.
FAMILY INDEPENDENCE INITIATIVE PO BOX 71363 OAKLAND, CA 94612	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	756,000.
FAMILY LIFELINE C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	75,000.
FEEDMORE 1415 RHOADMILLER STREET RICHMOND, VA 23220-1111	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	25,000.
FORE CHILDREN 600 FOUNDERS BRIDGE BOULEVARD MIDLOTHIAN, VA 23113-6357	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	60,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FRIENDS ASSOCIATION FOR CHILDREN 1004 ST JOHN ST RICHMOND, VA 23220-2525	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	175,000.
GOOCHLAND CARES C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	40,000.
GREATER RICHMOND CHAMBER FOUNDATION 600 E. MAIN STREET STE 700 RICHMOND, VA 23219-2424	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	70,000.
GREATER RICHMOND CHAMBER ATTN: CHRIS BENNETT P.O. BOX 1598 RICHMOND, VA 23218-1598	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	5,000.
GREATER RICHMOND FIT4KIDS 2500 W. BROAD STREET RICHMOND, VA 23220-2057	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	40,000.
GREATER RICHMOND SCAN 103 EAST GRACE STREET, SUITE 203 RICHMOND, VA 23219-1741	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	60,000.
HELP ME HELP YOU FOUNDATION PO BOX 75511 RICHMOND, VA 23236	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	158,000.
HENRICO EDUCATION FOUNDATION INC. C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	265,000.
HIGHER ACHIEVEMENT PROGRAM INC. 4009 FITZHUGH AVE., SUITE 200 RICHMOND, VA 23230	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	60,000.
HOUSING FAMILIES FIRST 3900 NINE MILE ROAD RICHMOND, VA 23223-4913	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	200,000.
Total from continuation sheets				

