

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 801-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

State Charity Registration Number: CT <u>85332</u> <u>ANTHONY ROBBINS FOUNDATION</u> <small>Name of Organization</small> <u>9672 VIA EXCELENCIA, NO. #102</u> <small>Address (Number and Street)</small> <u>SAN DIEGO, CA 92126</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1564996</u> Federal Employer I.D. No. <u>33-0492446</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2009 ending 06/30/2010) list:
 Gross annual revenue \$ 2,390,501. Total assets \$ 5,271,633.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT


Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 858-444-3080

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

 <small>Signature of authorized officer</small>	<u>SAM GEORGES</u> <small>Printed Name</small>	<u>PRESIDENT</u> <small>Title</small>	<u>2/8/11</u> <small>Date</small>
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Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
 benefit trust or private foundation)

OMB No. 1545-0047

2009

Open to Public
 Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type.
 See Specific Instructions.

C Name of organization
ANTHONY ROBBINS FOUNDATION
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
9672 VIA EXCELENCIA #102
 City or town, state or country, and ZIP + 4
SAN DIEGO, CA 92126

D Employer identification number
33-0492446

E Telephone number
858-444-3080

F Name and address of principal officer: **SAM GEORGES**
SAME AS C ABOVE

G Gross receipts \$ **2,568,879.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.ANTHONYROBBINSFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1989** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance			
1 Briefly describe the organization's mission or most significant activities: TO MAKE A SIGNIFICANT DIFFERENCE IN THE QUALITY OF LIFE FOR PEOPLE WHO ARE OFTEN FORGOTTEN.			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3 Number of voting members of the governing body (Part VI, line 1a)	3		8
4 Number of independent voting members of the governing body (Part VI, line 1b)	4		8
5 Total number of employees (Part V, line 2a)	5		10
6 Total number of volunteers (estimate if necessary)	6		15
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a		0.
b Net unrelated business taxable income from Form 990-T, line 34	7b		0.
Revenue		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		1,570,951.	1,455,960.
9 Program service revenue (Part VIII, line 2g)		640,421.	659,579.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		23,171.	7,571.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		141,964.	267,391.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,376,507.	2,390,501.
Expenses		Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		78,382.	180,903.
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		304,313.	284,305.
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 831,768.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,598,537.	1,397,293.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,981,232.	1,862,501.
19 Revenue less expenses. Subtract line 18 from line 12		395,275.	528,000.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		4,864,044.	5,271,633.
21 Total liabilities (Part X, line 26)		263,117.	142,706.
22 Net assets or fund balances. Subtract line 21 from line 20		4,600,927.	5,128,927.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer _____ Date _____
 ▶ **SAM GEORGES, PRESIDENT**
 Type or print name and title

Preparer's Signature ▶ Preparer's signature _____ Date **01/10/11** Check if self-employed Preparer's identifying number (see instructions) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 _____ EIN ▶ _____
 Phone no. ▶ _____

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ANTHONY ROBBINS FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 9672 VIA EXCELENCIA #102 City or town, state or country, and ZIP + 4 SAN DIEGO, CA 92126 F Name and address of principal officer: SAM GEORGES SAME AS C ABOVE	D Employer identification number 33-0492446 E Telephone number 858-444-3080 G Gross receipts \$ 2,568,879. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.ANTHONYROBBINSFOUNDATION.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1989 M State of legal domicile: CA	

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO MAKE A SIGNIFICANT DIFFERENCE IN THE QUALITY OF LIFE FOR PEOPLE WHO ARE OFTEN FORGOTTEN.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of employees (Part V, line 2a)	5	10
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	1,570,951.	1,455,960.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	640,421.	659,579.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,171.	7,571.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	141,964.	267,391.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,376,507.	2,390,501.
14	Benefits paid to or for members (Part IX, column (A), line 4)	78,382.	180,903.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	304,313.	284,305.
16a	Professional fundraising fees (Part IX, column (A), line 11a)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 831,768.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,598,537.	1,397,293.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,981,232.	1,862,501.
19	Revenue less expenses. Subtract line 18 from line 12	395,275.	528,000.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	4,864,044.	5,271,633.
22	Net assets or fund balances. Subtract line 21 from line 20	263,117.	142,706.
22		4,600,927.	5,128,927.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date	2/9/11	
	SAM GEORGES, PRESIDENT Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶ ELSA A. ROMERO Firm's name (or yours if self-employed), address, and ZIP + 4 AKT LLP 312 S JUNIPER STREET, SUITE 100 ESCONDIDO, CA 92025	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (760) 746-1560

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

Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission:
TO EMPOWER INDIVIDUALS AND ORGANIZATIONS TO MAKE A DIFFERENCE IN THE QUALITY OF LIFE FOR - YOUTH, HOMELESS, PRISONERS, ELDERLY, AND DISABLED. OUR VOLUNTEERS PROVIDE THE VISION, INSPIRATION, RESOURCES, AND STRATEGIES NEEDED TO EMPOWER THESE IMPORTANT MEMBERS OF SOCIETY.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 328,089. including grants of \$) (Revenue \$ 264,400.)
GLOBAL YOUTH LEADERSHIP SUMMIT "GYLS"
GYLS IS A FIVE DAY PROGRAM PROVIDING AN ENVIRONMENT DESIGN TO BOOST PARTICIPANTS INTO LEADERSHIP ROLES THAT WILL CHANGE THEIR LIVES AND THAT OF THEIR COMMUNITY. THE PROGRAM INCLUDES SPEAKERS PRESENTING ON TOPICS WHICH HELP PARTICIPANTS TO IDENTIFY THEIR OWN PARTICULAR LEADERSHIP STRENGTHS, TEAM BUILDING EXERCISE, CONTRIBUTION AND FOCUSING ON THE ONENESS OF HUMANITY WHILE STILL HONORING OUR INDIVIDUALITY AND DIVERSITY.

