

Form **990**

Return of Organization Exempt From Income Tax

2008

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

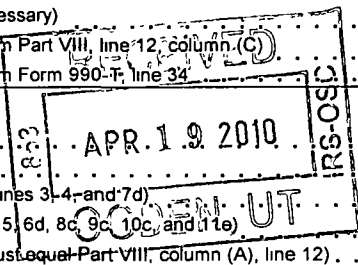
A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <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 <u>JACKIE ROBINSON FOUNDATION, INC</u> Doing Business As		D Employer identification number <u>13-2896345</u>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <u>75 VARICK STREET, 2ND FLOOR</u>		E Telephone number <u>(212) 290-8600</u>
		City or town, state or country, and ZIP + 4 <u>NEW YORK, NY 10013-1917</u>		G Gross receipts \$ <u>14,880,550.</u> 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)
		F Name and address of principal officer <u>DELLA BRITTON BAEZA</u> <u>75 VARICK STREET, 2ND FLOOR NEW YORK, NY 10013-1917</u>		H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (<u>3</u>) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: <u>WWW.JACKIEROBINSON.ORG</u>		
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation <u>1973</u>	M State of legal domicile <u>NY</u>

SCANNED MAY 17 2010

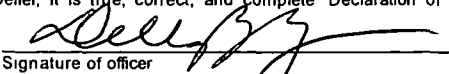
Part I Summary

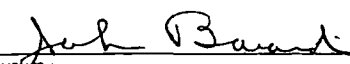
1 Briefly describe the organization's mission or most significant activities			
<u>JRF PROVIDES TUITION ASSISTANCE, MENTORING, LEADERSHIP DEVELOPMENT TRAINING AND PERSONAL AND CAREER DEVELOPMENT SUPPORT TO COLLEGE STUDENTS.</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>37</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>37</u>
	5 Total number of employees (Part V, line 2a)	5	<u>25</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>90</u>
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	<u>NONE</u>
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>NONE</u>
	Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		<u>10,967,330.</u>	<u>4,462,348.</u>
10 Investment income (Part VIII, column (A), lines 3-4 and 7d)		<u>NONE</u>	<u>NONE</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>526,821.</u>	<u>-211,964.</u>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>-557,825.</u>	<u>-101,246.</u>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>10,936,326.</u>	<u>4,149,138.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>1,603,751.</u>	<u>1,822,637.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>NONE</u>	<u>NONE</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>1,499,274.</u>	<u>1,702,176.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>NONE</u>	<u>NONE</u>
	b Total fundraising expenses, Part IX, column (D), line 25	<u>1,016,976.</u>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>3,219,693.</u>	<u>2,715,557.</u>
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>6,322,718.</u>	<u>6,240,370.</u>
19 Revenue less expenses Subtract line 18 from line 12	<u>4,613,608.</u>	<u>-2,091,232.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>23,519,898.</u>	<u>19,824,188.</u>
	22 Net assets or fund balances Subtract line 21 from line 20	<u>4,886,042.</u>	<u>4,991,743.</u>
		<u>18,633,856.</u>	<u>14,832,445.</u>



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  _____ Date _____
 Signature of officer
Della Britton Baeza, President and CEO
 Type or print name and title

Paid Preparer's Use Only Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 <u>MITCHELL & TITUS, LLP</u> <u>ONE BATTERY PARK PLAZA NEW YORK, NY 10004</u>	Date <u>4/1/10</u> Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions) <u>P00965729</u> EIN <u>13-2781641</u> Phone no <u>212-709-4500</u>
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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 (2008)

5/10
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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

SEE STATEMENT 1

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 \$ 3,364,384. including grants of \$ 1,821,137.) (Revenue \$ NONE)

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 \$ 524,128 including grants of \$ 1,500.) (Revenue \$ NONE)

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

4c (Code _____) (Expenses \$ 175,686 including grants of \$ NONE) (Revenue \$ NONE)

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) SEE STATEMENT 2 (Expenses \$ 508,667 including grants of \$ NONE) (Revenue \$ NONE)

4e Total program service expenses ► \$ 4,572,865. (Must equal Part IX, Line 25, column (B))

