

Return of Organization Exempt From Income Tax

2009

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 07/01, 2009, and ending 06/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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 JACKIE ROBINSON FOUNDATION INC.		D Employer identification number 13-2896345
		Doing Business As		E Telephone number (212) 290-8600
		Number and street (or P O box if mail is not delivered to street address) Room/suite 75 VARICK STREET, 2ND FLOOR		G Gross receipts \$ 13,068,937.
		City or town, state or country, and ZIP + 4 NEW YORK, NY 10013-1917		
F Name and address of principal officer DELLA BRITTON BAEZA 75 VARICK STREET, 2ND FLOOR NEW YORK, NY 10013-1917		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)		
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.JACKIEROBINSON.ORG		H(c) Group exemption number
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 1973		M State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities JRF PROVIDES TUITION ASSISTANCE, MENTORING, LEADERSHIP DEVELOPMENT, TRAINING, PERSONAL DEVELOPMENT AS WELL AS CAREER DEVELOPMENT TO COLLEGE STUDENTS.		
	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 37	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 37	
	5 Total number of employees (Part V, line 2a)	5 23	
	6 Total number of volunteers (estimate if necessary)	6 150	
	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	8 Contributions and grants (Part VIII, line 1h)	4,462,348. 5,899,542.
		9 Program service revenue (Part VIII, line 2g)	0. 0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-211,964. 324,473.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-101,246. -232,092.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,149,138. 5,991,923.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,822,637. 1,396,492.	
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.	
Expenses		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,702,176. 1,512,959.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
		b Total fundraising expenses, Part IX, column (D), line 25	872,402.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,715,557. 3,055,710.	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,240,370. 5,965,161.	
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12	-2,091,232. 26,762.	
	20 Total assets (Part X, line 16)	19,824,188. 20,525,929.	
	21 Total liabilities (Part X, line 26)	4,991,743. 5,376,250.	
	22 Net assets or fund balances Subtract line 21 from line 20	14,832,445. 15,149,679.	

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: *Della Britton Baeza* Date: 3/14/11
 Type or print name and title: Della Britton Baeza, President and CEO

Paid Preparer's Use Only

Preparer's signature: *John Barandi* Date: 1/17/11 Check if self-employed: Preparer's identifying number (see instructions): P00965729

Firm's name (or yours if self-employed), address, and ZIP + 4: MITCHELL & TITUS, LLP ONE BATTERY PARK PLAZA NEW YORK, NY 10004 EIN: 13-2781641 Phone no: 212-709-4500

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form 990 (2009)

SCANNED APR 04 2011

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

ATTACHMENT 3

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 \$ 3,285,047 including grants of \$ 1,396,492) (Revenue \$ 0)

EDUCATION AND LEADERSHIP DEVELOPMENT: PROVIDES A COMPREHENSIVE PROGRAM OF FINANCIAL AID, MENTORING, LEADERSHIP DEVELOPMENT, EDUCATIONAL ASSISTANCE AND CAREER GUIDANCE FOR UNDER-SERVED MINORITY YOUTH.

4b (Code _____) (Expenses \$ 445,832 including grants of \$ 0) (Revenue \$ 0)

PUBLIC INFORMATION: PROVIDES TO THE PUBLIC GENERAL INFORMATION ABOUT THE ACTIVITIES OF THE FOUNDATION AND SERVICES PROVIDED TO STUDENTS.

4c (Code _____) (Expenses \$ 177,309 including grants of \$ 0) (Revenue \$ 0)

ARCHIVES: CHRONICLES JACKIE ROBINSON LIFE IN BASEBALL, AND AS A BUSINESSMAN, PHILANTHROPIST AND SOCIAL ACTIVIST; MAINTAINS ARCHIVES OF DOCUMENTS AND ARTIFACTS FOR HISTORIC EDUCATIONAL PURPOSES.

4d Other program services (Describe in Schedule O) ATTACHMENT 4
(Expenses \$ 543,287 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 4,451,475.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 covering various organizational requirements and reporting obligations.