4b (Code:) (Expenses \$ 110,870. including grants of \$ 36,900.) (Revenue \$ 0.)
MAKING STRIDES PROGRAM: SUCCESS THRIVES ON RESOURCES, INFORMATION, DETERMINATION, EDUCATION AND SUPPORT.
THE MAKING STRIDES PROGRAM WAS DESIGNED EXCLUSIVELY FOR NONPROFIT ORGANIZATIONS WITH A MISSION TO SUPPORT HOMELESS AND TRANSITIONING POPULATIONS. THE DESIRED OUTCOME OF OUR PROGRAM IS TO TEACH ORGANIZATIONS AND THEIR STAFF HOW TO MAKE GREAT STRIDES TOWARDS THEIR ORGANIZATION'S SUCCESS. OUR PROGRAM PROVIDES THE RESOURCES, INFORMATION AND EDUCATION NEEDED TO TAKE STRIDES TOWARDS A SUCCESSFUL FUTURE.

4c (Code:) (Expenses \$ 177,113. including grants of \$ 35,000.) (Revenue \$ 138,000.)
GLOBAL COMMUNITY CONNECTION. "GCC"
THE ANTHONY ROBBINS FOUNDATION OFFERS ITS HEARTFELT COMPASSION OF THE VICTIMS OF THE NUMEROUS NATURAL DISASTERS FELT THROUGHOUT THE WORLD. THE FOUNDATION IS PASSIONATE ABOUT PARTICIPATING IN RECONSTRUCTION ACTIVITIES THROUGHOUT THE WORLD. AS MEN AND WOMEN ACROSS THE WORLD BEGIN TO REBUILD, THE ANTHONY ROBBINS FOUNDATION TAKES HONOR IN PROVIDING HOPE AND FUNDING SUPPORT TO THE MANY SUFFERING COMMUNITIES.

d Other program services. (Describe in Schedule O.)
 (Expenses \$ 327,786. including grants of \$ 137,591.) (Revenue \$ 257,179.)
 4e Total program service expenses \$ 943,858.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes No X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, and 12a-12b.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a		X
10b		
11		X
11A		
12a	X	
12b		X
12c	X	
13	X	
14	X	
15		
15a	X	
15b	X	
16a		X
16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
YOGESH BABLA - 858-444-3080
9672 VIA EXCELENCIA, SUITE 102, SAN DIEGO, CA 92126

Part VII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	378,160.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,077,800.			
	g Noncash contributions included in lines 1a-1f: \$		7,938.			
	h Total. Add lines 1a-1f		1,455,960.			
Program Service Revenue	2 a PLATINUM PARTNERS	Business Code 611430	581,526.	581,526.		
	b PARTICIPATION FEE	611430	78,053.	78,053.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		659,579.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,571.		7,571.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 378,160. of contributions reported on line 1c). See Part IV, line 18	a	11,995.			
		b Less: direct expenses	b	11,995.		
c Net income or (loss) from fundraising events			0.			
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	433,774.				
	b Less: cost of goods sold	b	166,383.			
	c Net income or (loss) from sales of inventory		267,391.		267,391.	
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		2,390,501.	659,579.	0.	274,962.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	171,900.	171,900.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,912.	2,912.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	6,091.	6,091.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	240,684.	201,164.	34,362.	5,158.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	25,886.	21,635.	3,696.	555.
10 Payroll taxes	17,735.	14,823.	2,532.	380.
11 Fees for services (non-employees):				
a Management				
b Legal	3,895.	2,181.	779.	935.
c Accounting	10,251.	5,741.	2,050.	2,460.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	152,316.	145,306.	5,412.	1,598.
12 Advertising and promotion	520.	291.	104.	125.
13 Office expenses	85,736.	67,572.	8,367.	9,797.
14 Information technology				
15 Royalties				
16 Occupancy	60,128.	36,086.	13,961.	10,081.
17 Travel	160,702.	160,452.	250.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	700.	700.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,670.	10,455.	3,734.	4,481.
23 Insurance	7,932.	5,545.	1,085.	1,302.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BAD DEBTS	740,212.			740,212.
b MEALS & ENTERTAINMENT	55,332.	54,547.	785.	
c CREDIT CARD FEES	50,672.	2,336.		48,336.
d EQUIPMENT	22,020.	22,020.		
e MISCELLANEOUS	8,585.	995.	7,590.	0.
f All other expenses	19,622.	11,106.	2,168.	6,348.
25 Total functional expenses. Add lines 1 through 24f	1,862,501.	943,858.	86,875.	831,768.
3 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,922,119.	1	336,169.
	2	Savings and temporary cash investments	1,644,231.	2	4,005,533.
	3	Pledges and grants receivable, net	1,128,270.	3	743,613.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	57,002.	8	37,350.
	9	Prepaid expenses and deferred charges	56,245.	9	111,460.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 150,960.		
	b	Less: accumulated depreciation	10b 113,452.	56,177.	10c 37,508.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,864,044.	16	5,271,633.	
Liabilities	17	Accounts payable and accrued expenses	98,517.	17	66,091.
	18	Grants payable	133,000.	18	0.
	19	Deferred revenue	0.	19	76,615.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	31,600.	25	0.
	26	Total liabilities. Add lines 17 through 25	263,117.	26	142,706.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	4,600,927.	27	5,128,927.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	4,600,927.	33	5,128,927.	
34	Total liabilities and net assets/fund balances	4,864,044.	34	5,271,633.	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

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

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

b Were the organization's financial statements audited by an independent accountant?