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>	1 <input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 <input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	3 <input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4 <input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Sections 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>	5 <input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any 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>	6 <input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	8 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	9 <input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 <input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 <input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 <input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 <input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U S ?	14a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>	14b <input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	15 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	16 <input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 <input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 <input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 <input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20 <input type="checkbox"/>	<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 <input type="checkbox"/>	<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 <input checked="" type="checkbox"/>	<input type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23 <input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b <input type="checkbox"/>	<input type="checkbox"/>
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?	24c <input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d <input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I</i>	25a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b <input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	26 <input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27 <input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	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>	34	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>	35	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>	36	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>	37	X

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	1a	37
b	Enter the number of voting members that are independent	1b	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?	2	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?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
b	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?	9b	X
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or 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	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	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?	15a	X
b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	15b	X
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?	16a	X
b	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?	16b	

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	<input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ST., 2ND FLOOR NEW YORK, NY 10013 212-290-8600	

Part VIII 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	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c	643,536.				
	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	3,818,812.				
	g Noncash contributions included in lines 1a-1f \$						
h Total. Add lines 1a-1f				4,462,348.			
Program Service Revenue	Business Code						
	2 a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f				NONE			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	STMT 4		213,322.			213,322.
	4 Income from investment of tax-exempt bond proceeds			NONE			
	5 Royalties			NONE			
		(i) Real	(ii) Personal				
	6 a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)				NONE		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		9,583,625					
	b Less cost or other basis and sales expenses						
		10,008,911.					
	c Gain or (loss)						
		-425,286.					
	d Net gain or (loss)				-425,286.		-425,286.
	8 a Gross income from fundraising events (not including \$ 643,536 of contributions reported on line 1c) See Part IV, line 18	STMT 5					
		a	583,551.				
b Less direct expenses	b	722,501					
c Net income or (loss) from fundraising events	STMT 6			-138,950.		-138,950.	
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				NONE			
10 a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory				NONE			
Miscellaneous Revenue			Business Code				
11 a MISCELLANEOUS INCOME		900099		37,704	37,704.		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d				37,704			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				4,149,138	37,704		-350,914.

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 . . .	NONE			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	1,822,637.	1,822,637.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	231,655.	141,655.	33,750.	56,250.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	1,156,287.	638,883.	105,181.	412,223.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	58,205.	36,103.	6,751.	15,351.
9 Other employee benefits	148,348.	80,917.	18,397.	49,034.
10 Payroll taxes	107,681.	59,136.	11,634.	36,912.
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	NONE			
c Accounting	45,931.	25,262.	11,483.	9,186.
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	35,278.	NONE	35,278.	NONE
g Other	240,708.	142,581.	47,012.	51,115.
12 Advertising and promotion	83,966.	55,007.	12,273.	16,686.
13 Office expenses	194,661.	118,539.	41,238.	34,884.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	1,270,888.	942,867.	176,113.	151,908.
17 Travel	135,424.	115,503.	10,105.	9,816.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	69,101.	44,697.	6,599.	17,805.
20 Interest	90,513.	48,466.	22,032.	20,015.
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	225,833.	122,771.	56,606.	46,456.
23 Insurance	23,909.	14,293.	5,151.	4,465.
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 AND MAINTENANCE -----	115,064.	63,453.	28,886.	22,725.
b BAD DEBT -----	25,000.	NONE	NONE	25,000.
c TEMPORARY HELP -----	24,645.	16,876.	5,205.	2,564.
d DUES AND SUBSCRIPTIONS -----	19,642.	13,475.	1,773.	4,394.
e TRAINING AND SEMINARS -----	1,800.	990.	450.	360.
f All other expenses -----	113,194.	68,754.	14,613.	29,827.
25 Total functional expenses Add lines 1 through 24f	6,240,370.	4,572,865.	650,530.	1,016,976.
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	487,804.	1	419,110.	
	2	Savings and temporary cash investments	309,941.	2	464,267.	
	3	Pledges and grants receivable, net	9,002,411.	3	7,504,230.	
	4	Accounts receivable, net	48,827.	4	33,805.	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties 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 sales or use	55,282.	8	51,138.	
	9	Prepaid expenses and deferred charges	109,368.	9	58,910.	
	10a	Land, buildings, and equipment cost basis	10a	4,426,669.		
	b	Less accumulated depreciation Complete Part VI of Schedule D.	10b	452,797.	10c	3,973,872.
	11	Investments - publicly traded securities	STMT 7	9,488,346.	11	7,274,535.
	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		14,321.	15	44,321.
16	Total assets. Add lines 1 through 15 (must equal line 34)		23,519,898.	16	19,824,188.	
Liabilities	17	Accounts payable and accrued expenses	182,879.	17	138,977.	
	18	Grants payable		18		
	19	Deferred revenue	STMT 8	75,000.	19	5,000.
	20	Tax-exempt bond liabilities			20	
	21	Escrow 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		3,846,110.	23	3,937,792.
	24	Unsecured notes and loans payable.			24	
	25	Other liabilities Complete Part X of Schedule D		782,053.	25	909,974.
	26	Total liabilities. Add lines 17 through 25.		4,886,042.	26	4,991,743.
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	4,089,991.	27	681,529.	
	28	Temporarily restricted net assets	14,543,865.	28	14,150,916.	
	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		18,633,856.	33	14,832,445.
	34	Total liabilities and net assets/fund balances		23,519,898.	34	19,824,188.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 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?	2c	X
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?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	X