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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	X	
24 a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		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?		
25 a 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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1a			14
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		23
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VII 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (37); 1b Enter the number of voting members that are independent (37); 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: a The governing body? (X); 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)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (X); 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, CT, MA, NJ, NY, VA, WI,
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. [X] Own website [] Another's website [X] 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. LA TONYA JOHNSON 75 VARICK STREET, 2ND FLOOR NEW YORK, NY 10013 212 290-8600

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DELLA BRITTON BAEZA PRESIDENT AND CEO	70.00	X		X			217,517	0	25,801	
SETH G. ABRAHAM DIRECTOR	2.00	X					0	0	0	
DARIUS ANDERSON DIRECTOR	2.00	X					0	0	0	
JOHN BLONDEL DIRECTOR	2.00	X					0	0	0	
DAVID A. BROWN DIRECTOR	2.00	X					0	0	0	
JUNE JACKSON CHRISTMAS DIRECTOR	2.00	X					0	0	0	
ROSCOE C. BROWN, JR. DIRECTOR	2.00	X					0	0	0	
LEONARD S. COLEMAN, JR. CHAIRMAN	20.00	X		X			0	0	0	
WILLIAM F. DOESCHER DIRECTOR	2.00	X					0	0	0	
MARTIN L. EDELMAN SECRETARY	20.00	X		X			0	0	0	
KENNTH FISHER DIRECTOR	2.00	X					0	0	0	
STEVE FORBES DIRECTOR	2.00	X					0	0	0	
MICHELLE WILLAMS-GADSDEN DIRECTOR	2.00	X					0	0	0	
GREGG A. GONSALVES DIRECTOR	2.00	X					0	0	0	
STEPHEN GREENBERG DIRECTOR	2.00	X					0	0	0	
IRA D. HALL TREASURER	20.00	X		X			0	0	0	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOYCE HERGENHAN DIRECTOR	2.00	X					0.	0.	0.	
WILLIAM A. HOLLAND DIRECTOR	2.00	X					0.	0.	0.	
TERRANCE V. JACKSON DIRECTOR	2.00	X					0.	0.	0.	
WARREN G. JACKSON DIRECTOR	2.00	X					0.	0.	0.	
SHELIA C. JOHNSON DIRECTOR	2.00	X					0.	0.	0.	
CHRISTOPHER H. KOCH DIRECTOR	2.00	X					0.	0.	0.	
MICHAEL E. MEYER DIRECTOR	2.00	X					0.	0.	0.	
JOE L. MORGAN DIRECTOR	2.00	X					0.	0.	0.	
CHARLES E. MORRISON DIRECTOR	2.00	X					0.	0.	0.	
ZIAD OJAKLI DIRECTOR	2.00	X					0.	0.	0.	
JOSEPH PLUMERI DIRECTOR	2.00	X					0.	0.	0.	
JOSE RIVERA DIRECTOR	2.00	X					0.	0.	0.	
DAVID ROBINSON DIRECTOR	2.00	X					0.	0.	0.	
1b Total CONTINUED AT SCHEDULE J-2							590,821.	0.	78,227.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

13-2896345

			(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	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c	1,477,591			
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	4,421,951			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		5,899,542			
Program Service Revenue	2 a _____	Business Code				
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 5		181,139			181,139
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6 a Gross Rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	6,341,064			
	b Less cost or other basis and sales expenses		6,197,730			
	c Gain or (loss)		143,334			
	d Net gain or (loss)		143,334			143,334
	8 a Gross income from fundraising events (not including \$ 1,477,591 of contributions reported on line 1c) See Part IV, line 18	ATCH 6	646,602			
	b Less direct expenses		879,284			
	c Net income or (loss) from fundraising events	ATCH. 7.	-232,682			-232,682
	9 a Gross income from gaming activities See Part IV, line 19					
b Less direct expenses						
c Net income or (loss) from gaming activities		0				
10 a Gross sales of inventory, less returns and allowances						
b Less cost of goods sold						
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	900099	590	590			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		590				
12 Total Revenue. See instructions		5,991,923	590		91,791	