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

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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1738747.	3008263.	1632705.	1570951.	1455960.	9406626.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	46,867.	30,000.	467,686.	640,421.	659,579.	1844553.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	309,754.	173,683.	289,984.	290,669.	433,774.	1497864.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2095368.	3211946.	2390375.	2502041.	2549313.	12749043.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	15,000.	10,000.	8,000.	36,974.		69,974.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1,484.	93,142.	31,200.			125,826.
c Add lines 7a and 7b	16,484.	103,142.	39,200.	36,974.		195,800.
8 Public support (Subtract line 7c from line 6.)						12553243.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	2095368.	3211946.	2390375.	2502041.	2549313.	12749043.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,556.	83,825.	86,868.	23,171.	7,571.	220,991.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	310,868.	432,877.	300,801.			1044546.
c Add lines 10a and 10b	330,424.	516,702.	387,669.	23,171.	7,571.	1265537.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)	2425792.	3728648.	2778044.	2525212.	2556884.	14014580.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	89.57 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	88.45 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	9.03 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	10.14 %

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Name of the organization

ANTHONY ROBBINS FOUNDATION

Employer identification number 33-0492446

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with multiple sections: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,000,000.				
b Contributions		2,000,000.			
c Net investment earnings, gains, and losses	5,433.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,005,433.	2,000,000.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment %
- c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	7,000.			7,000.
b Buildings				
c Leasehold improvements				
d Equipment	143,960.		113,452.	30,508.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				37,508.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
Federal income taxes		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,390,501.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,862,501.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	528,000.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	528,000.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,402,496.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	11,995.
e	Add lines 2a through 2d	2e	11,995.
3	Subtract line 2e from line 1	3	2,390,501.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,390,501.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,874,496.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	11,995.
e	Add lines 2a through 2d	2e	11,995.
3	Subtract line 2e from line 1	3	1,862,501.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,862,501.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SPECIAL EVENTS: 11995.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SPECIAL EVENTS: 11995.

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

ANTHONY ROBBINS FOUNDATION

33-0492446

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
ITALY, ROME	0	0	PROGRAM SERVICES	UNLEASH THE POWER WITHIN (UPW) MARKETING & RECEIVE DONATIONS	58,791.
MALAYSIA, SINGAPORE	0	0	PROGRAM SERVICES	UNLEASH THE POWER WITHIN (UPW) MARKETING & RECEIVE DONATIONS	25,572.
MALAYSIA, SINGAPORE	0	0	PROGRAM SERVICES	LIFE-WEALTH MASTERY (LWM) MARKETING & RECEIVE DONATIONS	10,940.
INDONESIA, BALI	0	0	PROGRAM SERVICES	DATE WITH DESTINY (DWD) MARKETING & RECEIVE DONATIONS	33,362.
ITALY, ROME	0	0	PROGRAM SERVICES	UNLEASH THE POWER WITH (UPW) MARKETING & RECEIVE DONATIONS	30,563.
Totals	0	0			159,228.

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

Schedule F (Form 990) 2009

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	GENERAL ASSISTANCE	5,000		0		
		EAST ASIA AND THE PACIFIC	GENERAL ASSISTANCE	1,091		0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**

3 Enter total number of other organizations or entities **2**

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F, PART I, LINE 2: THE GRANT APPLICATION COMMITTEE DEVELOPS A PRELIMINARY REPORT AND RECOMMENDATIONS. THEY CONSIDER THE FOLLOWING CRITERIA WHEN SELECTING RECIPIENTS:

- 1) DOES THE PURPOSE OF THE GRANT FIT WITH ANTHONY ROBBINS FOUNDATION'S MISSION
- 2) IS THE FUNDING REQUEST REASONABLE
- 3) DOES THE ORGANIZATION APPEAR TO BE REASONABLY SOLVENT AND CREDIBLE
- 4) SHOULD THIS FUNDING REQUEST BE FORWARDED TO AN AWARDS COMMITTEE

GRANT REQUESTS ARE EITHER ACCEPTED, DENIED, OR MORE INFORMATION IS REQUESTED. THE FINAL DECISION IS MADE BY THE BOARD OF DIRECTORS. DOCUMENTATION IS RECORDED AND MAINTAINED IN THE ANTHONY ROBBINS FOUNDATION OFFICES.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		UNLEASH THE DATE WITH POWER WITHIN DESTINY (event type)	(event type)	3 (total number)	
Revenue	1	205,178.	115,085.	69,892.	390,155.
	2	199,173.	112,614.	66,373.	378,160.
	3	6,005.	2,471.	3,519.	11,995.
Direct Expenses	4				
	5				
	6				
	7	6,005.	2,471.	3,519.	11,995.
	8				
	9				
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				
	2				
Direct Expenses	3				
	4				
	5				
6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility **13a** %
- b An outside facility **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ANTHONY ROBBINS FOUNDATION

Employer identification number
33-0492446

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOSEN 300 MINISTRIES PO BOX 95 ARDMORE, PA 19003	23-2858946	501(C)(3)	35,000.	0.			GRANTS
THE CLINTON BUSH HAITI FUND 610 PRESIDENT CLINTON AVE LITTLE ROCK, AR 77300	27-2122785	501(C)(3)	30,000.	0.			GRANTS
BROTHER BRENO FOUNDATION 3260 PRODUCTION AVENUE OCEANSIDE, CA 92058	33-0051575	501(C)(3)	21,900.	0.			GRANTS
MONARCH SCHOOL PROJECT 808 WEST CEDAR STREET SAN DIEGO, CA 92101	33-0871354	501(C)(3)	15,000.	0.			GRANTS
ALPHA PROJECT 3737 FIFTH AVENUE, STE 203 SAN DIEGO, CA 92103	33-0215585	501(C)(3)	10,000.	0.			GRANTS
YWCA SAN DIEGO 1012 C STREET SAN DIEGO, CA 92101	95-1561119	501(C)(3)	15,000.	0.			GRANTS

2 Enter total number of section 501(c)(3) and government organizations **9**

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE GRANT APPLICATION COMMITTEE DEVELOPS A PRELIMINARY REPORT AND RECOMMENDATIONS. THEY CONSIDER THE FOLLOWING CRITERIA WHEN SELECTING RECIPIENTS:

- 1) DOES THE PURPOSE OF THE GRANT FIT WITH ANTHONY ROBBINS FOUNDATION'S MISSION
- 2) IS THE FUNDING REQUEST REASONABLE
- 3) DOES THE ORGANIZATION APPEAR TO BE REASONABLY SOLVENT AND CREDIBLE
- 4) SHOULD THIS FUNDING REQUEST BE FORWARDED TO AN AWARDS COMMITTEE

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ANTHONY ROBBINS FOUNDATION

Employer identification number
33-0492446

Part I. Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN DIEGO YOUTH SERVICES 3255 WING STREET SAN DIEGO, CA 92110	95-2648050	501(C)(3)	15,000.	0.			GRANTS
REGIONAL TASK FORCE 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123	11-3723093	501(C)(3)	15,000.	0.			GRANTS
STAND UP FOR KIDS 1039 PARK BOULEVARD SAN DIEGO, CA 92101	33-0414855	501(C)(3)	15,000.	0.			GRANTS

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

Schedule I-1 (Form 990) 2009

Part IV Supplemental Information

GRANT REQUESTS ARE EITHER ACCEPTED, DENIED, OR MORE INFORMATION IS
REQUESTED. THE FINAL DECISION IS MADE BY THE BOARD OF DIRECTORS.
DOCUMENTATION IS RECORDED AND MAINTAINED IN THE ANTHONY ROBBINS
FOUNDATION OFFICES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

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ANTHONY ROBBINS FOUNDATION

Employer identification number

33-0492446

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

HOMELESS PROGRAM: PARTNERING WITH LOCAL ORGANIZATIONS THAT SERVE THE
HOMELESS POPULATION WITH FUNDING, MATERIALS AND PROGRAM PARTICIPATION.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

CHAMPIONS OF EXCELLENCE: NO MORE STUDENTS IN SCHOOL; ALL HAVE
GRADUATED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

YOUTH MENTORING PROGRAM "TODAY'S YOUTH, TOMORROW'S LEADERS" WAS THE
CORNERSTONE OF A PROGRAM TONY ROBBINS CONCEIVED IN WHICH BUSINESS
PEOPLE, COMMUNITY LEADERS AND EDUCATORS WOULD BE PARTNERED WITH YOUR
PEOPLE WITH THEIR LOCAL COMMUNITY IN A MENTORING RELATIONSHIP.

C.L.E.A.R. (COMMUNITY LEADERS EDUCATED BY ANTHONY ROBBINS) EVENT
SCHOLARSHIPS - THE UNIQUE ROLE OF A LEADER IS TO PROVIDE THE ENERGY AND
COMMITMENT TO EFFECT CHANGE AND SEE IT THROUGH TO COMPLETION.
LEADERSHIP IS ABOUT LISTENING, AND MAKING A REAL "CONNECTION" WITH
OTHERS. COMMUNITY LEADERS ARE COMMITTED AND DEDICATED TO MAKING A
DIFFERENCE IN THEIR COMMUNITY, OR THE WORK AT LARGE, DEPENDING ON THEIR
VISION. THIS MAY BE THROUGH THEIR EMPLOYMENT SUCH AS EDUCATORS,
COUNSELORS, THERAPISTS, SOCIAL WORKERS, NON-PROFIT ORGANIZATIONS OR ANY
POSITION THAT IMPACTS UNDER-SERVED POPULATIONS. IT MAY BE THROUGH
VOLUNTEER WORK WITH LOCAL CHARITIES OR PUBLIC SERVICE AGENCIES OR IT
MAY BE THROUGH A VISION TO CREATE A PROGRAM DESIGNED AROUND THEIR OWN

UNIQUE PASSION FOR HELPING OTHER, LEADERS ENVISION, ENABLE, EMPOWER,

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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OMB No. 1545-0047

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33-0492446

ANTHONY ROBBINS FOUNDATION

AND ENERGIZE. THEY UNDERSTAND THAT LEADERSHIP IS A PROCESS, NOT AN
EVENT.

BASKET BRIGADE - THE BASKET BRIGADE IS BUILT ON A SIMPLE NOTION: ONE
SMALL ACT OF GENEROSITY ON THE PART OF ONE CARING PERSON CAN TRANSFORM
THE LIVES OF HUNDREDS. IT TAKES ONLY ONE LIGHT TO DISPEL THE DARKNESS,
AND EVEN JUST ONE BASKET OR A FEW, TO BRING HOPE! A BASKET BRIGADE
TAKES PLACE WITH ONE INDIVIDUAL PREPARES ONE BASKET TO PERSONALLY
DELIVER TO A NEEDY FAMILY OR INDIVIDUAL.

YES! (YOUTH'S EXTRAORDINARY STRATEGIES FOR PEAK PERFORMANCE) IS A
ONE-DAY PROGRAM FOR HIGH SCHOOL STUDENTS PROVIDING LEADERSHIP SKILLS
AND SPECIFIC STRATEGIES TO HELP PARTICIPANTS MAXIMIZE THEIR TRUE
POTENTIAL.