023631
04-01-20

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HOUSING OPPORTUNITIES MADE EQUAL OF VA 626 E BROAD ST STE 400 RICHMOND, VA 23219-1890	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	100,000.
JAMES RIVER ASSOCIATION 4833 OLD MAIN STREET RICHMOND, VA 23231-3035	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	70,000.
JAMESTOWN-YORKTOWN FOUNDATION PO BOX 3605 WILLIAMSBURG, VA 23187-3605	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	45,000.
LATINOS IN VIRGINIA EMPOWERMENT CENTER C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	82,500.
LEADERSHIP METRO RICHMOND C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	40,000.
LEGAL AID JUSTICE CENTER 1000 PRESTON AVE STE A CHARLOTTESVILLE, VA 22903-2156	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	30,000.
LIFE INTER FAITH TEAM ON UNEMPLOYMENT PO BOX 1928 RIFLE RIFLE, CO 81650.1928	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	5,000.
LITERACY LAB C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	20,000.
MATHSCIENCE INNOVATION CENTER FOUNDATION C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	42,000.
MAYMONT FOUNDATION 1700 HAMPTON STREET RICHMOND, VA 23220-6819	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	10,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MBL FOUNDATION C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	20,000.
MEDICAL HOME PLUS, INC. 8719 FOREST HILL AVE NORTH CHESTERFIELD, VA 23235-2431	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	25,000.
MEGA MENTORS C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	13,000.
NATIONAL CENTER FOR FAMILY PHILANTHROPY 1667 K STREET, SUITE 550 WASHINGTON, DC 20036	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	10,000.
NEIGHBORHOOD RESOURCE CENTER 1519 WILLIAMSBURG ROAD RICHMOND, VA 23231	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	25,000.
NURTURE PO BOX 7109 RICHMOND, VA 23221-0109	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	20,000.
OAKWOOD ARTS 2216 E. BROAD STREET MAIN FLOOR RICHMOND, VA 23261	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	3,500.
PARTNERSHIP FOR FAMILIES NORTHSIDE 800 WEST GRAHAM ROAD RICHMOND, VA 23222	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	160,000.
PETER PAUL DEVELOPMENT CENTER 1719 N. 22ND STREET RICHMOND, VA 23223-4431	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	140,000.
PODIUM FOUNDATION C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	20,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PROJECT HOMES C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	50,000.
RE WORK RICHMOND 1719 N. 22ND STREET RICHMOND, VA 23223-4431	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	25,000.
REACH OUT AND READ C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	43,000.
READ TO THEM, INC. 2201 W. BROAD ST., SUITE 206 RICHMOND, VA 23220-2022	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	5,000.
REESTABLISH RICHMOND, INC. 2920 W. BROAD STREET, SUITE 246 RICHMOND, VA 23230-5103	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	2,500.
RICHMOND PUBLIC SCHOOLS EDUCATION FOUNDATION 301 NORTH 9TH STREET, 17TH FLOOR RICHMOND, VA 23219-1933	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	375,000.
RICHMOND SYMPHONY 612 E. GRACE STREET, STE 401 RICHMOND, VA 23219-1892	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	25,000.
SACRED HEART CENTER 1400 PERRY STREET RICHMOND, VA 23224-2058	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	155,000.
SAFE HARBOR SHELTER PO BOX 17996 RICHMOND, VA 23226-7996	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	45,000.
SAVE THE CHILDREN FEDERATION ATTN: GIFT PROCESSING 502 KINGS HWY STE 400 FAIRFIELD , CT 06825-4861	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	40,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SHENANDOAH VALLEY SCHOLARS LATINO INITIATIVE 145 KESWICK CT ROCKINGHAM, VA 22801	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	7,000.
SIDE BY SIDE VA INC C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	40,000.
SOCIAL & ENVIRONMENTAL ENTREPRENEURS INC. C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	45,000.
SOUTHEASTERN COUNCIL OF FOUNDATIONS 47TH ANNUAL MEETING REGISTRATION FEES 100 PEACHTREE ST. NW, SUITE 2080 ATLANTA, GA 30303	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	9,650.
SPARC SCHOOL OF THE PERFORMING ARTS 2106 NORTH HAMILTON STREET RICHMOND, VA 23230	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	5,000.
ST. JAMES CHILDREN'S CENTER 1205 W. FRANKLIN STREET RICHMOND, VA 23220-3711	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	35,000.
STOREFRONT FOR COMMUNITY DESIGN 205 EAST BROAD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	99,500.
SUMMIT 54 1550 LARIMER ST.SUITE 770 DENVER, CO 80202	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	9,000.
THE BUDDY PROGRAM 110 E HALLAM ST STE 125 ASPEN, CO 81611-1460	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	5,000.
THEATRE ASPEN 110 E. HALLAM ST., SUITE 103 ASPEN, CO 81611-1458	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	15,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
TRICYCLE GARDENS 2314 JEFFERSON AVENUE RICHMOND, VA 23223	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	20,000.
TRINITY FAMILY LIFE CENTER C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	150,000.
TSNE MISSIONWORKS 89 SOUTH STREET, STE 700 BOSTON, MA 02111	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	5,000.
UNITED WAY OF GREATER RICHMOND 2001 MAYWILL STP. O. BOX 11807 RICHMOND, VA 23230-3236	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	360,000.
UNIVERSITY OF RICHMOND 28 WESTHAMPTON WAY UNIVERSITY OF RICHMOND RICHMOND, VA 23173-0001	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	275,000.
URBAN HOPE INC C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	18,000.
U-TURN, INC. 2101 MAYWILL STREET RICHMOND, VA 23230	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	9,000.
VALENTINE MUSEUM 1015 E CLAY ST RICHMOND, VA 23219-1527	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	10,000.
VCU FOUNDATION ATTN: TOM BURKE PO BOX 842039 RICHMOND, VA 23284-9091	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	25,000.
VENTURE RICHMOND, INC. 200 S. 3RD STREET RICHMOND, VA 23219-3700	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	10,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
VERMONT CENTER FOR ECOSTUDIES PO BOX 420 NORWICH, VT 05055	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	10,000.
VERMONT INSTITUTE OF NATURAL SCIENCE 6565 WOODSTOCK ROAD QUECHEE, VT 05059	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	125,000.
VIRGINIA CENTER FOR INCLUSIVE COMMUNITIES 5511 STAPLES MILL RD STE 202 RICHMOND, VA 23228-5445	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	85,000.
VIRGINIA COMMUNITY CAPITAL C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	10,000.
VIRGINIA COMMUNITY VOICE 1624 HULL ST RICHMOND, VA 23224	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	7,700.
VIRGINIA EARLY CHILDHOOD FOUNDATION 1703 N. PARHAM ROAD, SUITE 110 RICHMOND, VA 23229	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	180,000.
VIRGINIA FOUNDATION FOR THE HUMANITIES C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	10,000.
VIRGINIA LEAGUE FOR PLANNED PARENTHOOD 201 N. HAMILTON STREET RICHMOND, VA 23221-2601	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	100,000.
VIRGINIA LITERACY FOUNDATION C/O ROBINS FOUNDATION, 10 SOUTH 3RD STREET RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	25,000.
YOUNG MENS CHRISTIAN ASSOCIATION OF RICHMOND 2 W FRANKLIN ST RICHMOND, VA 23220	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	130,432.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient: Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
YOUNG WOMENS CHRISTIAN ASSOCIATION OF RICHMOND 6 NORTH 5TH RICHMOND, VA 23219	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	165,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HOUSING FAMILIES FIRST 3900 NINE MILE ROAD RICHMOND, VA 23223-4913	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	300,000.
TSNE MISSIONWORKS 89 SOUTH STREET, STE 700 BOSTON, MA 02111	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	7,500.
UNIVERSITY OF RICHMOND 28 WESTHAMPTON WAY, UNIVERSITY OF RICHMOND RICHMOND, VA 23173-0001	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	20,000.
VENTURE RICHMOND, INC. 200 S. 3RD STREET RICHMOND, VA 23219-3700	NONE	PC	TO SUPPORT THE CHARITABLE MISSION OF THE RECIPIENT ORGANIZATION	2,500.
Total from continuation sheets				330,000.