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).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	0.	0.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,396,492.	1,396,492.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.	0.		
4 Benefits paid to or for members	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	593,655.	367,815.	88,590.	137,250.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	649,006.	366,245.	54,042.	228,719.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	48,866.	29,672.	7,200.	11,994.
9 Other employee benefits	140,730.	73,238.	11,554.	55,938.
10 Payroll taxes	80,702.	57,644.	12,845.	10,213.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	54,650.	30,058.	13,662.	10,930.
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	32,729.	0.	0.	32,729.
g Other	447,428.	237,705.	102,394.	107,329.
12 Advertising and promotion	-7,190.	29,627.	375.	-37,192.
13 Office expenses	230,884.	140,148.	48,651.	42,085.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	1,314,011.	986,937.	173,115.	153,959.
17 Travel	265,675.	247,717.	9,274.	8,684.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	228,560.	211,854.	6,715.	9,991.
20 Interest	52,052.	26,106.	11,686.	14,260.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	231,105.	127,108.	57,776.	46,221.
23 Insurance	28,740.	16,944.	6,553.	5,243.
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 REPAIRS & MAINTENANCE -----	105,678.	58,142.	26,433.	21,103.
b OTHER EXPENSES -----	41,975.	30,200.	5,525.	6,250.
c DUES AND SUBSCRIPTIONS -----	19,186.	10,114.	3,495.	5,577.
d TEMPORARY HELP -----	10,227.	7,709.	1,399.	1,119.
e -----				
f All other expenses -----				
25 Total functional expenses Add lines 1 through 24f	5,965,161.	4,451,475.	641,284.	872,402.
26 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	419,110.	1	232,510.
	2 Savings and temporary cash investments	464,267.	2	1,587,697.
	3 Pledges and grants receivable, net	7,504,230.	3	7,506,287.
	4 Accounts receivable, net	33,805.	4	39,597.
	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	51,138.	8	46,685.
	9 Prepaid expenses and deferred charges	58,910.	9	55,494.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,451,274.		
	b Less accumulated depreciation	10b 683,904.	3,973,872.	10c 3,767,370.
	11 Investments - publicly traded securities	7,274,535.	11	7,245,968.
	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	44,321.	15	44,321.
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,824,188.	16	20,525,929.	
Liabilities	17 Accounts payable and accrued expenses	138,977.	17	289,812.
	18 Grants payable		18	
	19 Deferred revenue	5,000.	19	72,375.
	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	3,937,792.	23	3,976,168.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	909,974.	25	1,037,895.
	26 Total liabilities. Add lines 17 through 25	4,991,743.	26	5,376,250.
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	0.	27	-690,098.
	28 Temporarily restricted net assets	681,529.	28	15,839,777.
	29 Permanently restricted net assets	14,150,916.	29	0.
	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	14,832,445.	33	15,149,679.	
34 Total liabilities and net assets/fund balances	19,824,188.	34	20,525,929.	

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		

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")	4,856,367	6,843,996	10,967,330	4,462,348	5,899,542	33,029,583
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	4,856,367	6,843,996	10,967,330	4,462,348	5,899,542	33,029,583
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).						7,137,399
6 Public support. Subtract line 5 from line 4						25,892,184

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	4,856,367	6,843,996	10,967,330	4,462,348	5,899,542	33,029,583
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	440,072	492,360	591,258	213,322	324,473	2,061,485
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) . ATCH 1	-563,844	-464,407	-557,825	-101,246	-232,092	-1,919,414
11 Total support. Add lines 7 through 10						33,171,654
12 Gross receipts from related activities, etc (see instructions)					12	0
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	78.06%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	77.25%
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 checked="" 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")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
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	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

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 ►

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions.

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME	14,690	103,242	297	37,704	590	156,523
ROYALTY INCOME	269	137	332	0	0	738
SPECIAL EVENTS	-578,803	-567,786	-558,454	-138,950	-232,682	-2,076,675
TOTALS	<u>-563,844</u>	<u>-464,407</u>	<u>-557,825</u>	<u>-101,246</u>	<u>-232,092</u>	<u>-1,919,414</u>

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

JACKIE ROBINSON FOUNDATION INC.

Employer identification number

13-2896345

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 Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and questions about donor advisement.

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

Form for Conservation Easements including questions about purpose, monitoring, and expenses, with a sub-table for 'Held at the End of the Year'.

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 for Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and amounts.