UPW LEADERSHIP - YOUTH LEADERSHIP IS A THREE-DAY PROGRAM HELD IN
CONJUNCTION WITH TONY ROBIN'S "UNLEASH THE POWER WITHIN" EVENT. YOUTH
LEADERS PARTICIPATE AT MANY UNLEASH THE POWER WITHIN EVENTS AS A
COLLECTIVE GROUP. TOGETHER, THEY CREATE BREAKTHROUGHS, MOVE BEYOND
FEARS AND LIMITING BELIEFS, ACCOMPLISHED GOALS AND REALIZE TRUE
DESIRES. THE ANTHONY ROBBINS FOUNDATION PRESENTED ITS FIRST-YOUTH
LEADERSHIP PROGRAM IN ORLANDO, FLORIDA IN 2004. HUNDRED OF STUDENTS,
AGES 12 THROUGH 17 HAVE SINCE PARTICIPATED IN THIS WORLDWIDE PROGRAM,
ALL CREATING MEANINGFUL RELATIONSHIPS, AND MODELING STRATEGIES TO
PRODUCE A QUANTUM DIFFERENCE IN THEIR LIVES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Employer identification number
33-0492446

ANTHONY ROBBINS FOUNDATION

INMATE - PERSONAL POWER FOR PRISONERS - THE PERSONAL POWER FOR PRISONER
PROGRAM OFFERS CORRECTIONAL FACILITIES CONTINUAL SUPPORT INCLUDING
MATERIALS, SEMINAR TRAINING, ON-SITE PRESENTATIONS AND CURRICULUM
SPECIALLY DESIGNED FOR INCARCERATED ADULTS AND YOUTHS. THE U.S.
DEPARTMENT OF JUSTICE REPORTS 6.9 MILLION PEOPLE WERE ON PROBATION, IN
JAIL OR PRISON AT YEAR END 3002, REPRESENTING 3.2% OF ALL US. ADULT
RESIDENTS. AT LEAST 95% OF ALL STATE PRISONERS WILL BE RELEASED FROM
PRISON AT SOME POINT; NEARLY 80% WILL BE RELEASED TO PAROLE
SUPERVISION. OVER THE PAST SEVEN YEARS, THE ANTHONY ROBBINS FOUNDATION
HAS PROVIDED BOOKS, TAPES, AND LESSON PLANS TO AN ESTIMATED 700
CORRECTIONAL FACILITIES. PARTICIPATING INSTITUTIONS HAVE DEVELOPED
VERY SUCCESSFUL PROGRAMS, RAISING THE STANDARDS BY WHICH THE PROGRAM
PARTICIPANTS LIVE, AND PROVIDING AN ENVIRONMENT DESIGNED TO PROTECT
PUBLIC SAFETY BY RETURNING OFFENDERS TO SOCIETY BETTER EQUIPPED TO LEAD
LAW-ABIDING LIVES.

EXPENSES \$ 327786. INCLUDING GRANTS OF \$ 137591. REVENUE \$ 257179.

FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS KEITH CUNNINGHAM AND
SANDI CUNNINGHAM ARE MARRIED.

FORM 990, PART VI, SECTION B, LINE 11: CFO REVIEWS DRAFT FOR APPROVAL,
FINAL 990 IS APPROVED BY CFO WHICH THEM FORWARDS TO PRESIDENT FOR
SIGNATURE. PRESIDENT SIGNS RETURN AND MAILS. EACH BOARD MEMBER RECEIVES
COPY OF 990 AT SCHEDULED FOLLOWING MEETING AFTER 990 HAS BEEN FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS MONITORED THROUGH

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

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ANTHONY ROBBINS FOUNDATION

Employer identification number

33-0492446

THE HUMAN RESOURCES DEPARTMENT.

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

THE ANTHONY ROBBINS FOUNDATION HUMAN RESOURCES SERVICES ARE DONATED IN KIND BY ROBBINS RESEARCH INTERNATIONAL. AS SUCH, TARG FOLLOWS ALL GUIDELINES FOR PERSONNEL RAISES AND COMPENSATION. CONSEQUENTLY TARG IS INCLUDED IN ANY BONUSES GIVEN BY RRI MANAGEMENT, ADHERES TO FORMAL REVIEW PRACTICES AS DIRECTED BY RRI, AND RECEIVES THE SAME INSURANCE BENEFITS AS ADMINISTRATED BY RRI.

ADDITIONALLY, THE BOARD OF DIRECTORS AT THEIR DISCRETION MAY GIVE PERIODIC RAISES IN SALARY AND/OR BONUSES TO STAFF AS THEY FEEL WARRANTED.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONAL DOCUMENTS OF THE ORGANIZATION WILL BE AVAILABLE (FOR INSPECTION OR COPYING) AT THE ORGANIZATION'S MAIN OFFICE DURING NORMAL BUSINESS HOURS.

THE PUBLIC INSPECTION COPY OF THE ORGANIZATION'S FORM 990, FROM THE PREVIOUS THREE YEARS, WILL BE AVAILABLE (FOR INSPECTION OR COPYING) AT THE ORGANIZATION'S MAIN OFFICE DURING NORMAL BUSINESS HOURS.

THE AUDITED FINANCIAL STATEMENTS WILL BE AVAILABLE (FOR INSPECTION OR COPYING) AT THE ORGANIZATION'S MAIN OFFICE DURING NORMAL BUSINESS HOURS.

THE DOCUMENTS ARE KEPT IN OFFICE FOR ANY PUBLIC REQUEST, WHEN A REQUEST COMES IN, OPERATIONS MANAGER WILL MAKE ARRANGEMENTS AFTER PRESIDENT AND CFO OF BOARD OF DIRECTORS GIVE APPROVAL OF TIME AND DATE FOR REVIEW.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ANTHONY ROBBINS FOUNDATION

Employer identification number

33-0492446

FORM 990 PART XI LINE 2C

NO CHANGE FROM PRIOR YEAR

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- ▶ If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- ▶ If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization ANTHONY ROBBINS FOUNDATION	Employer identification number 33-0492446
	Number, street, and room or suite no. If a P.O. box, see instructions. 9672 VIA EXCELENCIA, NO. #102	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92126	

Check type of return to be filed (file a separate application for each return):

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF
- Form 990-T (corporation)
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 1041-A
- Form 4720
- Form 5227
- Form 6069
- Form 8870

YOGESH BABLA

• The books are in the care of ▶ **9672 VIA EXCELENCIA, SUITE 102 - SAN DIEGO, CA 92126**
Telephone No. ▶ **858-444-3080** FAX No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

CLIENT'S COPY



California Exempt Organization Annual Information Return

Calendar Year 2009 or fiscal year beginning month JULY day 1 year 2009, and ending month JUNE day 30 year 2010.