FORM 990-PF GAIN OR (LOSS) FROM SALE OF ASSETS STATEMENT 1

(A) DESCRIPTION OF PROPERTY		MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
INVESTMENT PORTFOLIO				

(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
10,161,913.	0.	0.	0.	10,161,913.

(A) DESCRIPTION OF PROPERTY		MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
PASS-THRU K-1 REALIZED GAIN(LOSS)				

(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
7,989,778.	0.	0.	0.	7,989,778.

(A) DESCRIPTION OF PROPERTY		MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
PASS-THRU K-1 UBI REALIZED GAIN(LOSS)				

(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
397,227.	0.	0.	0.	397,227.

CAPITAL GAINS DIVIDENDS FROM PART IV	0.
TOTAL TO FORM 990-PF, PART I, LINE 6A	18,548,918.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
INVESTMENT PORTFOLIO	758,736.	0.	758,736.	799,691.	
TO PART I, LINE 4	758,736.	0.	758,736.	799,691.	

FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	11,098.	1,110.		8,520.
TO FM 990-PF, PG 1, LN 16A	11,098.	1,110.		8,520.

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING (CFO)	104,800.	54,900.		49,900.
ACCOUNTING (AUDITOR)	36,475.	18,238.		7,000.
TO FORM 990-PF, PG 1, LN 16B	141,275.	73,138.		56,900.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT CONSULTING, MANAGEMENT, & CUSTODIAL FEES	1,982,698.	1,980,315.		2,383.
BRANDING, MARKETING & PUBLIC RELATIONS	122,720.	0.		122,720.
PAYROLL & HR SERVCES & RETIREMENT PLAN ADMINISTRATION	16,481.	1,648.		14,337.
STRATEGIC PLANNING	96,623.	0.		95,047.
TECHNOLOGY & IT	19,485.	1,949.		12,547.
OTHER CONSULTANT SERVICES	481.	48.		432.
TO FORM 990-PF, PG 1, LN 16C	2,238,488.	1,983,960.		247,466.