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 the 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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 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	8,908,929	10,996,814			
b Contributions	91,910	35,832			
c Net investment earnings, gains, and losses	583,010	-1,956,614			
d Grants or scholarships	264,088	172,585			
e Other expenditures for facilities and programs	0	-5,482			
f Administrative expenses	0	0			
g End of year balance	9,319,761	8,908,929			

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

- a Board designated or quasi-endowment ▶ 54.6361 %
- b Permanent endowment ▶ 0.0000 %
- c Term endowment ▶ 45.3639 %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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				
b Buildings				
c Leasehold improvements		2,844,750	449,118	2,395,632
d Equipment		668,159	223,910	444,249
e Other		938,365	10,876	927,489
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). ▶				3,767,370

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	5,991,923.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,965,161.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	26,762.
4	Net unrealized gains (losses) on investments	4	290,472.
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	290,472.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	317,234.

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	6,361,695.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	290,472.
b	Donated services and use of facilities	2b	79,300.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	369,772.
3	Subtract line 2e from line 1	3	5,991,923.
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	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,991,923.

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

1	Total expenses and losses per audited financial statements	1	6,044,461.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	79,300.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	79,300.
3	Subtract line 2e from line 1	3	5,965,161.
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	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,965,161.

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V, LINE 4

THE BOARD OF DIRECTORS ESTABLISHED A PERMANENT ENDOWMENT IN 1986, SPECIFYING THAT THE CAPITAL OF THE ENDOWMENT WOULD BE RETAINED AND INVESTED, THAT THERE WOULD BE NO WITHDRAWAL OF CAPITAL EXCEPT UPON APPROVAL OF THE BOARD, AND THAT THE EARNINGS FROM THE ENDOWMENT'S INVESTMENTS MAY BE USED UPON THE BOARD'S APPROVAL FOR THE FOUNDATION'S OPERATIONS.

IN 1992, THE BOARD ESTABLISHED THE ENDOWED SCHOLARSHIP FUNDS, SPECIFYING THAT THE CAPITAL OF THE ENDOWMENT WOULD BE RETAINED AND INVESTED AND THAT THE EARNINGS FROM THE ENDOWMENT'S INVESTMENTS WOULD BE USED TO PROVIDE FOUR-YEAR SCHOLARSHIPS THROUGH THE FOUNDATION'S PROGRAMS.

IN 1996, THE BOARD OF DIRECTORS ESTABLISHED THE SPIKE LEE YOUTH MOTIVATION ACHIEVEMENT AWARD FUND AND RESOLVED THAT THE FUND WILL BE USED TO SUPPORT AN ANNUAL CASH AWARD TO A FOUNDATION SCHOLAR WITH THE MOST OUTSTANDING COMMUNITY SERVICE INVOLVEMENT.

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		
		AWARD DINNER (event type)	LA JAZZ (event type)	1 (total number)	(add col (a) through col (c))		
Revenue	1	Gross receipts	1,830,523.	162,593.	131,077.	2,124,193.	
	2	Less Charitable contributions	1,385,523.	92,068.	0.	1,477,591.	
	3	Gross income (line 1 minus line 2)	445,000.	70,525.	131,077.	646,602.	
Direct Expenses	4	Cash prizes	0.	0.	0.	0.	
	5	Noncash prizes	0.	0.	0.	0.	
	6	Rent/facility costs	106,003.	7,500.	0.	113,503.	
	7	Food and beverages	200,000.	0.	0.	200,000.	
	8	Entertainment	50,972.	10,000.	0.	60,972.	
	9	Other direct expenses	275,757.	148,221.	80,831.	504,809.	
	10	Direct expense summary Add lines 4 through 9 in column (d)					(879,284.)
	11	Net income summary Combine line 3, column (d), and line 10					-232,682.

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	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % 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				

	Yes	No
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? _____	9a	
b If "No," explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	

		Yes	No
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 ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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 ▶ \$		

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
JACKIE ROBINSON FOUNDATION INC.

Employer identification number
13-2896345

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

	Yes	No
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- | | |
|--|--|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

Continuation Sheet for Form 990

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990

Name of the Organization
JACKIE ROBINSON FOUNDATION INC.