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,520,251.	4,856,367.	6,843,996.	10,967,330	4,462,348.	30,650,292.
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 1-3	3,520,251	4,856,367.	6,843,996	10,967,330	4,462,348	30,650,292.
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)						6,375,873
6 Public support. Subtract line 5 from line 4						24,274,419

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	3,520,251.	4,856,367.	6,843,996.	10,967,330	4,462,348.	30,650,292.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	313,750.	440,072.	492,360.	591,258	213,322	2,050,762.
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)	407,695.	-563,844	-464,407	-557,825.	-101,246.	-1,279,627
11 Total support. Add lines 7 through 10						31,421,427.
12 Gross receipts from related activities, etc (See instructions)					12	NONE
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2008 (line 6, column (f) divided by line 11, column (f))	14	77.25 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	73.02 %
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 "fact-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 - 2007. 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

- 19a **33 1/3% support tests - 2008.** 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 - 2007.** 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)

SCHEDULE A. PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER INCOME	NONE	14,690	103,242	297	37,704	155,933
ROYALTY INCOME	259	269	137	332	NONE	997
SPECIAL EVENTS	407,436	-578,803	-567,786	-558,454	-138,950	-1,436,557
TOTALS	407,695	-563,844	-464,407	-557,825	-101,246	-1,279,627

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

Name of the organization

Employer identification number

JACKIE ROBINSON FOUNDATION, INC

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.

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? Yes No

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.

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 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 Trust, 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

	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	10,996,814.				
b Contributions	35,832				
c Investment earnings or losses	-1,956,614				
d Grants or scholarships	172,585.				
e Other expenditures for facilities and programs	-5,482.				
f Administrative expenses	NONE				
g End of year balance	8,908,929.				

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

- a Board designated or quasi-endowment ▶ 53.5758 %
- b Permanent endowment ▶ NONE %
- c Term endowment ▶ 46.4242 %

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) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,844,750.	300,874.	2,543,876.
d Equipment		653,854.	146,222.	507,632.
e Other		928,065.	5,701.	922,364.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) ▶				3,973,872.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,149,138.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,240,370.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,091,232.
4	Net unrealized gains (losses) on investments	4	-1,710,179.
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 4-8	9	-1,710,179.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,801,411.

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	2,459,959.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,710,179.
b	Donated services and use of facilities	2b	21,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-1,689,179.
3	Subtract line 2e from line 1	3	4,149,138.
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 should equal Form 990, Part I, line 12)	5	4,149,138.

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

1	Total expenses and losses per audited financial statements	1	6,261,370.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	21,000.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	21,000.
3	Subtract line 2e from line 1	3	6,240,370.
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 should equal Form 990, Part I, line 18)	5	6,240,370.

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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

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))
		AWARD DINNER (event type)	LA JAZZ CONCERT (event type)	<u>1</u> (total number)	
Revenue	1 Gross receipts	976,354.	236,733.	14,000.	1,227,087.
	2 Less Charitable contributions	470,354.	173,182.	NONE	643,536.
	3 Gross revenue (line 1 minus line 2)	506,000.	63,551.	14,000.	583,551.
Direct Expenses	4 Cash prizes	NONE	NONE	NONE	NONE
	5 Non-cash prizes	5,194.	NONE	NONE	5,194.
	6 Rent/facility costs	254,604.	5,000.	NONE	259,604.
	7 Other direct expenses	317,128.	126,208.	14,367.	457,703.
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				(722,501.)
9 Net income summary Combine lines 3 and 8 in column (d) ▶					-138,950.