FORM 990-PF — TAXES — STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	66,582.	6,658.		59,924.
FOREIGN TAXES ON INVESTMENT INCOME	0.	0.		0.
FEDERAL NET INVESTMENT INCOME EXCISE TAX	231,351.	0.		0.
FEDERAL UNRELATED BUSINESS INCOME TAX	73,262.	73,262.		0.
STATE INCOME TAX ON UNRELATED BUSINESS INCOME	21,316.	21,316.		0.
DEFERRED FEDERAL NET INVESTMENT INCOME TAX	36,700.	0.		0.
TO FORM 990-PF, PG 1, LN 18	429,211.	101,236.		59,924.

FORM 990-PF — OTHER EXPENSES — STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE SUPPLIES & EXPENSES	27,570.	2,080.		23,865.
INSURANCE	12,780.	1,278.		8,873.
ASSOCIATION DUES & MEMBERSHIPS	9,770.	0.		22,215.
BANK CHARGES	2,518.	252.		2,266.
MISCELLANEOUS	110.	11.		99.
POSTAGE & DELIVERY	2,199.	220.		2,146.
TRAINING & DEVELOPMENT	6,915.	0.		6,915.
COMMUNICATIONS & COMMUNITY DEVELOPMENT	2,468.	0.		10,699.
TO FORM 990-PF, PG 1, LN 23	64,330.	3,841.		77,078.

FORM 990-PF — OTHER DECREASES IN NET ASSETS OR FUND BALANCES — STATEMENT 8

DESCRIPTION	AMOUNT
UNREALIZED DEPRECIATION IN THE INVESTMENT PORTFOLIO	1,050,389.
TOTAL TO FORM 990-PF, PART III, LINE 5	1,050,389.

FORM 990-PF CORPORATE STOCK STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
U.S. EQUITIES	17,226,933.	17,226,933.
INTERNATIONAL EQUITITES	101,312,548.	101,312,548.
TOTAL TO FORM 990-PF, PART II, LINE 10B	118,539,481.	118,539,481.

FORM 990-PF OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ALTERNATIVE PARTNERSHIP INVESTMENTS	FMV	26,522,012.	26,522,012.
LION LOAN	FMV	1,250,000.	1,250,000.
TOTAL TO FORM 990-PF, PART II, LINE 13		27,772,012.	27,772,012.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & FIXTURES	145,848.	125,484.	20,364.
COMPUTER SOFTWARE	78,524.	67,559.	10,965.
TOTAL TO FM 990-PF, PART II, LN 14	224,372.	193,043.	31,329.

FORM 990-PF OTHER ASSETS STATEMENT 12

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
INVESTMENTS PROCEEDS IN TRANSIT	466,225.	534,555.	534,555.
ACCRUED INVESTMENT INCOME	0.	4,726.	4,726.
FEDERAL NII EXCISE TAX RECEIVABLE	0.	11,376.	11,376.
FEDERAL UBI TAX RECEIVABLE	0.	10,212.	10,212.
STATE UBI TAX RECEIVABLE	0.	6,404.	6,404.
RETIREMENT PLAN ASSETS	0.	54,518.	54,518.
SECURITY DEPOSITS & OTHER	5,500.	5,500.	5,500.
TO FORM 990-PF, PART II, LINE 15	471,725.	627,291.	627,291.