First Return Filed? Yes No [X] No
B Type of organization Exempt under Section 23701 d (insert letter)
CORP # 1564996
FEIN 33-0492446

ANTHONY ROBBINS FOUNDATION

Address

9672 VIA EXCELENCIA, NO. #102

City

SAN DIEGO

State

CA

ZIP Code

92126

C Amended Return? Yes No [X] No
D Are you a subordinate/affiliate in a group exemption? Yes No [X] No
(a) Is this a group filing for affiliates? See General Instruction L. Yes No
(b) If "Yes," enter the number of affiliates
(c) Are all affiliates included? Yes No
(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
(e) Federal Group Exemption Number
(f) Is a roster of subordinates attached? Yes No
E Final return? Dissolved Surrendered (Withdrawn) Merged/Reorganized (attach explanation)
F Check the box if the organization filed the following federal forms or schedule: (1) 990T (2) 990PF (3) (Schedule H) 990
G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required. [X]

H Accounting method used (1) Cash (2) [X] Accrual (3) Other
I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 8500, Political or Legislative Activities by Section 23701d Organizations. Yes No [X] No
J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents. Yes No [X] No
K Is the organization exempt under R&TC Section 23701g? Yes No [X] No
If "Yes," enter amount of gross receipts from nonmember sources \$
L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No [X] No
M Is the organization a Limited Liability Company? Yes No [X] No
N Did the organization file Form 100 or Form 108 to report taxable income? Yes No [X] No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 15 rows and 3 columns: Description, Line Number, Amount. Includes Receipts and Revenues (Total: 2,568,879.00), Expenses (Total: 1,874,496.00), and Filing Fee (Total: 0.00).

Sign Here: Signature of officer, Title: PRESIDENT, Date: 2/5/11
Paid Preparer's Use Only: Preparer's signature: ELSA A. ROMERO, Date: 01/10/11, Firm's name: AKT LLP, Address: 312 S JUNIPER STREET, SUITE 100 ESCONDIDO, CA 92025, Telephone: (760) 746-1560

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

928951 11-19-09

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	445,769.00
	2	Interest	2	7,571.00
	3	Dividends	3	00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See instructions)	6	00
	7	Other income	7	659,579.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	1,112,919.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	180,903.00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees	11	0.00
	12	Other salaries and wages	12	240,684.00
	13	Interest	13	00
	14	Taxes	14	17,735.00
	15	Rents	15	60,128.00
	16	Depreciation and depletion (See instructions)	16	18,670.00
	17	Other	17	1,356,376.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	1,874,496.00

Schedule L Balance Sheets

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		3,566,350.		4,341,702.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories		57,002.		37,350.
5 Federal and state government obligations				
6 Investments in other bonds				
Investments in stock				
8 Mortgage loans (number of loans _____)				
9 Other investments				
10 a Depreciable assets	143,960.		143,960.	
b Less accumulated depreciation	(94,783.)	49,177.	(113,452.)	30,508.
11 Land		7,000.		7,000.
12 Other assets STMT 8		1,184,515.		855,073.
13 Total assets		4,864,044.		5,271,633.
Liabilities and net worth				
14 Accounts payable		98,517.		66,091.
15 Contributions, gifts, or grants payable		133,000.		
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 9		31,600.		76,615.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		4,600,927.		5,128,927.
22 Total liabilities and net worth		4,864,044.		5,271,633.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	• 528,000.	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	
6 Total.			
Add line 1 through line 5	528,000.		528,000.

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
BINGHAM, OSBAM, SCARBOROUGH FOUNDATION	5 HAMILTON LANDING, SUITE 200 NOVATO, CA, 94949		5,000.
NO EVERY NATION C/O RICK COTTON	11760 US HIGHWAY ONE STE 501 PALM BEACH GARDENS, FL, 33408		10,000.
ROBERT ABBINANTE	542 NORTH ADDISON AVE ELMHURST, IL, 60101		10,000.
WILL ANDRICH	48 TOTTERIDGE VILLAGE LONDON, N20 8PS		10,000.
1. PATRICE AUCAGOS	25 RUE ARMAND BROSSARD NANTES, 44000		5,000.
LOURDES BARRENECHE	C/O JORGE PINTO BOOKS INC. 151 EAST 58TH STREET 32-D NEW YORK, NY, 10022		10,000.
STEFAN BEITEN	RITTER STS. 1 BERLIN, 12207		9,065.
MEYAN BIRNEY	806 MORRIS TURNPIKE SHORT HILLS, NJ, 07078		10,000.
DAVIDE BRESQUAR	VIA SAN FRANCISCO 123 PADOVA, 3512		9,975.
MARYN CALLANAN	8 BENLORO LANE MYOCUM, 2481		5,000.
RICHARD CASTELLANO	929 GUI SANDO DE AVILA TAMPA, FL, 33613		5,000.
CRISTI CAHI	1031 CRANBROOK GLEN LANE SNELLVILLE, GA, 30078		10,000.
JEREMY CHARNEY	732 PARK BLVD SOUTH WINNIPEG, R3P 1E1		5,000.
MICHAEL CHEN	14525 SW MILLIKAN WAY #36080 BEAVERTON, OR, 97005		10,000.
DIIONNE CHICHESTER	343 WEST OLD TOWN COURT #401 CHICAGO, IL, 60610		10,000.
MARIA CORNAY	2121 MENAUL NE ALBUQUERQUE, NM, 87107		5,000.