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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<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 lines 1 and 7 in column (d) ▶				

	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 _____		
10 a 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	Provide the name and address of the person who prepares the organization's gaming/special event 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			
	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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

Employer identification number

JACKIE ROBINSON FOUNDATION, INC

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) |

Yes No

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

1b

2

3

4a

4b

4c

5a

5b

6a

6b

7

8

b If 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

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

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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DELLA BRITTON BAEZA	(i)	209,986.	NONE	12,462.	10,656.	233,104.	207,693.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
ELIA DESRUISSEUX	(i)	156,308.	NONE	NONE	10,656.	166,964.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No 1545-0047

2008

**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.

Name of the Organization

Employer Identification number

JACKIE ROBINSON FOUNDATION, INC

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			
<u>SETH G. ABRAHAM</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>DARIUS ANDERSON</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>JOHN BLONDEL</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>A. DAVID BROWN</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>ROSCOE C. BROWN, JR.</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>JUNE JACKSON CHRISTMAS</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>WILLIAM F. DOESCHER</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>KENNETH FISHER</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>STEVE FORBES</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>MICHELLE GADSDEN-WILLIAMS</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>GREGG A. GONSALVES</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>JOYCE HERGENHAN</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>WILLIAM A. HOLLAND</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>TERRANCE JACKSON</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>SHEILA C. JOHNSON</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>CHRISTOPHER KOCH</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>MICHAEL E. MEYER</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>JOE L. MORGAN</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>CHARLES E. MORRISON</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>ZIAD OJAKLI</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	
<u>JOSE RIVERA</u> BOARD MEMBER	2.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1 000

112469 F253

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No 1545-0047

2008

**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.

Name of the Organization

Employer Identification number

JACKIE ROBINSON FOUNDATION, INC

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			
DAVID ROBINSON BOARD MEMBER	2.	X						NONE	NONE	NONE
STEPHEN M. ROSS BOARD MEMBER	2.	X						NONE	NONE	NONE
BARRY SALZBERG BOARD MEMBER	2.	X						NONE	NONE	NONE
NORMAN SIEGEL BOARD MEMBER	2.	X						NONE	NONE	NONE
JOHN N. SKIPPER BOARD MEMBER	2.	X						NONE	NONE	NONE
ERNEST STEINER BOARD MEMBER	2.	X						NONE	NONE	NONE
JEFFREY I. SUSSMAN BOARD MEMBER	2.	X						NONE	NONE	NONE
MARK S. WEINER BOARD MEMBER	2.	X						NONE	NONE	NONE
TERRIE M. WILLIAMS BOARD MEMBER	2.	X						NONE	NONE	NONE
RACHEL ROBINSON FOUNDER	20.	X						2,560.	NONE	5,916.
LEONARD S. COLEMAN, JR. CHAIRMAN	20.	X		X				NONE	NONE	NONE
SHARON ROBINSON VICE CHAIRPERSON	20.	X		X				3,061.	NONE	5,916.
MARTIN L. EDELMAN SECRETARY	20.	X		X				NONE	NONE	NONE
IRA D. HALL TREASURER	20.	X		X				NONE	NONE	NONE
DELLA BRITTON BAEZA PRESIDENT AND CEO	60.	X		X				209,986.	NONE	23,118.
WARREN G JACKSON BOARD MEMBER	2.	X						NONE	NONE	NONE
LATONYA F JOHNSON VP, CHIEF OPERATIONS OFFICER	40.			X				123,156.	NONE	8,416.
NICHOL WHITEMAN ASSOCIATE VICE PRESIDENT	40.					X		115,690.	NONE	NONE
ELIA DESRUISSEAU	40.						X	156,308.	NONE	10,656.

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

Schedule J-2 (Form 990) 2008

Name of the organization

Employer identification number

JACKIE ROBINSON FOUNDATION, INC

13-2896345

DESCRIPTION OF RELATIONSHIPS

FORM 990, PART VI, SECTION A, QUESTION 2

DIRECTOR RACHEL ROBINSON IS THE FOUNDER OF THE JACKIE ROBINSON

FOUNDATION. SHARON, VICE CHAIR OF THE BOARD OF DIRECTORS, AND DAVID

ROBINSON, DIRECTOR, ARE HER CHILDREN AND HAVE SERVED ON THE BOARD OF

DIRECTORS SINCE THE ORGANIZATION'S FOUNDING IN 1973.