FORM 990-PF OTHER LIABILITIES STATEMENT 13

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
FEDERAL UNRELATED BUSINESS INCOME TAX PAYABLE	38,176.	0.
STATE UNRELATED BUSINESS INCOME TAX PAYABLE	223,831.	0.
DEFERRED COMPENSATION	0.	54,517.
DEFERRED FEDERAL NII EXCISE TAX	0.	260,531.
TOTAL TO FORM 990-PF, PART II, LINE 22	262,007.	315,048.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JULIET SHIELD-TAYLOR 10 SOUTH 3RD STREET RICHMOND, VA 23219	DIRECTOR / CHAIR 0.90	0.	0.	0.
REGINALD N. JONES 10 SOUTH 3RD STREET RICHMOND, VA 23219	DIRECTOR / VICE CHAIR 0.90	0.	0.	0.
EDWARD L. AYERS 10 SOUTH 3RD STREET RICHMOND, VA 23219	DIRECTOR / TREASURER 0.90	0.	0.	0.
ROBINS R. SHIELD 10 SOUTH 3RD STREET RICHMOND, VA 23219	DIRECTOR / SECRETARY 0.90	0.	0.	0.
KELLY CHOPUS 10 SOUTH 3RD STREET RICHMOND, VA 23219	PRESIDENT & CEO 40.00	319,424.	41,875.	0.
ANN CAROL MARCHANT 10 SOUTH 3RD STREET RICHMOND, VA 23219	DIRECTOR 0.90	0.	0.	0.
DR. ROBERT E. MARCHANT 10 SOUTH 3RD STREET RICHMOND, VA 23219	DIRECTOR 0.90	0.	0.	0.
E. CLAIBORNE ROBINS, JR. 10 SOUTH 3RD STREET RICHMOND, VA 23219	DIRECTOR 0.90	0.	0.	0.
GREGORY C. ROBINS 10 SOUTH 3RD STREET RICHMOND, VA 23219	DIRECTOR 0.90	0.	0.	0.
SHERYL ROBINS 10 SOUTH 3RD STREET RICHMOND, VA 23219	DIRECTOR 0.90	0.	0.	0.

FRANK ROBINSON 10 SOUTH 3RD STREET RICHMOND, VA 23219	DIRECTOR 0.90	0.	0.	0.
BETTY ROBINS PORTER 10 SOUTH 3RD STREET RICHMOND, VA 23219	DIRECTOR EMERITUS, NON-VOTING 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		319,424.	41,875.	0.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1 990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE & FIXTURES	11/01/16	SL	5.00	HY	17	145,848.				145,848.	110,960.		14,524.	125,484.
2	COMPUTER SOFTWARE	11/01/16	SL	5.00	HY	17	78,524.				78,524.	59,740.		7,819.	67,559.
	* TOTAL 990-PF PG 1 DEPR						224,372.				224,372.	170,700.		22,343.	193,043.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2021

Name	Employer Identification Number
ROBINS FOUNDATION	54-0784484

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL PRE-2018 NET OPERATING LOSS	40,955.

ROBINS FOUNDATION 54-0784484

Form **990-W** (Worksheet)

Department of the Treasury
Internal Revenue Service

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) FORM 990-T

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047

2021

1	Unrelated business taxable income expected in the tax year	1	348,868.
2	**Tax on the amount on line 1.** See instructions for tax computation	2	73,262.
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	73,262.
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	73,262.
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	73,262.
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. **Note:** If less than $500, the organization is not required to make estimated tax payments. Private foundations, see instructions — 10a: 73,262.		
b	Enter the tax shown on the 2020 return. See instructions. **Caution:** If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c — 10b: 73,262.		
c	**2021 Estimated Tax.** Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c ADJUSTED TO	10c	73,600.

		(a)	(b)	(c)	(d)
11 **Installment due dates.** See instructions	11				12/15/21
12 **Required installments.** Enter 25% of line 10c in columns **(a)** through **(d)**. But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12				73,600.
13 **2020 Overpayment.** See instructions	13				10,212.
14 **Payment due** (Subtract line 13 from line 12)	14				63,388.

LHA **For Paperwork Reduction Act Notice, see instructions.** Form **990-W** (2021)

ESTIMATED TAX	73,600.
OVERPAYMENT APPLIED	10,212.
AMOUNT DUE	63,388.

023801 02-02-21

EXTENDED TO NOVEMBER 15, 2021

Form **990-T** Department of the Treasury Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2020 or other tax year beginning ______, and ending ______.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047 **2020** Open to Public Inspection for 501(c)(3) Organizations Only

A [ ] Check box if address changed.