Employer identification number
13-2896345

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RACHEL ROBINSON FOUNDER	20.00	X						2,410.	0.	6,795.
SHARON ROBINSON VICE CHAIRPERSON	20.00	X		X				2,024.	0.	6,795.
STEPHEN M. ROSS DIRECTOR	2.00	X						0.	0.	0.
NORMAN SIEGEL DIRECTOR	2.00	X						0.	0.	0.
JOHN N. SKIPPER DIRECTOR	2.00	X						0.	0.	0.
BYRON SPRUELL DIRECTOR	2.00	X						0.	0.	0.
ERNEST STEINER DIRECTOR	2.00	X						0.	0.	0.
JEFFREY I, SUSSMAN DIRECTOR	2.00	X						0.	0.	0.
MARK S. WEINER DIRECTOR	2.00	X						0.	0.	0.
TERRIE M. WILLIAMS DIRECTOR	2.00	X						0.	0.	0.
LA'TONYA F. JOHNSON VP, CHIEF OPERATIONS OFFICER	60.00					X		131,611.	0.	14,295.
NICHOL T. WHITEMAN VP, WESTERN REGION OFFICER	60.00					X		128,114.	0.	6,000.
DAMON CALDWELL VP, CHIEF PROGRAMS OFFICER	60.00					X		109,145.	0.	18,541.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

JACKIE ROBINSON FOUNDATION INC.

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

13-2896345

ATTACHMENT 2

OTHER PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4D

THE FOUNDATION IS IN THE PROCESS OF BUILDING THE JACKIE ROBINSON MUSEUM
TO EXPAND THE SCOPE OF ITS OUTREACH IN CONTINUING JACKIE ROBINSON'S
LEGACY.

DESCRIPTION OF RELATIONSHIPS

FORM 990, PART VI, SECTION A, QUESTION 2

DIRECTOR RACHEL ROBINSON IS THE FOUNDER OF THE JACKIE ROBINSON
FOUNDATION. SHARON ROBINSON, VICE CHAIR OF THE BOARD OF DIRECTORS AND
DAVID ROBINSON, DIRECTOR AND HER CHILDREN AND HAVE SERVED ON THE BOARD OF
DIRECTORS SINCE THE ORGANIZATION'S FOUNDING IN 1973.

THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW FORM 990

FORM 990, PART VI, SECTION B, QUESTION 11A

FOLLOWING THE ADOPTION OF AUDIT OF THE FINANCIAL STATEMENTS AT THE FALL
MEETING OF THE BOARD OF DIRECTORS, THE FORM 990 IS COMPLETED BY THE
OPERATIONS STAFF AND REVIEWED BY THE ORGANIZATION'S AUDITORS. THE DRAFT
FORM 990 IS SUBMITTED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS
FOR INITIAL REVIEW. UPON THE COMMITTEE'S REVIEW AND RECOMMENDATION, THE
FORM 990 IS DISTRIBUTED TO THE FULL MEMBERSHIP OF THE BOARD OF DIRECTORS
FOR ADOPTION.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICT OF INTEREST

Name of the organization JACKIE ROBINSON FOUNDATION INC.	Employer identification number 13-2896345
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ATTACHMENT 2 (CONT'D)

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

ON OR BY JUNE 1ST OF EACH YEAR, EACH MEMBER OF THE BOARD OF DIRECTORS AND SENIOR STAFF MEMBERS RECEIVES A COPY OF THE CONFLICT OF INTEREST POLICY AND A DISCLOSURE AND CERTIFICATION FORM. THE FORM ASKS EACH PERSON TO CERTIFY THAT: (1) THEY HAVE RECEIVED AND READ THE POLICY; (2) HAVE AGREED TO COMPLY WITH THE POLICY; AND (3) UNDERSTAND THAT AS A CHARITABLE ORGANIZATION AND IN ORDER TO MAINTAIN ITS FEDERAL EXEMPTION, JRF MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS EXEMPT PURPOSES AND WILL NOT ENGAGE IN ACTIVITIES OR TRANSACTIONS THAT PROVIDE IMPERMISSIBLE BENEFITS TO INDIVIDUALS OR ENTITIES. FURTHER, THE FORM REQUIRES EACH PERSON TO: (1) CERTIFY THAT HE OR SHE HAS NO ACTUAL OR POSSIBLE CONFLICT AND (2) DESCRIBE ANY RELATIONSHIPS, TRANSACTIONS OR CIRCUMSTANCES THAT COULD RESULT IN A CONFLICT BETWEEN JRF'S INTERESTS AND HIS OR HER PERSONAL OR FINANCIAL INTERESTS. ALL MEMBERS ARE REQUIRED TO COMPLETE AND SUBMIT THE FORM BY JUNE 30 WHICH ARE THEN KEPT IN JRF'S FILES.