TEROME CUTLER	118 N FIRESKY LANE CHINO VALLEY, AZ, 86323	10,000.
MILTON DISSER	3158 SAN JOSE ST. CLEARWATER, FL, 33759	10,000.
SARA EMBERHAWK	810 HAIKU ROAD STE 113 PMB 1606 HAIKU, HI, 96708	11,000.
MARDAD FARHAT	2221 SILVER SPRING DRIVE WESTLAKE VILLAGE, CA, 91361	10,000.
WRAIG FINCH	P.O. BOX 1621 OXENFORD, 4210	5,000.
PAMELA GEORGE	801 CAUBLESTONE HILL DR ARGYLE, TX, 76226	10,000.
MICHAEL GRANDJEAN	8627 VINTNER DRIVE NE ALBUQUERQUE, NM, 87122	10,000.
MONI HABER	201 WEST 17TH ST PHF NEW YORK, NY, 10011	5,000.
ERIK HARP	3171 GREEN VALLEY RD #721 BIRMINGHAM, AL, 35243	5,000.
MAGNUS HELGESSON	C/O HARRYS PUBAR AB LILLIA BOMMEN 1 GOTEBOG, 411 04	6,660.
MOSHIKO HIGUCHI	PASEO SANKOZAKA 306, 2-1-1, SHIROKANE MINATOKU TOKYO	7,190.
MANDY HOLEMAN	18201 NW MONTREUX DRIVE ISSAQUAH, WA, 98027	5,000.
SHERIE JARCHOW	C/O UNITED LEASING ASSOCIATES 3275 INTERTECH DR STE 100 BROOKFIELD, WI, 5304	10,000.
MARK JENNEY	4000 EMBASSY PARKWAY STE 100 AKRON, OH, 44333	5,000.
PER JOHANSSON	LOEVSTRAEDE 8 COPENHAGEN, 1152	10,000.
WILLIAM JOHNSON	231 ANDERSON COUNTY ROAD 2105 PALESTINE, TX, 75801-4901	10,000.
GREGORY JONES	1904 EDGEMONT DR WILMINGTON, NC, 28405	10,000.
MIRIL KAIN	30001 ZENITH POINT DRIVE MALIBU, CA, 90265	10,000.

ANTHONY ROBBINS FOUNDATION

33-0492446

JAY KANT-FERRARO	11713 SOUTH OSWEGO AVENUE TULSA, OK, 74137	10,000.
JEFFREY KIM	1678 ROSEHALL LANE ELGIN, IL, 60123	10,000.
MARGARET KIM	1678 ROSEHALL LANE ELGIN, IL, 60123	5,000.
SVETLANA KOSTROMITINA	245/14 NANI ROAD PATONG BEACH, 83150	5,000.
JITKA LOM	P O BOX 3128 HAGATNA, GU, 96932	5,000.
CINDY LOVE	6 REDWOOD CT SANTA ROSA, CA, 95409	5,000.
HOWARD MARGOLIS	120 WEST 21ST STREET DEPT 1101 NEW YORK, NY, 10011	5,000.
KEIRON MCCAMMON	192 CASTLEFORD CIR. DANVILLE, CA, 94526	10,000.
LINDA MCLNTYRE	24 WATTLE ST. KILLARA, 2071	5,000.
PETTER NYVOLL	LARVIKSGATA 2 OSLO, 0468	5,000.
DAIS OKAZAKI	3-9-15 KAMIUMA/NOMATA BUILDING #2 SETAGAYA-KU, 260-00-45	5,000.
PHILIP OLSEN	3 TAMARISK WAY WOODLANDS, 6018	5,000.
BRETT PENAGER	343 WEST OLD TOWN COURT #401 CHICAGO, IL, 60610	10,000.
AMY PENNER	118 N FIRESKY LANE CHINO VALLEY, AZ, 86323	10,000.
LYNN PETERSON-ROOYAKKERS	141 WOODHAVEN DR OKOTOKS, T1S1C5	10,000.
JORGE PINTO	C/O JORGE PINTO BOOKS INC. 151 EAST 58TH STREET 32-D NEW YORK, NY, 10022	10,000.
SARA POLINSKY EMBERHAWK	810 HAIKU RD STC 113 PMB 1606 HAIKU, HI, 96708	10,000.
WILMO POMMER	WILHELM RAABE STRABE 51 OSTERODE AM HARZ, 37520	10,000.
ANASTASIA POPOVA	2908 COTTONWOOD LANE COLLEYVILLE, TX, 76034	10,000.

JEFF ROBERTI	P.O. BOX 35246 SARASOTA, FL, 34242	5,000.
LAURIN SEIDEN	235 WEST 48TH STREET NEW YORK, NY, 10036	5,000.
PAUL SIDEROVSKI	55 KENRICK STREET THE JUNCTION, 2291	10,000.
MASON STARR	85 CURTIS ROAD GILFORD, NH, 03249	9,900.
WALTER STONE	206 HILL ST MT AIRY, MD, 21771	10,000.
MONIQUE SUTTORP	COOLHAVEN 50 ROTTERDAM, 3024 AD	5,000.
JAIN TAIT	5 RYDON AVENUE KINGSTEIGNTON NEWTON ABBOTT, TQ12 3LT	5,000.
MARC VAN BRITSOM	PROSPECT ST. 7467 UNIT 5 PEMBERTON, VON 2L1	5,000.
FRANCIS VAN VELSEN	COOLHAVEN 50 ROTTERDAM, 3024 AD	5,000.
JEFFREY WARSAW	1612 BANBURY ST BIRMINGHAM, MI, 48009	10,000.
LULIA WEGMANN	2507 OLIVE CHAPEL RD APEX, NC, 27502	5,000.
MICHAEL WEGMANN	2507 OLIVE CHAPEL RD APEX, NC, 27502	10,000.
JOHN WHALE	1590 A PACIFIC HIGHWAY WAHROONGA, 2076	5,000.
BOBIE WHITLOCK	1517 ARIZONA ST MONTROSE, CO, 81401	5,000.
GLEN WOLKOFF	3065 FAWN DRIVE PARK CITY, UT, 84098	5,000.
WILLIAM WONG	800 BELLETERRE PKWY #200 PALM COAST, FL, 32164	10,000.
WALKER WYNKOOP	1030 W TURNPIKE AVE #106 BISMARCK, ND, 58501	10,000.
VIKTOR ZAMBO	1184 GARDEN ROAD MISSISSAUGA, L5H 3J6	5,000.