B Exempt under section [X] 501(C)(3) [ ] 408(e) [ ] 220(e) [ ] 408A [ ] 530(a) [ ] 529(a) [ ] 529S

Print or Type: Name of organization ([ ] Check box if name changed and see instructions.) ROBINS FOUNDATION

Number, street, and room or suite no. If a P.O. box, see instructions. 10 SOUTH 3RD STREET

City or town, state or province, country, and ZIP or foreign postal code RICHMOND, VA 23219

D Employer identification number 54-0784484

E Group exemption number (see instructions)

F [ ] Check box if an amended return.

C Book value of all assets at end of year ▶ 164,513,980.

G Check organization type ▶ [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust [ ] Applicable reinsurance entity

H Check if filing only to ▶ [ ] Claim credit from Form 8941 [ ] Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ [ ]

J Enter the number of attached Schedules A (Form 990-T) ▶ 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ [ ] Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ KELLY CHOPUS, PRESIDENT/CHIEF EX Telephone number ▶ (804) 523-1141

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	349,868.
2	Reserved	2	
3	Add lines 1 and 2	3	349,868.
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	349,868.
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	349,868.
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	348,868.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21) ▶	1	73,262.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11 from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041) ▶	2	
3	**Proxy tax.** See instructions ▶	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	73,262.

LHA **For Paperwork Reduction Act Notice, see instructions.** Form **990-T** (2020)

023701 02-02-21

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	73,262.
3	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement)			3	
4	**Total tax.** Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here ▶			4	73,262.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4			5	0.
6a	Payments: A 2019 overpayment credited to 2020	6a	38,474.		
b	2020 estimated tax payments. Check if section 643(g) election applies ▶ ☐	6b	45,000.		
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Other credits, adjustments, and payments: ☐ Form 2439 ____ ☐ Form 4136 ____ ☐ Other ____ Total ▶	6g			
7	**Total payments.** Add lines 6a through 6g			7	83,474.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ X			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ▶			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶			10	10,212.
11	Enter the amount of line 10 you want: **Credited to 2021 estimated tax** ▶ 10,212. **Refunded** ▶			11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		
4a	Did the organization change its method of accounting? (see instructions)		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Date | ▶ Title: PRESIDENT/CHIEF EXECUTIVE OFFICER

May the IRS discuss this return with the preparer shown below (see instructions)? X Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN
GREGORY W. HAYES	GREGORY W. HAYES	11/18/21		P00054246
Firm's name ▶ MSTILLER LLC			Firm's EIN ▶ 58-0673524	
Firm's address ▶ 1960 SATELLITE BLVD., SUITE 3600 DULUTH, GA 30097			Phone no. (770) 995-8800	

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2020

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization: ROBINS FOUNDATION

B Employer identification number: 54-0784484

C Unrelated business activity code (see instructions) ▶ 900099

D Sequence: 1 of 1

E Describe the unrelated trade or business ▶PASS-THRU UNRELATED BUSINESS INCOME FROM K-1

Part I Unrelated Trade or Business Income

		Line	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances ____ c Balance ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a	397,227.		397,227.
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5	-40,955.		-40,955.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	**Total.** Combine lines 3 through 12	13	356,272.		356,272.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

		Line	Amount
1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement) (see instructions)	5	
6	Taxes and licenses	6	6,404.
7	Depreciation (attach Form 4562) (see instructions) — 7		
8	Less depreciation claimed in Part III and elsewhere on return — 8a	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement)	14	
15	**Total deductions.** Add lines 1 through 14	15	6,404.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	349,868.
17	Deduction for net operating loss (see instructions)	17	0.
18	**Unrelated business taxable income.** Subtract line 17 from line 16	18	349,868.

Part III Cost of Goods Sold

Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐

B ☐

C ☐

D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 0.

	A	B	C	D
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐

B ☐

C ☐

D ☐

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ 0.

	A	B	C	D
9 Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ 0.

11 **Total dividends-received deductions** included in line 10 ▶ 0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

	7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals ▶				0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	**5. Total deductions and set-asides** (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals ▶	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐
B ☐
C ☐
D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A) ▶				0.
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B) ▶				0.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ▶ 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

	1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total. Enter here and on Part II, line 1 ▶				0.