OFFICES AND POSITIONS FOR WHICH PROCESS WAS USED & YEAR PROCESS WAS BEGUN
FORM 990, PART VI, SECTION B, QUESTION 15A&B

THE CEO'S SALARY WAS SET BY THE EXECUTIVE COMMITTEE OF THE JRF BOARD OF DIRECTORS IN 2004. INCREASES IN CEO'S SALARY ARE CONVEYED TO THE STAFF BY THE CHAIRMAN OF THE BOARD OF DIRECTORS FOLLOWING A REVIEW BY THE EXECUTIVE COMMITTEE.

AVAILABILITY OF GOV DOC, CONFLICT OF INTEREST POLICY & FIN STMTS TO PUBLIC
FORM 990, PART VI, SECTION C, QUESTION 19

THE ORGANIZATION'S GOVERNING DOCUMENTS: ARTICLES OF INCORPORATION,

Name of the organization JACKIE ROBINSON FOUNDATION INC.	Employer identification number 13-2896345
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ATTACHMENT 2 (CONT'D)

BY-LAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE AT THE FOUNDATION'S HEADQUARTERS UPON REQUEST. JRF'S FORMS 990 ARE AVAILABLE ON ITS WEBSITE WWW.JACKIEROBINSON.ORG.

ATTACHMENT 3FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE JACKIE ROBINSON FOUNDATION PROVIDES COLLEGE AND GRADUATE SCHOOL SCHOLARSHIPS IN ADDITION TO LEADERSHIP DEVELOPMENT OPPORTUNITIES FOR STUDENTS OF COLOR WITH STRONG CAPABILITIES BUT LIMITED FINANCIAL RESOURCES. THE FOUNDATION IS DISTINCTIVE FOR THE DEPTH OF ITS MENTORING PROGRAM, WHICH RESULTS IN A NEARLY 100% GRADUATION RATE AMONG ITS STUDENT CONSTITUENTS. THE FOUNDATION ALSO STRIVES TO ENSURE THAT JACKIE ROBINSON'S COMMITMENT TO SOCIAL JUSTICE WILL BE CARRIED FORTH IN THE LIVES OF THESE YOUNG PEOPLE AS THEY ASSUME LEADERSHIP ROLES THROUGHOUT SOCIETY.

ATTACHMENT 4FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
MUSEUM DEVELOPMENT COSTS	0.	543,287.	0.
TOTALS	<u>0.</u>	<u>543,287.</u>	<u>0.</u>

ATTACHMENT 5FORM 990, PART VIII - INVESTMENT INCOME

Name of the organization JACKIE ROBINSON FOUNDATION INC.	Employer identification number 13-2896345
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ATTACHMENT 5 (CONT'D)

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST	79,731			79,731
DIVIDENDS	101,408			101,408
TOTALS	<u>181,139</u>			<u>181,139</u>

ATTACHMENT 6

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
AWARDS DINNER	1,385,523.
LA JAZZ CONCERT	92,068.
OTHER	0.
TOTAL	<u>1,477,591.</u>

ATTACHMENT 7

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
AWARDS DINNER	445,000.	632,732.	-187,732.
LA JAZZ CONCERT	70,525.	165,721.	-95,196.
OTHER	131,077.	80,831.	50,246.
TOTALS	<u>646,602.</u>	<u>879,284.</u>	<u>-232,682.</u>

ATTACHMENT 8

Name of the organization JACKIE ROBINSON FOUNDATION INC.	Employer identification number 13-2896345
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ATTACHMENT 8 (CONT'D)FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	55,494.
TOTALS	<u>55,494.</u>

ATTACHMENT 9FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	72,375.
TOTALS	<u>72,375.</u>

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ 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 X

• 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 JACKIE ROBINSON FOUNDATION INC.	Employer identification number 13-2896345
	Number, street, and room or suite no. If a P O box, see instructions 75 VARICK STREET, 2ND FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NEW YORK, NY 10013-1917	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ LA 'TONYA JOHNSON

Telephone No ▶ 212 290-8600

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 02/15, 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 07/01, 2009, and ending 06/30, 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	\$	0.
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	\$	

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.