ANTHONY ROBBINS FOUNDATION

33-0492446

ELIA ZAVOA;PV

12815 SE RIVERCREST DR
VANCOUVER, WA, 98683

10,000.

TOTAL INCLUDED ON LINE 3

558,790.

FORM 199 COST OF GOODS SOLD STATEMENT 2
INCLUDED ON PART I, LINE 5

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR		
2. MERCHANDISE PURCHASED.		
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS.	166,383	
6. ADD LINES 1 THROUGH 5		166,383
7. INVENTORY AT END OF YEAR		
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		166,383

FORM 199	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	3
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DESCRIPTION	AMOUNT
OTHER COSTS	166,383.
TOTAL INCLUDED ON FORM 199, PART I, LINE 5	166,383.

FORM 199	OTHER INCOME	STATEMENT	4
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DESCRIPTION	AMOUNT
PARTICIPATION FEE	78,053.
PLATINUM PARTNERS	581,526.
TOTAL TO FORM 199, PART II, LINE 7	659,579.

FORM 199 CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 5

ACTIVITY CLASSIFICATION: SCHOLARSHIPS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TEXAS WESLEYAN UNIVERSITY SCHOOL OF LAW	1515 COMMERCE STREET FORT WORTH, TX 76102	NONE	2,912.

TOTAL FOR THIS ACTIVITY 2,912.

ACTIVITY CLASSIFICATION: GENERAL ASSISTANCE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHOSEN 300 MINISTRIES	PO BOX 95, ARDMORE PA 19003	NONE	35,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE CLINTON BUSH HAITI FUND	610 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201	NONE	30,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BROTHER BENNO FOUNDATION	3260 PRODUCTION AVENUE OCEANSIDE, CA 92058	NONE	21,900.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MONARCH SCHOOL PROJECT	808 WEST CEDAR STREET SAN DIEGO, CA 92101	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALPHA PROJECT	3737 FIFTH AVENUE, STE 203 SAN DIEGO, CA 92103	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WCA SAN DIEGO	1012 C STREET SAN DIEGO, CA 92101	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAN DIEGO YOUTH SERVICES	3255 WING STREET SAN DIEGO, CA 92110	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REGIONAL TASK FORCE	4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
STAND UP FOR KIDS	1039 PARK BOULEVARD SAN DIEGO, CA 92101	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DOS PUMAS NEGROS	QUINTANA ROO, MEXICO	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JULIAN BURTON BURNS TRUST	SA, AUSTRALIA	NONE	1,091.

TOTAL FOR THIS ACTIVITY	177,991.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	<u>180,903.</u>
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FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ANTHONY J. ROBBINS 9672 VIA EXCELENCIA, NO. #102 SAN DIEGO, CA 92126	CHAIRMAN 2.00	0.
WILLIAM R. HOWELL 9672 VIA EXCELENCIA, NO. #102 SAN DIEGO, CA 92126	BOARD MEMBER 2.00	0.
JOHN MESSMORE 9672 VIA EXCELENCIA, NO. #102 SAN DIEGO, CA 92126	SECRETARY 2.00	0.
SAM GEORGES 9672 VIA EXCELENCIA, NO. #102 SAN DIEGO, CA 92126	PRESIDENT 4.00	0.
KEITH CUNNINGHAM 9672 VIA EXCELENCIA, NO. #102 SAN DIEGO, CA 92126	BOARD MEMBER 1.00	0.
SANDI CUNNINGHAM 9672 VIA EXCELENCIA, NO. #102 SAN DIEGO, CA 92126	BOARD MEMBER 1.00	0.
SCOTT RANKIN 9672 VIA EXCELENCIA, NO. #102 SAN DIEGO, CA 92126	BOARD MEMBER 3.00	0.
DEANNA GARZA-BROWN 9672 VIA EXCELENCIA, NO. #102 SAN DIEGO, CA 92126	BOARD MEMBER 2.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199 OTHER EXPENSES STATEMENT 7

DESCRIPTION	AMOUNT
BAD DEBTS	740,212.
MEALS & ENTERTAINMENT	55,332.
CREDIT CARD FEES	50,672.
EQUIPMENT	22,020.
MISCELLANEOUS	8,585.

DIRECT EXPENSES OF FUNDRAISING EVENTS	11,995.
OTHER EMPLOYEE BENEFITS	25,886.
LEGAL FEES	3,895.
ACCOUNTING FEES	10,251.
OTHER PROFESSIONAL FEES	152,316.
ADVERTISING AND PROMOTION	520.
OFFICE EXPENSES	85,736.
TRAVEL	160,702.
CONFERENCES AND CONVENTIONS	700.
INSURANCE	7,932.
ALL OTHER EXPENSES	19,622.
	<hr/>
TOTAL TO FORM 199, PART II, LINE 17	1,356,376.
	<hr/> <hr/>

FORM 199	OTHER ASSETS	STATEMENT	8
<hr/>			
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
<hr/>			
PLEDGES AND GRANTS RECEIVABLE	1,128,270.	743,613.	
PREPAID EXPENSES AND DEFERRED CHARGES	56,245.	111,460.	
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TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,184,515.	855,073.	
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FORM 199	OTHER LIABILITIES	STATEMENT	9
<hr/>			
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
<hr/>			
BENEFITS CLEARING	31,600.	0.	
DEFERRED REVENUE	0.	76,615.	
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TOTAL TO FORM 199, SCHEDULE L, LINE 18	31,600.	76,615.	
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