Part XI Supplemental Information (see instructions)

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 15

PASS-THRU UNRELATED BUSINESS INCOME FROM K-1 ALTERNATIVE INVESTMENTS

TO FORM 990-T, SCHEDULE A, LINE E

SCHEDULE D (Form 1120)
Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2020

Name: ROBINS FOUNDATION

Employer identification number: 54-0784484

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ▶ [ ] Yes [X] No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	**(d)** Proceeds (sales price)	**(e)** Cost (or other basis)	**(g)** Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	**(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			**4**	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			**5**	
6 Unused capital loss carryover (attach computation)			**6**	( )
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			**7**	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	**(d)** Proceeds (sales price)	**(e)** Cost (or other basis)	**(g)** Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	**(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				397,227.
11 Enter gain from Form 4797, line 7 or 9			**11**	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			**12**	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			**13**	
14 Capital gain distributions			**14**	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			**15**	397,227.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	**16**	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	**17**	397,227.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	**18**	397,227.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1	Social security number or taxpayer identification no.
ROBINS FOUNDATION	54-0784484

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
VARIOUS							
PARTNERSHIPS							397,227.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ▶							397,227.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **2220** Department of the Treasury Internal Revenue Service

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. FORM 990-T

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

2020

Name: ROBINS FOUNDATION

Employer identification number: 54-0784484

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)		1	73,262.
2 a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c	Credit for federal tax paid on fuels (see instructions)	2c		
d	**Total.** Add lines 2a through 2c		2d	
3	Subtract line 2d from line 1. If the result is less than $500, **do not** complete or file this form. The corporation does not owe the penalty		3	73,262.
4	Enter the tax shown on the corporation's 2019 income tax return. See instructions. **Caution:** If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	81,526.
5	**Required annual payment.** Enter the **smaller** of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	73,262.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6 [ ] The corporation is using the adjusted seasonal installment method.

7 [X] The corporation is using the annualized income installment method.

8 [X] The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

			(a)	(b)	(c)	(d)
9	**Installment due dates.** Enter in columns (a) through (d) the 15th day of the 4th (**Form 990-PF filers:** Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. **Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions**	9	07/15/20	07/15/20	09/15/20	12/15/20
10	**Required installments.** If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10				
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	38,474.			45,000.
	Complete lines 12 through 18 of one column before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12		38,474.	38,474.	38,474.
13	Add lines 11 and 12	13		38,474.	38,474.	83,474.
14	Add amounts on lines 16 and 17 of the preceding column	14				
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	38,474.	38,474.	38,474.	83,474.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16				
17	**Underpayment.** If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				
18	**Overpayment.** If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	38,474.	38,474.	38,474.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA **For Paperwork Reduction Act Notice, see separate instructions.** Form **2220** (2020)

Part IV Figuring the Penalty

		(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. **(C corporations with tax years ending June 30 and S corporations:** Use 3rd month instead of 4th month. **Form 990-PF and Form 990-T filers:** Use 5th month instead of 4th month.) See instructions	19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20				
21 Number of days on line 20 after 4/15/2020 and before 7/1/2020	21				
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366}$ x 5% (0.05)	22	$	$	$	$
23 Number of days on line 20 after 6/30/2020 and before 10/1/2020	23				
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366}$ x 3% (0.03)	24	$	$	$	$
25 Number of days on line 20 after 9/30/2020 and before 1/1/2021	25				
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366}$ x 3% (0.03)	26	$	$	$	$
27 Number of days on line 20 after 12/31/2020 and before 4/1/2021	27				
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 3% (0.03)	28	$	$	$	$
29 Number of days on line 20 after 3/31/2021 and before 7/1/2021	29				
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x *%	30	$	$	$	$
31 Number of days on line 20 after 6/30/2021 and before 10/1/2021	31				
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x *%	32	$	$	$	$
33 Number of days on line 20 after 9/30/2021 and before 1/1/2022	33				
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x *%	34	$	$	$	$
35 Number of days on line 20 after 12/31/2021 and before 3/16/2022	35				
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x *%	36	$	$	$	$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	$	$	$	$

38 **Penalty.** Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns **38** $ 0.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 1-800-829-4933 to get interest rate information.