Name of the organization

Employer identification number

JACKIE ROBINSON FOUNDATION, INC

13-2896345

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990
 FORM 990, PART VI, SECTION B, QUESTION 10
 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 AT ITS SPRING MEETING.

Name of the organization

Employer identification number

JACKIE ROBINSON FOUNDATION, INC

13-2896345

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

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 WILL RECEIVE 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 AND KEPT IN JRF'S FILES.

Name of the organization

Employer identification number

JACKIE ROBINSON FOUNDATION, INC

13-2896345

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

MINIMUM SALARIES FOR SENIOR LEVEL STAFF (CHIEF OPERATIONS OFFICER, CHIEF
 PROGRAM OFFICER AND WESTERN REGION OFFICER) ARE SET BASED ON THE
 NON-PROFIT STAFFING REPORT FOR THE NEW YORK METROPOLITAN AREA ISSUED
 ANNUALLY. INCREASES ARE BASED ON PERFORMANCE REVIEWS COMPLETED BY THE CEO
 OR THE COO.

Name of the organization

Employer identification number

JACKIE ROBINSON FOUNDATION, INC

13-2896345

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC

FORM 990, PART VI, SECTION C, QUESTION 19

THE ORGANIZATION'S GOVERNING DOCUMENTS: ARTICLES OF INCORPORATION,

BY-LAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE AT THE FOUNDATION'S

HEADQUARTERS UPON REQUEST. JRF'S FORMS 990 ARE AVAILABLE ON ITS WEBSITE

WWW.JACKIEROBINSON.ORG.

Name of the organization

Employer identification number

JACKIE ROBINSON FOUNDATION, INC

13-2896345

OTHER PROGRAM SERVICES

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. DURING YEAR END JUNE 30 2009, THE FOUNDATION INCURRED \$508,667 IN

RENTAL COST FOR THE SPACE DESIGNATED FOR THE MUSEUM.

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

=====

THE JACKIE ROBINSON FOUNDATION PROVIDES COLLEGE AND GRADUATE SCHOOL SCHOLARSHIPS AS WELL AS 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 PERCENT 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.

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
MUSEUM DEVELOPMENT COST	NONE	508,667.	NONE
TOTALS	NONE	508,667.	NONE

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS
=====

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

STENCLER DESIGN
713 SOUTH AMERICAN STREET
PHILADELPHIA, PE 19147

GRAPHIC DESIGNER 112,364.

TOTAL COMPENSATION

112,364.
=====

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	85,989.			85,989.
DIVIDEND INCOME	127,333.			127,333.
TOTALS	213,322.			213,322.

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

=====

DESCRIPTION

AMOUNT

AWARDS DINNER

470,354.

JAZZ CONCERT

173,182.

OTHER EVENTS

NONE

TOTAL

643,536.

=====

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
AWARDS DINNER	506,000.	576,926.	-70,926.
JAZZ CONCERT	63,551.	131,208.	-67,657.
OTHER EVENTS	14,000.	14,367.	-367.
TOTALS	583,551.	722,501.	-138,950.

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE
CORPORATE STOCK	1,778.
U.S. GOVERNMENT OBLIGATIONS	3,516,600.
CORPORATE BONDS	499,928.
MUTUAL FUNDS	2,371,181.
ALTERNATIVE INVESTMENTS	885,048.

TOTALS	7,274,535.
	=====

FORM 990, PART X - DEFERRED REVENUE
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
ADVANCE PAYABLE	5,000.
TOTALS	----- 5,000. =====

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

or print File by the extended due date for filing the 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 3 WEST 35TH STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10001	

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **KELVIN REDMOND**
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 is for

- I request an additional 3-month extension of time until **05/15/2009**
- For calendar year _____, or other tax year beginning **07/01/2007** and ending **06/30/2008**
- If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period
- State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION

8a 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	8a	\$	
If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	NONE
c Balance Due. Subtract line 8b from line 8a. 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	8c	\$	

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *M. Barak* Title CPA Date 7/9/09

MITCHELL & TITUS, LLP
ONE BATTERY PARK PLAZA
NEW YORK, NY 10004

Form **8868** (Rev 4-2008)