Schedule A **Adjusted Seasonal Installment Method and Annualized Income Installment Method**

See instructions.

Form 1120-S filers: *For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.*

Part I Adjusted Seasonal Installment Method

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

		(a)	(b)	(c)	(d)
1 Enter taxable income for the following periods.		First 3 months	First 5 months	First 8 months	First 11 months
a Tax year beginning in 2017	1a				
b Tax year beginning in 2018	1b				
c Tax year beginning in 2019	1c				
2 Enter taxable income for each period for the tax year beginning in 2020. See the instructions for the treatment of extraordinary items	2				
3 Enter taxable income for the following periods.		First 4 months	First 6 months	First 9 months	Entire year
a Tax year beginning in 2017	3a				
b Tax year beginning in 2018	3b				
c Tax year beginning in 2019	3c				
4 Divide the amount in each column on line 1a by the amount in column (d) on line 3a	4				
5 Divide the amount in each column on line 1b by the amount in column (d) on line 3b	5				
6 Divide the amount in each column on line 1c by the amount in column (d) on line 3c	6				
7 Add lines 4 through 6	7				
8 Divide line 7 by 3.0	8				
9a Divide line 2 by line 8	9a				
b Extraordinary items (see instructions)	9b				
c Add lines 9a and 9b	9c				
10 Figure the tax on the amt on ln 9c using the instr for Form 1120, Sch J, line 2, or comparable line of corp's return	10				
11a Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a	11a				
b Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b	11b				
c Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c	11c				
12 Add lines 11a through 11c	12				
13 Divide line 12 by 3.0	13				
14 Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d)	14				
15 Enter any alternative minimum tax (trusts only) for each payment period. See instructions	15				
16 Enter any other taxes for each payment period. See instr.	16				
17 Add lines 14 through 16	17				
18 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	18				
19 Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0-	19				

Part II Annualized Income Installment Method **

		(a)	(b)	(c)	(d)
20 Annualization periods (see instructions)	20	First 2 months	First 3 months	First 6 months	First 9 months
21 Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	21				
22 Annualization amounts (see instructions)	22	6.000000	4.000000	2.000000	1.333330
23a Annualized taxable income. Multiply line 21 by line 22	23a				
b Extraordinary items (see instructions)	23b				
c Add lines 23a and 23b	23c				
24 Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return	24				
25 Enter any alternative minimum tax (trusts only) for each payment period (see instructions)	25				
26 Enter any other taxes for each payment period. See instr.	26				
27 Total tax. Add lines 24 through 26	27				
28 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	28				
29 Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	29				
30 Applicable percentage	30	25%	50%	75%	100%
31 Multiply line 29 by line 30	31				

Part III Required Installments

Note: Complete lines 32 through 38 of one column before completing the next column.		1st installment	2nd installment	3rd installment	4th installment
32 If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the **smaller** of the amounts in each column from line 19 or line 31	32	0.	0.	0.	0.
33 Add the amounts in all preceding columns of line 38. See instructions	33				
34 **Adjusted seasonal or annualized income installments.** Subtract line 33 from line 32. If zero or less, enter -0-	34				
35 Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. **Note:** "Large corporations," see the instructions for line 10 for the amounts to enter	35	18,316.	18,315.	18,316.	18,315.
36 Subtract line 38 of the preceding column from line 37 of the preceding column	36		18,316.	36,631.	54,947.
37 Add lines 35 and 36	37	18,316.	36,631.	54,947.	73,262.
38 **Required installments.** Enter the **smaller** of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	38	0.	0.	0.	0.

Form **2220** (2020)

** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property) 990-PF

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
ROBINS FOUNDATION	FORM 990-PF PAGE 1	54-0784484

Part I **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation (Don't** include listed property.**)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	22,343.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	22,343.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles. **)**

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year:					
43 Amortization of costs that began before your 2020 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	